Rheumatic Diseases and Rheumatic Diseases Nursing

Report on a Study in Madras

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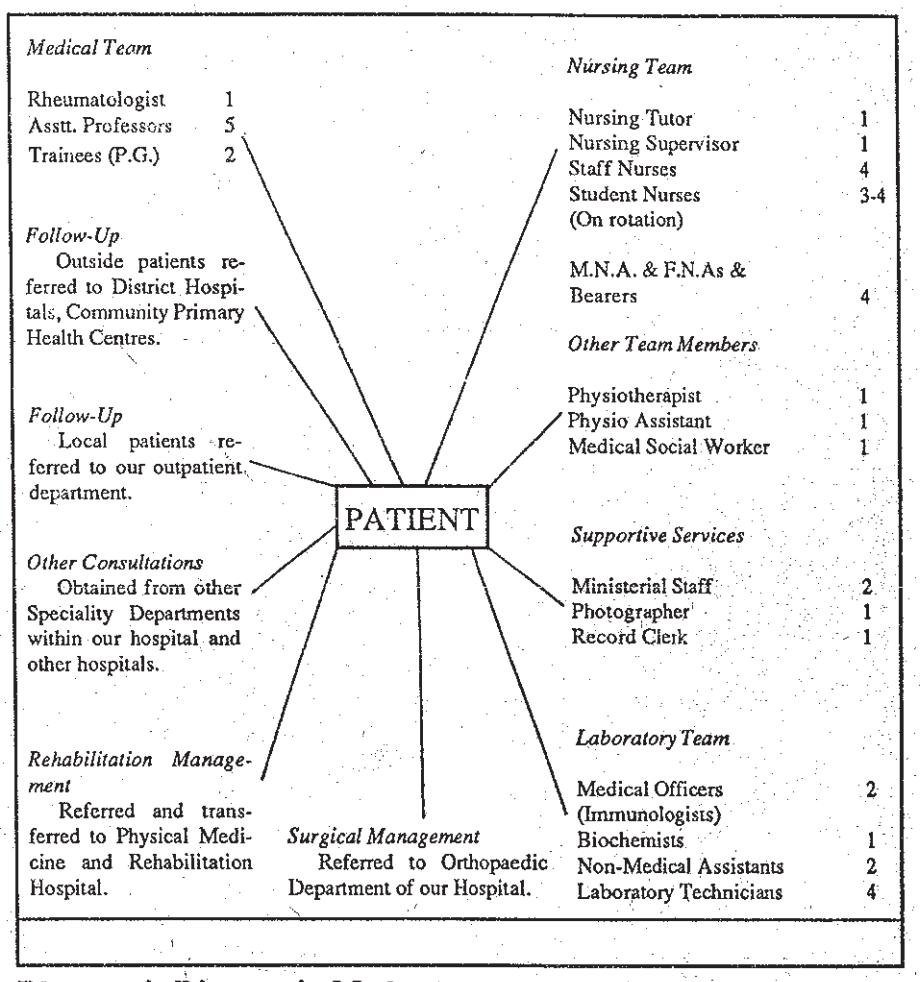
MADRAS MEDICAL COLLEGE is one of the premier Medical institutions in south India established about 155 years ago. The Government General Hospital, Madras founded in 1664 is one of the biggest teaching hospitals in south India. The field of Rheumatology is a developing speciality in our country. The full-fledged Department of Rheumatology, Government General Hospital, Madras is only one of its kind in our country. In other cities, Rheumatic Clinics are attached to the Department of Internal Medicine or Department of Orthopaedics.

The Department of Rheumatology, Government General Hospital, Madras is headed by a Professor with five Medical Officers and has a full-fledged laboratory with adequate staff to conduct Haematological, Biochemical and Immunological tests. Facilities are available to conduct basic, clinical and social research.

Health Delivery System for Rheumatic Patients

The following diagram depicts the staff strength, laboratory services, health care delivery system for Rheumatic sufferers at Government General Hospital, Madras.



Rheumatic Diseases in Madras

All the Rheumatic Diseases which are encountered in the western countries are also seen in south India.

The following table denotes the percentage of various Rheumatic Diseases seen at our Outpatient Department. During the period of 1972-1988, 19,973 patients were registered, out of which 8,697 were males, 9,753 were females and 1,523 were children.

S.No.	*Diseases*	*Percentage*
1.	Rheumatoid Arthritis	24.2
2.	Degenerative Joint Diseases	21.8
3.	Juvenile Rheumatoid Arthritis	14.4
4.	Seronegative Spondarthropathies (including Ankylosing	

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Spondylitis, Psoriatic Arthritis, Reiters Syndrome, Reactive Arthritis)	7.2
5. Systemic Rheumatic Diseases (including Systemic Lupus Erythematosus, Progressive Systemic Sclerosis, Systemic Vasculitis)	6.2
6. Soft Tissue Rheumatism	10.2
7. Others	16.0

Generally, Rheumatic Diseases seem to have a low profile in India. Table 1 summarizes some of the differentiating features of various Rheumatic conditions which are encountered at Madras when compared with those in western countries

Rheumatic Diseases Nursing at Madras

Many of the major advances in Rheumatology during the past decade have also been in the clinical aspects. They have been in the identification of diseases, in the splitting of the diseases from the groups, in the treatment of subjects by the various members of the medical profession, in the drug therapy, in the surgical intervention and in the role of Nurse as a member of remedial profession.

