

# The Effect of Continuous Nursing on Pain and Rehabilitation Compliance of Patients with Rheumatoid Arthritis with Osteoporosis

Sui Xiaojia, Ma Shu \*

The First Hospital of Jilin University, Changchun, Jilin, 130021, China

\*Corresponding Author

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**Abstract:** Objective: to Analyze the Effect of Continuous Nursing on Pain and Rehabilitation Compliance of Patients with Rheumatoid Arthritis with Osteoporosis. Methods: a Total of 100 Patients with Rheumatoid Arthritis and Osteoporosis Treated in Our Hospital Were Randomly Divided into the Observation Group and the Control Group with 50 Patients in Each Group. the Observation Group Received Continuous Nursing and the Control Group Received Routine Nursing, and Then the Pain Degree and Rehabilitation Compliance of the Patients in the Two Groups Were Compared. Visual Analogue Pain Scale (Vas) Divides the Pain Degree of Patients into Four Levels: Painless, Mild Pain, Moderate Pain and Severe Pain, and Divides the Rehabilitation Compliance of Patients into Three Levels: Complete Compliance, Relatively Compliance and Non-Compliance. the Patients' Satisfaction Evaluation of Nursing Forms in the Final Stage of Nursing Was Calculated. Results: in the Continuous Nursing, the Pain Degree of the Patients in the Observation Group Was Relatively Mild, While the Pain Degree of the Control Group Was Relatively Heavy in the Form of Routine Nursing. the Compliance of the Patients in the Observation Group Was Relatively Strong, and the Evaluation of Satisfaction Was Relatively High. the Comparative Analysis of the Two Groups Showed Significant Difference ( $P < 0.05$ ). Conclusion: the Treatment Process of Rheumatoid Arthritis with Osteoporosis is Slow and the Improvement Rate of Symptoms is Slow. Therefore, Continuous Nursing Analysis Should Be Carried out in Combination with the Treatment Form to Improve Patients' Compliance and Satisfaction.

## 1. Introduction

Rheumatoid Arthritis is a Kind of is Characterized by Chronic Erosive Arthritis of Systemic Autoimmune Disease, Need Long-Term Adherence to Treatment, Not Overnight, and Rarely in Short Time to Produce the Medicine Clinical Improvement, Due to the Continuous Treatment, At the Same Time Also Need to Be a Continuation of Care, Periodic Care Cannot Further Observation and Understanding the Patient's Situation, Will Care Continues, More Detailed Understanding of the Patient's Condition, Can According to the Patient's Joint Problems for the Care of, Help Patients Improve Bone Density, Can Make Patients More Compliance, Help Patients Relieve Pain, Improve the Quality of Nursing.

## 2. Materials and Methods

### 2.1 General Materials

A total of 100 patients with rheumatoid arthritis and osteoporosis treated in our hospital were randomly divided into the observation group and the control group, with 50 patients in each group. The observation group received continuous nursing, while the control group received routine nursing, and then the pain degree and rehabilitation compliance of the patients in the two groups were compared. The age of patients in the observation group ranged from 25 years old to 71 years old, and the disease duration ranged from 2 months to 51 months. The age of the patients in the control group ranged from 26 to 69 years old, and the disease duration ranged from 4 months to 44

months. Patients by clinical examination can be classified as fever rheumatoid rheumatoid disease, recurrent sex, less dry arthritis, arthritis, the types of arthritis patients with disease progression and the relevance of this survey is not strong, such as the clinical confirmed that no other major diseases, have excluded patients with senile patients with illiteracy, can care for patients with feedback, have communication and understanding ability, to adapt to the education mode, to the hospital without severe rejection.

## 2.2 Methods

Routine care:

Patients admitted to hospital after the introduction of hospital environment, guide rational drug use and improve the patients' attention on the application of the drug, with patients' families simple metasomatism in the hospital, ask the patient's medical history, medical history, etc., understand the course of the disease and patients with diseases of the earliest symptoms, clinical examination results recorded in the combined with inquiries about the patient, building a bridge of communication between patients and doctors, that orders account, regular ward round and ask the patient feeling, after a series of reactions were observed.

