

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/rheumatoid-arthritis-addressing-unmet-needs/dialogue-techniques-ra-patients-poor-disease-control/9800/>

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Dialogue Techniques for RA Patients with Poor Disease Control

Announcer:

This is ReachMD. Welcome to this special series, ***Rheumatoid Arthritis: Addressing Unmet Needs***, sponsored by Lilly.

On this episode, titled “*Dialogue Techniques for RA patients*”, we will hear from Dr. Farhan Tahir, rheumatologist from Cancer Treatment Centers of America.

Dr. Farhan Tahir:

So, many times we see patients who come to our office and they are concerned or nervous. Sometimes they are not openly discussing with us what real concerns they have about rheumatoid arthritis and its treatment. And I am sure that sometimes if you develop a good trust or relationship with your patients they will open up with you and discuss with you their concerns. Most patients I see who are setting themselves up for poor rheumatoid arthritis control are either the ones who are afraid of the side effects of the medicine who either had family members who got poorly diagnosed or treated and had some complications. And sometimes maybe discussing about medication side effects and increasing to the level that it becomes to a point that the patient is even afraid to take that step. So, I try to have an open discussion with the patient. I would talk to them about their concerns. Sometimes

people want to treat their pain first. Rheumatoid arthritis patients tend to have a significant amount of pain in their body, that if untreated, would cause depression and poor quality of life. So, I would say if you remain in pain, it would be harder for you to make the rational decision on your treatment, so I would address their pain in an effective way.

The second technique is, I try to have patients more control on their treatment decisions because one of the reasons people end up having poor decisions regarding their health is they don't feel control. They don't feel like that they were given the option of treatment. So, we are in a fortunate era right now that we have so many treatments available to us that we could give them up to 2 or 3 treatment options, and then patients can make a decision based on what they feel that is going to work with their lifestyle. Such as accommodating a person who travels a lot giving them medicines that are not infusions, but rather either pills or injectables that they could travel with it, would make a better decision for that patient and would improve adherence to the treatment.

So, accommodating their request and their lifestyle, and putting yourself in their shoes and understanding, that make them feel much better in terms of the decision-making process and they actually become your partners in the health decision.

Announcer:

The proceeding program was sponsored by Lilly. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/addressingRA. Thank you for listening.

This is ReachMD. Be Part of the knowledge.

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