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AB1445-HPR PATIENT SATISFACTION IN A RHEUMATOID ARTHRITIS OUTPATIENT CENTRE

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Background: Patient experience (PX) can be conceptualised as “the sum of all interactions, shaped by an organisation’s culture, that influence patient perceptions, across the continuum of care” nowadays patient satisfaction is considered as one of the quality for performance in health systems.¹ Rheumatology is mainly an outpatient, multidisciplinary medical specialty, therefore care does not stop at the diagnosis it continues during a long-term with frequent monitoring and patient participation.²

Objectives: Describe the results of a patient satisfaction survey in a specialised centre in Colombia during 2017

Methods: In our RA specialised centre during a 12 month period we performed a satisfaction survey in order to evaluate the health services provided. We evaluated the waiting times, timing on attention, appointment assignment, and information provided, the treatment received by the healthcare team, facilities among others. Patients evaluated the services provided in a scale from 1 to 5 where 1 was very bad, 2 bad, 3 regular 4 good and 5 very good. Descriptive epidemiology was performed for each variable presented.

Results: We performed 4756 surveys during 2017, 4550 surveys were completed with a 95% rate response, out of total 80% of respondents were female and 20% male. 80% of patients reported to receive their appointments on time; regarding the service provided by our health care professionals 99% of patients understood the indications regarding their treatment, 98% understood about the administrative procedures to program future appointments and to how to access to their medications, also 98% had clearly understood the date and time of their consultation (rheumatologist, physical therapist, nutritionist, psychologist, infusion therapy, among others.) The mean score for the overall assessment of the services was 4.2/5.0 (table 1). The average time of stay at our centre was 60 min±33. The main aspects to improve our patient satisfaction were the telephone programming of appointments, and the compliance regarding the delivery of medications.

Abstract AB1445-HPR – Table 1

Question	MEAN (SD)	MEDIAN (MIN – MAX)
How was the quality of the service provided?	4.25 (0.51)	4 (3–5)
How was the service provided by our health care team?	4.31 (0.49)	4 (1–5)
How was the service provided y in the waiting room?	4.27 (0.49)	4 (1–5)
Facilities	4.31 (0.49)	4 (1–5)
Overall experience	4.32 (0.53)	4 (3–5)

Conclusions: This survey describes well-functioning multidisciplinary services for all patients who visit to our specialised centre. On the other hand although we found that our patients are highly satisfied, there is a large opportunity to improve our services and generate evidence regarding other aspects that involve the patient’s health determinants.

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AB1446-HPR INVESTIGATION THE EFFECT OF KINESOPHOBIA AND NECK DISABILITY LEVELS ON THE NECK AWARENESS IN CHRONIC NECK PAIN PATIENTS: PILOT STUDY

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Background: Chronic neck pain can cause patients to limit their activities due to kinesophobia. Patients may experience more disability during rest because of staying in the same position while restricting their activities, lacking exercise and muscles spasms. For these reasons, they may not be aware of many factors related to the position, movement, and shape of their necks.

Objectives: The aim of this study is to examine the effect of kinesophobia and neck disability levels on neck awareness in individuals with chronic neck pain.

Methods: Forty-two patients who have chronic neck pain and aged 18–65 years were participated in this study. The demographic characteristics of the patients were recorded, kinesophobia levels with Tampa Kinesiophobia Scale (TKS), neck disability level with Neck Disability Index (NDI) and neck awareness with Fremantle Neck Awareness Questionnaire (FNAQ) were evaluated. Correlation analysis were performed with Pearson correlation coefficients for parametric conditions and the Spearman correlation coefficients for nonparametric conditions.

Results: The mean age of the patients participating in the study was 42.4±13.47 years (7 men and 36 women). There was a moderate statistically significant positive correlation ($r=0.462$, $p<0.01$, $p=0.002$) between FNAQ and NDI, indicating that individuals with chronic neck pain had kinesophobia reduced neck awareness. It was found that there was a very good relationship between FNAQ and NDI ($r=0.602$, $p<0.001$) and neck awareness decreased as the neck disability level increased. There was a moderately significant relationship between TKS and NDI ($r=0.567$, $p<0.001$), levels of kinesophobia increased as neck disability increased.

Conclusions: It has been shown that the high level of kinesophobia and neck disability results in a negative effect on neck awareness and that these three variables are interrelated as a result of our work on neck awareness, which has been rarely studied in the literature. Therefore, increasing the activity and movement will reduce the level of neck disability and increase awareness. For this reason, patients with chronic neck pain need to be directed in terms of activity and movement.

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AB1447-HPR BIOPSYCHOSOCIAL STATUS OF JIA PATIENTS: PERSPECTIVES OF DAILY LIVING ACTIVITIES, DISEASE ACTIVITY AND FAMILY IMPACT

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Background: Juvenile Idiopathic Arthritis (JIA) is the most frequent chronic rheumatic disease during childhood. It can result in disabilities, loss of quality of life and mood changes.¹ Furthermore, literature reviewing the effects of arthritis on children and family is inconsistent, with studies showing significant difference or not, compared to healthy children.²

Objectives: The purpose of this study is to present results regarding the functional status, psychosocial status and disease activity of children with JIA and their effects on the child’s family. The second aim is to present the correlations between these parameters.