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Does ENAT-Focused Education Improve Health Outcomes in RA? A Randomised Controlled Trial

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Objectives

The aim of this study was to evaluate the effectiveness of ENAT-focused patient education on self-efficacy, health status and patient knowledge. We hypothesised that, the use of the ENAT to help focus patient education on patients' priority educational needs, would improve their self-efficacy and health status.

Methods

This study was a pragmatic 7-centre RCT. The inclusion criteria were: a diagnosis of RA, age 18+ years and ability to complete questionnaires. Patients were randomised to either the ENAT group where patients completed the ENAT which was then used as a template by the Clinical Nurse Specialist (CNS) to meet their educational needs; or usual care by CNS without the ENAT. Patients were seen at baseline then at weeks 16 and 32. The outcomes were self-efficacy (ASES), health status (AIMS2-SF) and patient knowledge (PKQ). We investigated between-group differences (t-test) and trends over time (repeated measures ANOVA). Intention-to-treat results are reported (multiple imputation for missing data) except AIMS2-SF-Work data, where complete case analysis was used for patients who were working.

Results

A total of 132 patients were recruited, 70 EG (53%) and 62 UC (47%). Their mean (SD) age was 54 (12.3), 56 (13.3) and disease duration 5.2 (4.9), 6.7 (8.9) for EG and UC respectively. Questionnaire completion rates (EG, UC) were; 97%, 97% (baseline) 90%, 85% (week 16) and 79%, 76% (week 32).

Significant between-group differences were found, in favour of the EG at week 32 in ASES-Pain, mean difference (SE) = -4.36 (1.6), $t = -2.72$, $P = 0.008$; ASES-Other symptoms, mean difference (SE) = -5.84 (3.06), $t = -3.07$, $p = 0.003$; AIMS2-SF Symptoms, mean difference (SE) = 1.04 (0.41), $t = 5.54$, $p = 0.013$ and AIMS2-SF Affect, mean difference (SE) = 0.86 (0.30), $t = 2.84$, $p = 0.006$. Between-group differences were not significant in other time-points or in the total PKQ score.

Table 1 presents within-group changes over time. Scores are mean (SD) after multiple imputations. The ENAT group showed significant improvements in most outcomes while usual care showed significant improvements only on AIMS2-SF work.

Table 1

Outcome measure	Usual care (n=60)*				ENAT group (n=68)*			
	Baseline	Week 16	Week 32	F _{2,118} (p-value)	Baseline	Week 16	Week 32	F _{2,134} (p-value)
ASES-Pain	25.3 (11.2)	26.5 (10.2)	27.51 (10.9)	2.03 (0.135)	23.4 (9.1)	27.0 (9.8)	30.7 (10.3)	37.5 (<0.001)
ASES-Other sympt.	34.2 (12.7)	35.0 (13.9)	35.3 (14.5)	0.40 (0.673)	30.6 (11.5)	34.5 (12.6)	38.7 (12.3)	37.2 (<0.001)
AIMS2-Physical	3.1 (2.6)	3.0 (2.3)	3.0 (2.5)	0.09 (0.917)	3.1 (2.0)	2.8 (2.0)	2.8 (2.1)	2.35 (0.099)
AIMS2-Symptoms	5.0 (3.2)	4.6 (3.1)	5.1 (3.3)	2.34 (0.101)	5.4 (2.6)	4.7 (2.9)	4.6 (2.7)	11.8 (<0.001)
AIMS2-Affect	3.7 (2.1)	3.8 (1.9)	4.1 (2.3)	2.18 (0.117)	4.3 (2.2)	4.1 (2.1)	3.6 (2.0)	12.0 (<0.001)
AIMS2-Social	5.5 (1.7)	5.5 (1.7)	5.7 (1.9)	1.86 (0.160)	5.6 (1.8)	5.5 (1.9)	5.7 (2.0)	1.35 (0.263)
AIMS2-Work*	2.0 (2.7)	3.4 (3.5)	2.4 (5.1)	3.84 (0.028)	2.3 (3.1)	2.8 (3.3)	2.8 (3.5)	0.60 (0.552)
Total PKQ	8.6 (2.4)	8.7 (2.3)	9.1 (2.8)	1.96 (0.146)	8.6 (2.3)	9.0 (2.2)	9.2 (2.3)	5.22 (0.007)

* Missing data imputed except for AIMS2-SF-Work for 59 patients who were working

Conclusions

This is the first study to report the effects of ENAT-focused education in people with RA, suggesting improvements in self-efficacy and aspects of health status.

Disclosure of Interest

None declared

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