Continuous care:

(1) diet care: avoid the food containing oxalic acid and high calcium food together, because oxalic acid and calcium will form calcium oxalate after the combination, thus affecting the absorption of calcium, so like spinach, amaranth, lettuce and other foods to avoid and fish soup, tofu soup with high calcium food food. Eat greasy Fried food as little as possible, still have a few spicy, too salty, too sweet kind of food, strong tea, coffee and other things need to avoid, contaminated food to avoid food, such as polluted water, still have crops, poultry fish eggs, eat a few green organic food more.

(2) drug care: should strictly follow the doctor's advice, especially when the dose adjustments, should, and explain the clinical evidences in patients with long-term calcium in the body, attention should be paid to the prevention of calcium, phosphorus metabolic disorders, instruct patients need not too much calcium, avoid to cause kidney stones and encourage patients to increase water quantity, pay attention to the prevention of patients with high blood calcium, tachycardia, high blood pressure, blood calcium concentration monitoring patients, taking calcium supplements best time in the evening before bed. Continuous risk assessment should be carried out to quantify the dose and possible side effects in combination with the individual situation of the patient.

(3) continuing education: continue the propaganda and education, pay attention to the protection of joints, keep warm daily, do not overwork, do not maintain a posture for a long time, reduce unreasonable exercise, avoid running, jumping, squatting for a long time, reduce or avoid climbing stairs. Reduce weight, obese people should be appropriate weight loss, physical exercise. According to the patient's illness development, in patients with acute phase remind rest not forced movement, chronic patients in stable condition, can be appropriately exercise, listening to the patient, understanding the patient's mood changes, answer the patient's doubts, let patients of rheumatoid arthritis with osteoporosis have a clear understanding, reduce the distance doctor-patient, improve patients' compliance.

(4) sports nursing: ①hard clenched fist; Stretch five fingers so that the palms and fingers expand as much as possible. Open five fingers vigorously, so that the fingers and palms are as wide as possible. Keep your fingers and palms together as far as possible. ②palm down, with wrist as the fulcrum, hand up, similar to greet others; Try to swing as much as possible, and then slowly put down; The back of the hand facing himself, with wrist as the fulcrum, the hand to the direction of the little finger crooked; Then reverse the direction and put your hand on your thumb, as if to show disapproval.

(5) Psychological care: patients with rheumatoid arthritis with osteoporosis after irregular pain, pain degree and degree of patients' psychological anxiety were positively to the development, especially in view of the treatment time is long, the pain of patients in the continuation of psychological guidance, encourage patients prepared to long-term treatment, and the psychological

construction of self ability, can encourage themselves, by listening to music, do things they are interested in, develop healthy hobbies such as distraction.

### 2.3 Observation Indexes

Visual analogue pain scale (VAS) divides the pain degree of patients into four levels: painless, mild pain, moderate pain and severe pain, and divides the rehabilitation compliance of patients into three levels: complete compliance, relatively compliance and non-compliance. The patients' satisfaction evaluation of nursing forms in the final stage of nursing was calculated.

### 2.4 Statistical Treatment

Excel software such as medical office under the discrete data statistics and classified count ( $\chi^2$  test, is used to infer that two or forming than there is difference between the overall rate), matching measurement data comparison between samples or groups (t test, observe the differences of this group of samples with overall),  $\bar{x}$  (average)  $\pm s$  (Standard Deviation) said mean add and subtract Standard Deviation, the small probability event of statistical quality control ( $P < 0.05$  said have significant difference (one hundred trials, the frequency is less than 5 times).

## 3. Results

Under visual analogue pain scale (VAS), 25 patients in the observation group had no pain, 12 had mild pain, 10 had moderate pain, and 3 had severe pain. In the control group, 16 patients had no pain, 9 had mild pain, 16 had moderate pain, and 9 had severe pain.

