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Phone Follow-Up Program Enhances Treatment Safety and Drug Concordance on Disease Modifying Anti-Rheumatic Drugs (DMARDs) Therapy for Rheumatology Patients

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Introduction

DMARDs are used in a number of rheumatic conditions, it will produce clinical benefits for patients but the process takes time up to a few weeks. Hence, different side-effects (SE) especially in the initial stage of therapy may incur interruption of treatment by patients. On the other hand, various DMARDs may result in adverse effects that can be symptomatic or asymptomatic. In order to enhance treatment safety and empower self-management skill, rheumatic disease patients required initiation or change of DMARDs were recruited to rheumatology nurse phone follow-up program.

Objectives

The aim of this study is to evaluate the service outcomes of Rheumatology Nurse Phone follow-up Program.

Methodology

Patients were educated and counseled by rheumatology nurse upon initiation of DMARDs therapy in rheumatology clinic or before discharge from ward. Then telephone follow-up appointment within 4 weeks were arranged to monitor patients' condition after starting a new regime and render support when required. Treatment responses, SE, drug concordance of patients and advices given in each phone consultation (PC) were recorded. Random selection for retrospective case review was performed. Cases required nursing home care were excluded in this study.

Result

There were 1230 episodes of PC performed by rheumatology nurse in 2015. 76 patients (56 females) involved in 180 episodes of PC were selected. The average number of PC was 2.4 times per case. The mean patient's age was 58 (24-85). Among the 76 patients, 8 of them have taken wrong dosage and another 4 patients have not even started the therapy due to their worries about potential SE. Altogether

40 patients (52.6%) reported SE after starting DMARDs treatment, the most common SE are rash, itchiness, dizziness, alopecia and oral ulcers. For non-adherence behaviour, 8 patients (10.5%) have self-stopped their regimes and another 7 patients (9.2%) have self-adjusted theirs respectively. Eventually 90% of the cases maintained on the therapy with or without adjustment of regimes and only 7 cases (9.2%) required interruption of current treatment or switching to other DMARDs due to adverse effect within the study period. Rheumatology nurse phone follow-up program enhanced patient's understanding of his/her disease, self-efficacy and concordance on DMARDs treatment; it also provided a convenient platform for patients to receive self-management knowledge and professional care.