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

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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

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age distribution</th>
<th>Abnormal TFTs</th>
<th>Positive antibodies</th>
<th>Total consultations</th>
<th>Frequency of presentation</th>
<th>Consultations</th>
<th>Additional contact via ENS</th>
<th>Outcomes</th>
<th>Total duration of contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>♂ 24</td>
<td>17-82 (Median 51)</td>
<td>Ft3 &gt;6.8pmol/l (8)</td>
<td>TRAb +ve (34)</td>
<td>398</td>
<td>1st presentation (48)</td>
<td>Endocrinologist (219)</td>
<td>Phone calls (56)</td>
<td>I131 (33)</td>
<td>11-108 months (Median 24)</td>
</tr>
<tr>
<td>♂ 20</td>
<td>Ft4 &gt;24pmol/l (19)</td>
<td>TRAb +ve (34)</td>
<td>TPO Ab +ve (14)</td>
<td></td>
<td>2nd or more (6)</td>
<td>Endocrine NS (169)</td>
<td>Letters (116) Email/texts (24)</td>
<td>Surgery (5)</td>
<td>&lt;24months (29)</td>
</tr>
<tr>
<td>♂ 9</td>
<td>Both high (24)</td>
<td></td>
<td>Both +ve (8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Off Rx (10)</td>
<td>&gt;24 months (25)</td>
</tr>
</tbody>
</table>

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