

Physician-patient relationship in rheumatoid arthritis management

Ingegnoli F¹, Schioppo T¹, Ubiali T¹, Caporali R¹

ACTA REUMATOL PORT. 2021;46:88-89

The article by Rodrigues and colleagues proposes an innovative useful tool to assess physician-patient agreement in clinical practice and demonstrates that patients with a more positive experience have lower disease activity scores¹. Notably, it has been shown, by the same research group, that psychological aspects (i.e. self-esteem and affect) impact on therapeutic adherence in patients with rheumatoid arthritis (RA)². In our opinion, these are very timely topics. In fact, despite the treat-to-target recommendations and the efforts in dissecting factors that contribute to achieve disease control, the goal of long-term remission is accomplished in less than half of RA patients³. Treatment adherence and satisfaction play a critical role in patients with chronic diseases and their improvement could only be obtained

after a complete comprehension of the underlying determinants.

Recently, we performed an online survey among patients with rheumatic diseases to identify what patient-perceived topics matter most in future research⁴. A sub-analysis showed that the topic most rated by RA patients (82/87, 94%) was the physician-patient relationship (data not previously published). This was very much an issue in all age groups of RA. Likewise, intriguing results came from the reasons of patient rating (Figure 1). The physician-patient relationship was considered relevant for a better control of RA symptoms (48.8%), to cure the disease (30.5%), to stop disease progression (19.5%), and to prevent the disease (1.2%). These results confirm that the importance of medical consultation should not be underestimated by physicians, who are often overwhelmed by the increase of administrative duties, time and economic constraints.

¹ Division of Clinical Rheumatology, ASST Pini-CTO, Università degli Studi di Milano

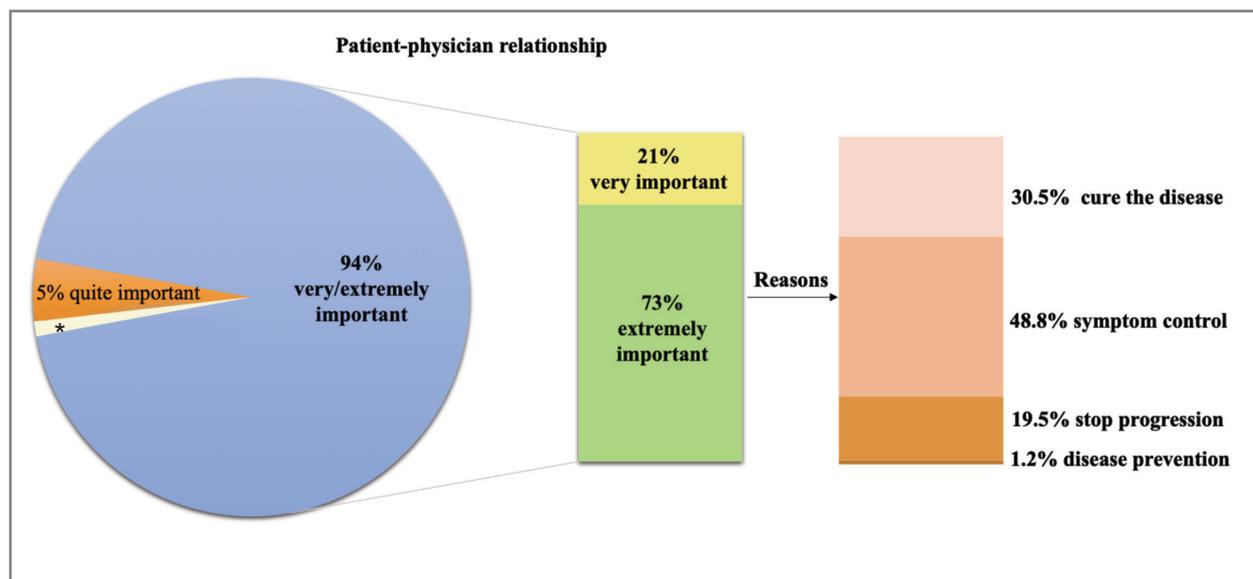


FIGURE 1. Importance of physician-patient relationship according to patients with rheumatoid arthritis.

These data, not previously published, are derived from a sub-analysis of an online survey among Italian patients with rheumatic diseases⁴. * 1% not important

It is known that RA is a fluctuating disease and this unpredictability makes patients perceive a worse disease control than other patients with more predictable chronic illnesses³. Thus, it is likely that rushed visits may lead to important negative implications on the assessment of disease activity when using composite indexes, which rely on patient-reported outcomes.

Patient dissatisfaction related to medical consultation may influence its perception about the absence of disease activity and could be one of the motives behind the worse evaluation of patient global assessment of disease activity (PGA)⁶.

The debate on the variables that can influence PGA is still open; different internal and external factors have been taken into account: the origin of pain symptoms, psychosocial and lifestyle factors, and finally the quality of the medical consultation⁷ that patients perceive as important components, capable of influencing the perception of disease control⁸.

Some essential components of the medical consultation, often overlooked, include patient involvement, provision of information, feedback and reassurance, empathy and access to an expert. The integration of these strategies into daily practice could make use of the full potential of medical consultations and allows RA patients to manage the daily symptoms of their conditions^{1,9}.

CORRESPONDENCE TO

Ingegnoli Francesca
Division of Clinical Rheumatology, ASST Pini-CTO
Università degli Studi di Milano, Italy
E-mail: francesca.ingegnoli@unimi.it

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