

Managing graves disease: Management involving endocrine nurse led service. A proposal for effective IT solution.

Aftab Aziz (1), Sue Cox, Rob Dyer

Dept of Diabetes and Endocrinology, Torbay Hospital

Introduction

Graves disease is the commonest autoimmune thyroid condition predominantly affecting middle aged women. Its diagnosis depends on clinical symptoms and abnormal TFTs in the presence of antibodies. Treatment consists of anti-thyroid drugs, radio-iodine or surgery (1). Endocrine nurse specialist can provide effective patient care.

Objective

The purpose of this study was to review burden of graves disease (GD) in our hospital and comparing it with endocrinologist and endocrine nurse specialist time.

Methodology

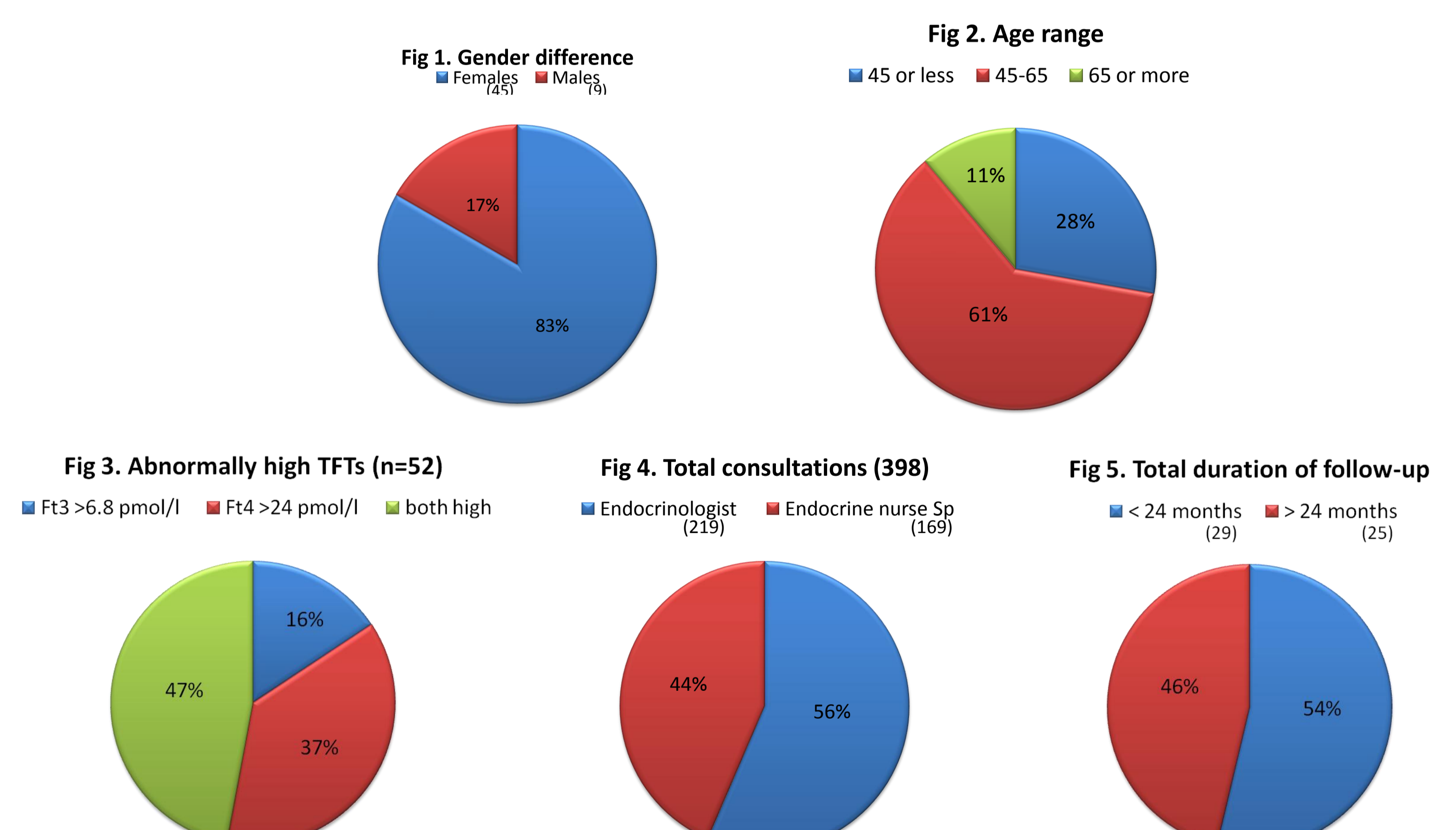
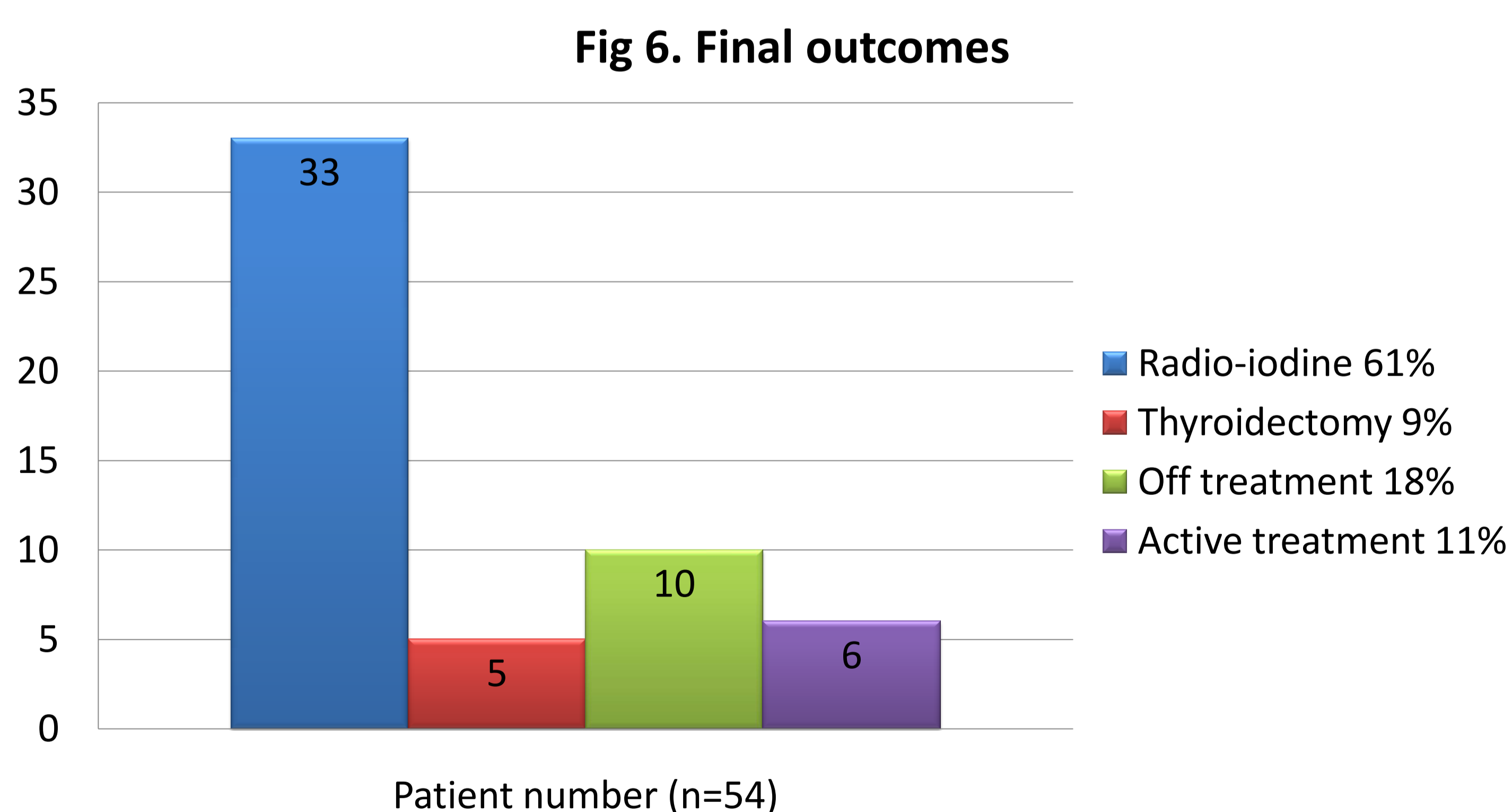
In our hospital, endocrine nurse specialist (ENS) follow-up service was introduced to reduce endocrinologist burden in the management of GD. This shifted the work-load of patient care but also resulted in identification of great need for support and increased nurse time. We reviewed clinical notes of patients with Graves disease seen by doctors and by ENS.