The Rheumatology Nurse in the team of the management of Rheumatic diseases acts as a communicator, planner, comforter, healer, teacher, coordinator, collaborator and rehabilitator. The services of Nursing personnel including Nursing Tutor, Nursing Supervisor, and Staff Nurse are utilized in the Outpatient Department, Inpatient Wards, and Arthroscopy Theatre. During their tenure they not only attend to the physical and psychological needs of the patient but also to the patient education apart from concentrating on future Nursing research.

At the Outpatient Department, the Nurse plays a pivotal role in catering to includes 20-25 new patients. She iden

Table 1

S.No.	Diseases	Madras	Western Countries
1.	*Rheumatoid Arthritis*	Runs milder course	Runs severe course
	a. Subcutaneous nodules	8%	25%
	b. Systemic involvement	30%	72%
	c. Vasculitis	uncommon	common
2.	*Juvenile Rheumatoid Arthritis*		
	a. Systemic Variety	10%	43%
	b. Hip involvement	30%	63%
	c. Sex incidence	Equal	Differs in various studies
3.	*Osteoarthritis*		
	a. Hip involvement	15%	60%
	b. Knee involvement	more (60%)	less
	c. Heberdon's nodes	12%	21.3%
4.	*Ankylosing Spondylitis*		
	Male preponderance	No Difference	No Difference
	HLA B27 positivity		
	Sacroilitis		
5.	*Psoriatic Arthritis*		
	a. Sex incidence	Male Preponderance	Equal Sex incidence
	b. Peak Age of Onset	3rd to 4th decade	3rd to 4th decade
	c. Rheumatoid Arthritis like Presentation	30%	17%
6.	*Systemic Lupus Erythamatosus*		
	a. Sex incidence	Female Preponderance	Female Preponderance
	b. Raynaud's Phenomenon	1.8%	17%
	c. Pleuro Pulmonary Involvement	Less	More
	d. Renal Involvement	38.3%	Variable
7.	*Progressive Systemic Sclerosis*		
	a. Sex Incidence	Female Preponderance	Female Preponderance
	b. Joint Manifestation	83%	41%
	c. Raynaud's Phenomenon, Vasospastic Ulcers, Renal & Cardiac Involvement	Less	More

the needs of 150-175 patients, which tifies Rheumatic emergencies and arranges for immediate remedial measures. She educates the patients and children in groups. The patient population are not highly educated and hence the Nurse pays more attention to their needs with regard to the number of tablets to be consumed, the side effects of diseases modifying drugs to be noted and to the importance of weekly injections of gold. She also emphasizes the need for periodic follow-up of these patients and informs the family members regarding the seriousness of diseases and need for further follow-up.

In case of hospitalization, she helps in the education of the patient and the relatives about the need for admission, the period of stay, the type of therapy and the probable outcome.

Even though three Staff Nurses are inadequate for 20 male inpatients and 10 female inpatients, the Staff Nurses pay their most concentrated attention to the daily needs of the Rheumatic sufferers and emphasise the need for long-term treatment, method of preventing deformities and complications as far as possible. Even though 'splinting' does not come under the purview of Staff Nurses, they assist as well as make splints to prevent and correct the deformities, since the policy of the Department is that only people who deal with the patients know how to handle the inflamed joint in a proper way. Patient education in groups is also carried out by the Nurses with regard to the disease, body alignment, exercise, diet and follow-up. It is heartening to mention at this juncture that some of the earliest side effects of the disease modifying drugs were picked up early by the Nursing Staff from their experience. Above all, the Nurse gives psychological support for the acceptance of their disease for long-term therapy. She acts as a patient-doctor communicator, patient-relative counsellor and patient-Rheuma-team coordinator.

The Nurse also arranges for patient assessment clinics on alternate days. She conveys the dietary advice in consultation with the Dietician for the patient suffering from Gouty Arthritis, patients for Systemic Lupus Eryhthematosus with renal involvement, patients with Osteoarthritis with obesity. Nurses use Nursing Observation Chart which provides an opportunity to assess the patient's problems during their interview with the patient. The Nurse also assists the Rheumatology team in performing Arthroscopy. Like any other Theatre Nurse she manages Operation Theatre attached to the Department.

Patient Education Programme

In our patient education programme, men, materials and methods are designed by our team members. Audio-visual aids are designed to suit our patients' capacity of understanding in our regional languages. Four sessions of one hour each are held at weekly intervals when the patients come for their drugs. Though the Nursing personnel is responsible and acts as a key person for patient education, all members of our team have involvement in our patient teaching programme. The teaching is mostly based on positive approach with the emphasis on what the patients can do and what can be done for them. We emphasise patients' role as self managers in their care to avoid our dependence on care givers.

Nursing Research: Nursing research is not well developed at present. As a part of Nursing research, a study on the views of Rheumatoid Arthritis patients on their health education needs has been done for tailoring our education content to suit their needs. The proposed Nursing research project on 'Relevance and Necessity for Education and Training in Rheumatology for Health Professionals and Patient Education: A Comparative Study in Developing and Developed Countries', has been chosen for the Boots Company Award for International Health Professionals in Rheumatology for 1989. Part of the said study has been completed in England and the rest is being conducted in Madras.

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