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Quality Of Life and Adherence To Treatment In Patients Managed In Nursing Clinics In Rheumatology. Santiago Muñoz-Fernández[1], Pablo Lázaro[2], Antonio Javier Blasco[2], Sandra Fortea Gracia[3], Laura Cano-García[4], José A. Román Ivorra[5], Raquel Almodóvar González[6], José Santos Rey Rey[7], Teresa Navío-Marco[8] and Mercedes Cabañas[2].

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Background/Purpose: Nursing clinics in rheumatology (NCR) are organizational models in the field of nursing care. However, little is known about the NCR outcomes. The purpose of this research is to evaluate differences between centers with and without NCR in patients' quality of life and treatment adherence.

Methods: Cross-sectional study carried out in rheumatology departments of 39 Spanish public hospitals from July to December 2012. The minimum requisites that the department must have to be defined as NCR were: 1) A nursing office, but not necessarily every day of the week; 2) at least one specialist nurse, at full or part time; 3) nurse appointment book; and 4) a dedicated telephone. Patients inclusion criteria were: 1) older than 18 years; 2) diagnosed of rheumatoid arthritis (RA) or ankylosing spondylitis (AS); 3) treated with at least one DMARD or a biologic; and 4) signing the informed consent. Data were collected through a survey with case report forms (CRF) completed by rheumatologists and patients. Sociodemographic, disease characteristics, treatment, quality of life and adherence variables were collected. The EuroQol-5D (EQ-5D) and Morisky-Green test were used to assess the quality of life and adherence to treatment, respectively. Regional and hospitals research and ethics committees approved the project protocol and CRFs.

Results: Twenty one centers were NCR and 18 were no-NCR. The NCR centers included 181 patients (142 RA and 39 AS) and the no-NCR centers included 212 patients (160 RA and 52 AS). There were no statistically significant differences between NCR and no-NCR patients in: age [mean±SD, years] (53.2±11.8 vs. 56.3±13.5), gender [male, %] (29.8 vs. 38.7), rheumatic disease [RA, %] (78.5 vs. 75.5), years diagnosed (10.6±8.8 vs. 9.5±8.9), treatment [only biologics, only DMARDs, both %] (23.8, 39.2, 37.0 vs. 23.6, 46.7, 29.7, respectively), DAS-28 (2.87±1.28 vs. 2.97±1.19) and HAQ (0.81±0.68 vs. 0.88±0.68) in patients with RA, and BASDAI (3.44±2.41 vs. 3.68±2.31) and BASFI (3.15±2.78 vs. 3.85±2.60) in patients with AS. No statistical differences were observed between NCR and no-NCR in EQ-5D index (0.68±0.21 vs. 0.66±0.21) and EQ-5D Visual Analogue Scale (64.6±21.0 vs. 64.5±20.5). Patients from NCR have a better adherence to treatment than the no-NCR patients [adherent patients, %] (79.0 vs. 69.3; p=0.03).

Conclusion: Patients managed in rheumatology departments with NCR have clinical characteristics, treatment patterns and quality of life similar to patients managed in centers without NCR, however, they have better adherence to treatment.

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