

Optimizing Rheumatoid Arthritis Care Through Nurse-Led Interventions: Patient-Centered Evidence from a Literature Review

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Background and objective

Rheumatoid arthritis (RA) is a chronic autoimmune disease requiring long-term follow-up, medication management, and education. Traditional rheumatologist-led care faces challenges due to increasing patient numbers, prompting nurse-led care (NLC) models. Early UK studies suggest NLC improves satisfaction and access, but multicenter RCT evidence is limited, necessitating evaluation of NLC's effectiveness and feasibility in RA management.

Methods/intervention

A structured literature review was conducted to identify empirical and conceptual studies evaluating nurse-led models of care in rheumatoid arthritis (RA). Electronic databases including PubMed, CINAHL, and Scopus were searched for English-language papers published between 2000 and 2024 using the keywords nurse-led care, rheumatoid arthritis, and randomized controlled trial. Four key studies meeting inclusion criteria (two randomized controlled trials, one pre-post evaluation, and one integrative review) were analyzed.

Results

Four studies (n=559) on nurse-led care (NLC) in rheumatoid arthritis showed that NLC is non-inferior to physician-led care. In Ndosi et al. (2014, n=180), Δ DAS28 = 0.1 (95% CI -0.3 to 0.5; p=0.65), with higher patient satisfaction (p<0.01). Primdahl et al. (2012, n=287) found comparable DAS28 and improved continuity and accessibility (p<0.05). Hill et al. (2003, n=92) reported significant DAS28 reduction (p<0.05) and improved self-management (p<0.01). Clarke et al. (2024) identified NLC's structure-process-outcome framework. Overall, NLC maintains clinical efficacy while enhancing patient-centered outcomes and satisfaction, supporting its safe

Conclusions/lessons learned

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Nurse-led care in rheumatoid arthritis is as effective as physician-led care, maintaining DAS28 and functional outcomes while improving patient satisfaction, self-management, and access. Evidence from RCTs and reviews supports its safety, feasibility, and patient-centered benefits, promoting quality care and resource optimization.

Relevance to health promoting hospitals and health services

Nurse-led care in rheumatoid arthritis aligns with HPH principles by providing patient-centered, preventive, and empowering care. It enhances self-management, education, psychosocial support, and satisfaction while maintaining clinical efficacy. Implementing nurse-led interventions in hospitals supports health literacy, continuity of care, and sustainable chronic disease management, consistent with HPH goals.

Subject(s)

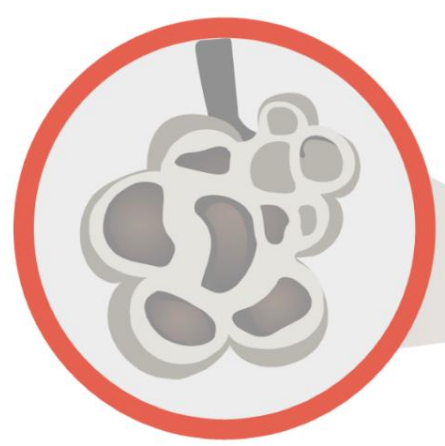
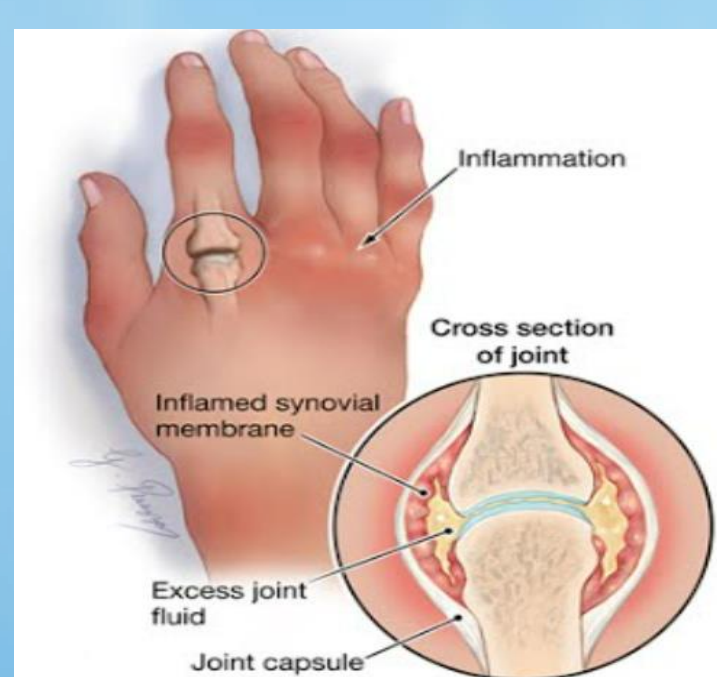
Care for people with multiple health needs and comorbidity

Relation to conference main theme

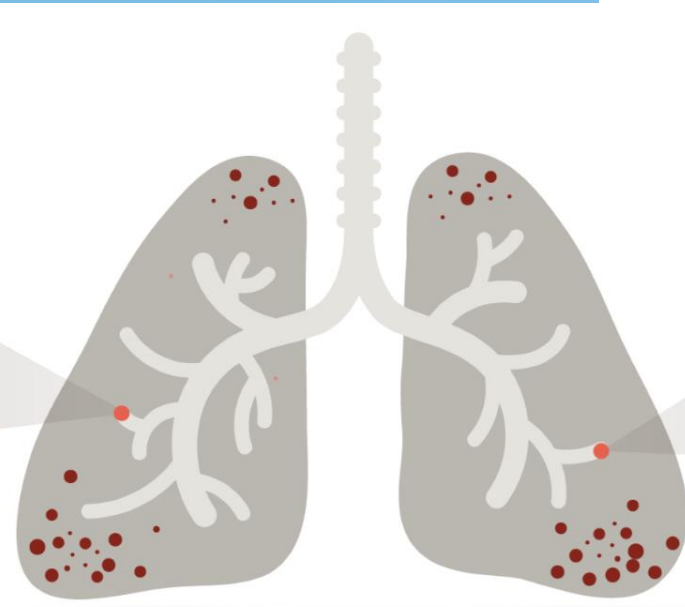
Resilient and sustainable healthcare systems

Keywords:

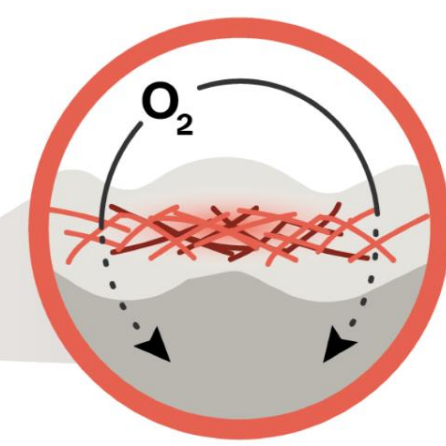
Rheumatoid Arthritis · Nurse-Led Care · Chronic Disease Management · Clinical Effectiveness · Patient-Centered Care



Distortion of Lung Architecture
Architecture is irreversibly damaged by fibrosis^{7,8,17,18}



Fibrotic lung



Impaired Gas Exchange
Increased fibrosis in the interstitium impairs gas exchange^{6,19}



Worsening dyspnea and cough



Limited ability to perform day-to-day activities

