

The pathway to consultation for rheumatoid arthritis: exploring anticipated actions between the onset of symptoms and face-to-face encounter with a healthcare professional

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Summary by Georgia Mahoney, A-level work experience student (visiting with the Behavioural Medicine group).

The aim of this research was to understand why people may delay getting medical help when experiencing the symptoms of rheumatoid arthritis (RA). The research took an interview approach; they asked participants what actions they would take when presented with 4 sets of symptoms 2 RA (joint swelling and not) and 2 non-RA (bowel cancer and angina).

Many participants said that they would get other forms of advice before they got a GP's, this could be a book, magazine, family/friends, pharmacists or the internet. Many said they would consult the internet or written advice, however, this was just an alternative till they could seek professional medical advice. On the contrary, some participants stated they would not consult the internet to understand their symptoms as it would scare them could be inaccurate and could cause them to panic due to an untrustworthy answer.

It is likely they would discuss their symptoms with others that they believe to be expert in that subject or experiencing similar problems. Often the advice they were seeking was about what the symptoms could be or what they should do about the problem. Who participants decided to discuss symptoms with depended on a high level of trust, usually a partner or their child. However, some participants expressed that they discussed them with convenient people who they saw regularly in social interactions.

Participants would be less likely to discuss the symptoms if they were not worried about them, and the lack of worry could be due to their lack of knowledge medically. Not only this but participants would be less likely to talk about symptoms that embarrassed them- this was a common answer in the bowel cancer vignette.

For the non RA vignettes participants indicated they would actively monitor the symptoms to see if they continued or worsened before seeking medical advice. Participants were reluctant to self-manage the symptoms of bowel cancer or angina. However, lifestyle alterations such as healthier diets were suggested as a way to ease symptoms. For the RA vignettes participants said they would get over the counter analgesics or anti-inflammatory medication or would attempt physical approaches to ease symptoms.

In general, most responses seemed to indicate that they would seek medical advice sooner for bowel cancer and angina. This could be because the symptoms seem far more serious and life threatening than RA symptoms but also because many may see the symptoms of RA as just a sign of getting old. This belief can cause patients to delay getting help and also cause them further damage. RA is best treated when diagnosed early; people's misconception about RA can cause their condition to be more severe and less manageable.

To combat this people need to be more aware that the symptoms they are experiencing are not just a part of ageing in fact it is a disease that they should consult their GP about. As well as this another option is getting pharmacists to spot the symptoms of RA when people go to them for anti-inflammatory medicine. This idea has led to further research into helping pharmacists spot the signs

of RA so that they can then suggest the patient books an appointment with their GP rather than self-managing the symptoms.