BSR Abstract 2016

Category: Health Services Research, Economics and Outcomes

Title
Patient perception of treatment efficacy, disability and health satisfaction

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Background
Patient satisfaction encompasses experiences of care and treatment outcomes such as efficacy, health state and disability. Addressing these factors should improve satisfaction and patient outcomes.

Methods
115 questionnaires were randomly distributed to patients with inflammatory arthritis attending rheumatology clinics at University College Hospital, London between November 2014 and January 2015. Response rate was 90%. Questions were semi-structured, using Likert/visual analogue scales, and focused on diagnosis, symptomatology, treatment history, health status and clinic attendance experience.

Results
Rheumatoid arthritis represented 69% of inflammatory arthritis patients, 64% were female. Mean age in years was 50.44 ± 17.98. 5.94% of patients had disease duration < 1 year and 57% of patients had a duration > 10 years. Current treatment regime showed 23% to be on DMARDs alone, 33% on biologics alone and 44% on combination therapy. Mean number of drugs before current drug regime was 3.06 ± 2.13. 72% of respondents assessed their current treatment regime as effective (Mean HAQ 1.28 ± 0.82, Mean GVAS 39.44 ± 29.44). Only 17% of this perceived effective treatment group had a HAQ score < 0.5 and 44% had a GVAS < 30. 68.6% of respondents identified themselves as having a disability (Mean HAQ 1.52 ± 0.73, Mean GVAS 45.87 ± 29.81). 80% of those with a perceived disability had a HAQ score > 1. Significant differences were found between patient groups as shown in Table 1.

Conclusion
Health satisfaction is significantly linked to perceived treatment efficacy but not perceived disability levels. High perception of disability and low perception of treatment efficacy are significantly associated with factors less commonly discussed in consultations such as fatigue and involvement in decision making. Interestingly, those who had low perceived efficacy levels were significantly less likely to view themselves as having a disability despite there not being a difference in HAQ scores between the two groups. This may reflect differing levels of acceptability regarding loss of function and the stigma that this brings. It is important to address the factors that influence patients' satisfaction levels especially when making management decisions.

Table 1: Self-reported factors in association with perceived disability and treatment efficacy levels

	Perceive self to have a disability (%)	Perceive self NOT to have a disability (%)	*p value*	Current treatment effective (%)	Current treatment NOT effective (%)	*p value*
Mean HAQ ±SD	1.52 ±0.73	1.01 ±0.82	***0.004***	1.28 ±0.82	1.43 ±0.69	*0.578*
Mean GVAS ±SD	45.87 ±29.81	43 ±30.48	*0.661*	39.44 ±29.55	57.17 ±27.51	***0.009***
Disease duration > 10 years	61.8	46.7	***0.050***	66.66	40	*0.066*
Arthritis Health Satisfaction	76.12	64.52	*0.26*	86.49	40	***0.0001***
Presence of nocturnal joint pain	47.8	28.1	*0.283*	33.3	60	***0.039***
Sleep disturbance	60.9	37.5	*0.079*	45.3	68	*0.164*
Morning stiffness > 30mins	39.1	53.1	*0.510*	36	75	***0.00007***
Fatigue	68.1	43.8	***0.033***	53.3	72	*0.515*
Low mood	18.8	12.5	***0.019***	10.7	28	*0.116*
Interest in self management	65.7	70	*0.675*	61.6	78.3	*0.143*
Self identify with having a disability	68.6	31.4		73.9	52	***0.041***
Feel listened to	92.8	90.6	*0.743*	93.3	88	*0.128*
Involved in decision making	94.2	93.7	*0.485*	93.3	40	***0.040***
Given emotional support	74.6	80.7	*0.820*	80.6	72	*0.452*