

INFORMING A PATIENT ABOUT THE ONSET OF CHRONIC RHEUMATIC DISEASE (CRD) RHEUMATOLOGIST'S (RH) EXPERIENCE - PATIENT'S (PA) FEELING

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CREER 92 = Dr Arabian – Benacin – Dropsy – Eveleigh – Girardot – Goupy Lemaitre – Krainik – Laudy – Leclere – Mallet Goupil – Nicolas Vuillermé – Ouafi – Poulain – Saveuse - Sebastian

Informing a patient about the diagnosis of CRO can cause an emotional choc.

As a result, the relationship between the Rh and the Pa can be at stake.

Objectives: Compare the point of views of Rh/Pa for items related to the information.

Bring a better approach by the rheumatologist.

Methods: 39 Rh/222 Pa.

CDR including 56% Rheumatoid arthritis (Ra), 27% spondyloarthritis (SPA), 17% others

Only Ra and SPA are included.

Female 78% Ra/52% SPA, average age/average duration of disease : Ra 58/8 years, SPA 42/13 years.

Results: The Rh's approach for informing a patient differs with the type of CDR 59%, of it's form 29%, of the patient's profile 82%.

The consultation takes longer 62% Rh /57% Pa.

Empathy is noted for 98% Rh /82% of Pa.

Frankness 72% Rh /82% Pa.

Time is given to digest the information 93% Rh/73% Pa, to exchange 90% Rh/73% Pa.

All explanations are provided (sometimes rephrased 32%) but not sufficiently according to 24% of patients.

An anxious, depressed or patient in denial is seen a second time in 29%.

He is listened to and the rheumatologist adjusts accordingly.

The Rh is empathic/recomforting 98% Rh/64% Pa.

He is supportive and tends to be optimistic.

Confidence comes for 87% Pa with him being available, listening and explaining.

The Rh brings up the quality of life 51 %/63% Pa, the evolution 92% /72% Pa.

He encourages the patients to be involved in the management of the disease and insists on treatment compliance.

Conclusion: The findings show there is no substantial difference between the judgment of the rheumatologist and the perception of the patients for the items evaluating the first information about the diagnosis of CDR, even though the items are less noted by the patients. The rheumatologist uses tact and reassurance, he takes time but not enough according to patients. He brings up the quality of life and remains available, which is appreciated by the patient. For the 31 items, SPA patients are less optimistic than the RA patients