Findings

We identified (n=54) patients using ENS database from 2011-12. We observed their management including consultation sessions by doctors and ENS, duration of follow-up, types of consultations by ENS and final outcomes (Table A, Figs 1-6).

Table A. Main findings

Main findings			
Gender	♀ 45: 9♂		
Age distribution	17-82 (Median 51)		
Abnormal TFTs	Ft3 >6.8pmol/l(8)	Ft4 >24pmol/l (19)	Both high (24)
Positive antibodies	TRAb +ve (34)	TPO Ab +ve (14)	Both +ve (8)
Total consultations	398		
Frequency of presentation	1 st presentation (48)	2 nd or more (6)	
Consultations	Endocrinologist (219)		Endocrine NS (169)
Additional contact via ENS		Phone calls (56)	Letters (116) Email/texts (24)
Outcomes	I131 (33)	Surgery (5)	Off Rx (10) Active Rx (6)
Total duration of contact	11-108 months (Median 24)		<24months (29) >24 months (25)



Conclusion

Introducing endocrine nurse proved efficient service and identified unrecognised need for patient support(Fig. 4,5). It can result in longer follow-up in service. Telephone, email and text contact is a good thing but presents challenges in recording of information and clinical governance. We believe and there is potential for a protocol driven IT solution to improve quality and effectiveness in the management of Graves disease.

References

1. ATA/AACE Guidelines. Hyperthyroidism and other causes of thyrotoxicosis: Management guidelines of the American Thyroid Association and American Association of Clinical Endocrinologists. Endocrine Practice. Vol 17 (3). May/June 2011. (e1-65)