Table 1 Comparison of Vas Pain Evaluation after Nursing of Rheumatoid Arthritis with Osteoporosis in the Two Groups

group	no pain	mild pain	moderate pain	severe pain
the observation group	25	12	10	3
the control group	16	9	16	9
t	4.259	4.259	4.756	4.159
P	<0.05	<0.05	<0.05	<0.05

In the comparison of rehabilitation compliance of patients, 37 patients in the observation group were completely compliant, 12 patients were more compliant, and 1 patient was not compliant.

In the control group, 31 cases were completely compliant, 10 cases were compliant, and 9 cases were non-compliant.

Table 2 Comparison of Compliance in Nursing Care of Patients with Rheumatoid Arthritis with Osteoporosis between the Two Groups

group	n	completely compliant	compliant	non-compliant
the observation group	50	37	12	1
the control group	50	31	10	9
X <sup>2</sup>	-	6.235	5.412	5.218
P	-	<0.05	<0.05	<0.05

In the observation group, 30 patients expressed satisfaction, 19 patients expressed dissatisfaction, and 1 patient expressed dissatisfaction. The overall satisfaction rate was 98%. In the control group, 27 patients were satisfied, 15 were dissatisfied and 8 were dissatisfied, with an overall satisfaction rate of 86%.

Table 3 Satisfaction Score Results of Patients with Rheumatoid Arthritis with Osteoporosis during Nursing in the Two Groups [n(%)]

group	n	satisfaction	general satisfaction	dissatisfaction	the satisfaction rate
the observation group	50	30	19	1	49(98%)
the control group	50	27	15	8	43(86%)
X <sup>2</sup>	-	3.254	4.259	3.745	4.521
P	-	<0.05	<0.05	<0.05	<0.05

#### 4. Discussion

Long-term observation of treatment is the characteristic clinical symptoms of rheumatoid arthritis, the disease need long-term drug control, rather than short-term heals, treatment of patients with easy relapse, improper care may cause various complications, interfere with the treatment plan, the continuation of care in long-term treatment follow-up is particularly important, psychologically should help patients set up the correct attitude, avoid formation of mental stimulation, patients and family communication, for patients in psychological counseling, comfort the patient's bad mood, observe the change of the seasonal climate, remind patients pay attention to keep warm, such as cold in winter season can also guide the patients to stretch, Promote patients to master the basic rehabilitation exercise function, in the long-term treatment of patients, should continue to care and help patients, so that patients have self-esteem, restore confidence in life, and can improve the quality of life. In this nursing survey, 25 patients in the observation group with visual analogue pain scale (VAS) had no pain, 12 had mild pain, 10 had moderate pain, and 3 had severe pain. In the control group, 16 patients had no pain, 9 had mild pain, 16 had moderate pain, and 9 had severe pain. In the comparison of rehabilitation compliance of patients, 37 patients in the observation group were completely compliant, 12 patients were more compliant, and 1 patient was not compliant. In the control group, 31 cases were completely compliant, 10 cases were more compliant, and 9 cases were non-compliant. In the observation group, 30 patients expressed satisfaction, 19 patients expressed dissatisfaction, and 1 patient expressed dissatisfaction. The overall satisfaction rate was 98%. In the control group, 27 patients were satisfied, 15 were dissatisfied and 8 were dissatisfied, with an overall satisfaction rate of 86%. Thus based on the conventional form of care, a continuation of care analysis, can be combined with the patient's clinical and psychological feeling, fully care investigation, and explore more care, but also can strengthen the education of patients, and patients suggests that the massage, massage, and cupping could affect the treatment, after improving patient adherence, from random and self grope for folk prescription drug treatment, patients with more to follow the doctor's advice, can be active to nursing staff show their requirements, make more close relationship between nurses and patients, nursing form is more close to the actual demands of patients, should be in the continue nursing mode, regular monitoring of blood routine, liver and kidney function; Visit the doctor regularly, assess the condition, adjust the nursing plan, strengthen the prevention of osteoporosis, improve or prevent joint dysfunction and disability, maximize the maintenance of joint function, help patients recover health as far as possible, relieve pain, and obtain the recovery of joint function under continuous care.

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