prevent permanent joint damage (1). However, it has been shown that only 20% of the patients are seen within the first three months, and the median delay in general practice has been estimated to 4 months (range 2–9) (2).

Objectives: To explore the barriers in diagnosing RA from the general practitioners’ (GPs) perspective.

Methods: We conducted a qualitative study based on focus group interviews. We recorded the interviews digitally and transcribed verbatim. The transcribed interviews were analyzed based on content analysis (3), by using Nivo 12. Sample size was determined by thematic saturation.

Results: In total ten GPs participated in three different focus groups. 40% were female, mean age was 53 years (range 37-64), and mean year since specialization as GP was 16 years (range 5-23). 60% of the GPs worked in a practice located within the referral area of a university hospital; the remaining within the referral area of a regional hospital.

Four themes emerged in the analysis: 1) When the patient is not a text book example, referring to the difficulty of identifying relevant symptoms among all clinical manifestations from the joints as described by the patients, 2) The importance of maintaining the gatekeeper function, referring to the societal perspective, and the GPs responsibility to refer the right patients to secondary care, 3) Difficulties in referral of patients to the rheumatologist, referring to perceived differences in the collaboration with rheumatologists. The GPs experienced that it was sometimes difficult to be assisted by rheumatologists, especially when the clinical picture was not clear cut. Finally, (4) Para-clinical testing, can it be trusted? referring to challenges on the evaluation of especially biomarkers.

The overarching theme was: Like finding a needle in a haystack, covering the GPs difficulties in detecting RA among the many patients in general practice who appear to be well and at the same time have symptoms very similar to RA. The immediate challenge was that RA patient’s initial symptoms often resembled those of more common and less serious conditions, and that investigative findings such as biomarkers can be negative at the early state of the disease. At the same time, the collaboration with rheumatologists was sometimes seen as a hurdle, when the clinical picture was not clear cut.

In order to facilitate earlier diagnosis of RA in general practice, the GPs and rheumatologists need to focus on these barriers by strengthening mutual information and collaboration.

Physicians should remain vigilant to patients who have conditions that do not resolve as expected with treatment, who have symptoms that persist, or who do not look well despite negative investigative findings.

References:
[3] Braun V. Qualitative research in psychology. 2006, 3(2), 77-101

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[4] vanhoof2 and Halwas 3. German and French speaking SSc patients (>18 years) were recruited from university/cantonal hospitals and the Swiss scleroderma patients’ association. Participants completed anonymous paper/online questionnaires. Data were analysed descriptively.

Results: Of 101 SSc patients, most were female (76%), spoke German (78%) and had a median age of 60 years (IQR: 50-88). Median disease duration was 8 years (IQR: 5-16), spanning a range of severity (31% limited SSC, 36% diffuse SSC, 3% overlap syndrome). One-quarter (25%) did not know their disease subset.

The mean overall PACIC score was relatively low (2.91±0.95) indicating that care was ‘never’ to ‘generally not’ aligned with the CCM. Lowest mean subscale scores related to Follow-up/Coordination (2.64±1.02), Goal setting (2.85±1.07) and Problem-solving/Contextual Counselling (2.94±1.22). The single item ‘Given a copy of my treatment plan’ (1.99±1.38) and ‘Encouraged to attend programs in the community’ (1.89±1.16) were given the lowest ratings. The ‘5A’ summary score was 2.84±0.97.

In terms of technology readiness, 43% completed the survey online. Most participants owned a smartphone (81%), laptop (63%) and or desktop computer (46%). The overwhelming majority of patients (91%) reported using the Internet in the last year – primarily for communication (e.g. emails, text messages). Participants indicated relatively little experience with e-health applications and participating in SSc online forums or self-help groups.

Conclusion: To improve chronic disease management of SSC patients in Switzerland, current care practices warrant reengineering taking CCM components into account. Specific unmet needs relate to self-management support, help patients set individualized goals, and coordinate continuous care. Web-based technologies incorporating user-centred design principles may be a reasonable option for improving care.

References:

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