

# Treatment outcomes from a nurse-led rheumatology clinic in monitoring of anti-TNF therapy – a randomised controlled trial

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## CONCLUSIONS

*In monitoring of anti-TNF therapy treatment outcomes for patients at a nurse-led rheumatology clinic are not inferior to those obtained by rheumatologist-led clinic at 12-month follow-up.*

*The follow-up care of anti-TNF therapy may advantageously be performed by a nurse-led clinic based on a person-centred care.*

## INTRODUCTION

Patients with chronic inflammatory arthritis (CIA) treated with anti-TNF therapy are usually followed up by rheumatologists<sup>1</sup>. Nurse-led rheumatology clinics have been proposed for patients with low disease activity or in remission<sup>2</sup>.

*The purpose of this trial was to compare treatment outcomes from a nurse-led rheumatology clinic and a rheumatologist clinic for patients undergoing anti-TNF therapy with low disease activity or in remission.*

## METHODS AND MATERIALS

A randomized controlled trial (RCT) with a 12-month follow-up was conducted with 107 patients randomised into two groups with a 6-month follow up to a nurse-led rheumatology clinic based on a person-centred care (intervention group; n=53) or to a rheumatologist-led clinic (control group; n=54).

The intention of the interventional trial was to replace one of the two annual rheumatologist monitoring visits by a nurse-led rheumatology monitoring visit for patients undergoing anti-TNF therapy.

Inclusion criteria were patients undergoing anti-TNF therapy and Disease Activity Score 28 (DAS28)  $\leq 3.2$ .

The hypothesis of this RCT was that the treatment outcomes measured by the DAS28 at a nurse-led rheumatology clinic would not be inferior to those from a rheumatologist-led clinic at the 12-month follow-up

## RESULTS

After 12 months 47 patients in the intervention group and 50 patients in the control group completed the trial and there were no differences ( $p=0.66$ ) in mean change of DAS28 between the intervention or control group.

There were no differences ( $p>0.05$ ) in mean change in Visual Analogue Scales (VAS) for pain, Health Assessment Questionnaire (HAQ), satisfaction or confidence with the rheumatology care between the two groups, see table 1.

	Intervention group – Control group	
	Mean difference of change (95% CI)	
DAS28 (mean)	-0.06	-0.34 ; 0.22
DAS28-CRP (mean)	0.05	-0.28 ; 0.19
ESR (mm/h)	-1.05	-3.97 ; 1.86
CRP (mg/L)	-1.07	0.12 ; 2.02
Swollen joints (28)	0.13	-2.18 ; 0.61
Tender joints (28)	0.33	-0.47 ; 1.13
VAS Global health (mm)	4.29	-2.58 ; 11.16
VAS Pain (mm)	-0.24	-7.89 ; 7.40
HAQ	0.02	-0.10 ; 0.13
Satisfaction	0.25	-0.37 ; 0.88
Confidence	0.20	-0.29 ; 0.69

Independent t-test for comparison between the groups.

**Table 1.** Comparison of mean change after 12 months between the intervention group (Nurse-led rheumatology clinic) (n=47) and control group (Rheumatologist-led clinic) (n=50).

## DISCUSSION

The main finding of this trial was that follow-up care by a rheumatology nurse for patients with stable CIA can be delivered with comparable safety and effectiveness to that provided by a rheumatologist.

A nurse-led rheumatology clinic based on person-centred care is one way to implement the European League Against Rheumatism (EULAR) recommendations pertaining to the role of nurses in the management of CIA<sup>3</sup>.

This RCT was complemented by a qualitative study, which demonstrated that a nurse-led rheumatology clinic for biological therapy contributed added value for patients within rheumatology care. A rheumatology nurse and a rheumatologist complement each other, as they encounter the patients from different perspectives<sup>4</sup>.

## REFERENCES

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