EXPLORING THE ROLE OF NURSE IN RHEUMATIC CARE AND FEASIBILITY OF ENHANCING TREAT TO TARGET STRATEGIES IN JAPAN.

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Background: The role of rheumatology nurses is considered important for the implementation of T2T [1]. For nurses' contribution to implementation of the T2T strategy, it is necessary to explore the nurses' opinion on their roles in real clinical practice.

Objectives: The aim of this study is to evaluate what is required for nurses to implement T2T in real clinical practice in Japan.

Methods: Registered nurses engaged in rheumatic care in clinical practice in Japan were enrolled. Focus group interviews were conducted exploring ‘What is necessary for RA nurses to implement T2T' using semi-structured interviews. Data analysis was used with Krippendorff's content analysis method.

Results: 24 nurses (all females) from 10 hospitals were enrolled in this study. The results of the analysis were categorized in 10 main categories, derived from 37 subcategories based on 64 different codes: (1) provide basic knowledge of RA, (2) provide knowledge of RA drugs, (3) provide knowledge and skills of self-monitoring, (4) enhance self-efficacy and support self-management, (5) support decision-making, (6) psychological and social support, (7) understand the diversity and feelings of patients and their families, (8) support based on individual needs, (9) ensure continuing educational opportunities for nurses to enable the provision of high quality care, (10) collaborate with multidisciplinary teams.

These categories are mostly covered in the contents of the 2018 updated EULAR recommendations for the role of nurses except ‘evidence-based rheumatic care'; ‘telehealth' and ‘comprehensive participation in disease management'.

Conclusion: These findings indicate the areas of exploration including further educational and training needs, attitudes and the professional scope for nurses to extend their roles to provide greater value to patient care.

In Japan, evidence-based RA nursing and telehealth systems have not yet been established. In addition, therapeutic intervention by nurses and nurse-led clinic are not permitted. Our results might reflect this situation and possibly elucidates the gap between EULAR's evidence-based recommendations and opinions of Japanese nurses working in daily clinical practice. As evidence-based nursing is considered to be crucial from both cost-effectiveness and improvement of patients QOL, this result also might shed light on what we need for future better rheumatic nursing in Japan.

References:

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STUDY OF PAIN ATTITUDES & BELIEFS BETWEEN RHEUMATOLOGISTS, PHYSICAL THERAPISTS AND PATIENTS FOR FIBROMYALGIA - A CROSS-SECTIONAL SURVEY


Methods: We studied a one and a half-year period, from June 2018 to December 2019. During this time, 57 applications were submitted to participate in the course. All participants who arrived were tested before starting the course. Test included 40 general questions about MSUS. Test results as well as commitment were reliable during the time, 57 applications were submitted to participate in the course.

Results: Among 57 applications submitted for the courses, 26 were from rheumatologists and 31 from radiologists, but the courses were attended by 13 rheumatologists and 26 radiologists (68%). Thus, commitment was reliably higher in radiologists (84%) than in rheumatologists (50%). Fisher's methods show high statistically significance ($X^2 = 751, p = 0.006$). Although the test focused on ultrasound, it was surprising for us that the median percentage of correct answers was higher in rheumatologists - 64 (54-80%), than radiologists ('ultrasonography specialists') 48 (40-62%). Difference also were significantly (p = 0.04).

Conclusion: Thus, despite better preparedness of rheumatologist, motivation to study MSUS prevails among radiologists. It is necessary to actively introduce MSUS into general rheumatologic educational programs in order to motivate rheumatologists to study MSUS. Changes in professional standard will also encourage wide use of MSUS by rheumatologists.

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