

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 5.990

Volume 4, Issue 10, 2191-2194.

Research Article

ISSN 2277-7105

KNOWLEDGE, ATTITUDE AND PRACTICES STUDY IN MEDICAL INTERNS TOWARDS MANAGING RHEUMATOID ARTHRITIS

Mukul Gupta^{1*}, Ajay Kumar¹, Pratap Shankar², Dheeraj Singh², Preet Lakhani², Sachin Tutu², Amod Kumar², R. K. Dixit²

¹Department of General Surgery Hind Institute of Medical Sciences, Safedabad Barabanki.

²Department of Pharmacology K. G. M. U. Lucknow.

Article Received on 08 Aug 2015,

Revised on 01 Sep 2015, Accepted on 24 Sep 2015

*Correspondence for Author

Dr. Mukul Gupta

Department of General Surgery Hind Institute of Medical Sciences, Safedabad Barabanki.

ABSTRACT

Rheumatoid arthritis with high prevalence and is chronic autoimmune disease. It causes mainly inflammation and deformity of the joints with several other diseases of immune system. Being a serious problem, it is a need to find treatment against the disease or methods to manage the disease. New treatment or management is only possible after knowledge, attitude and practice of the disease from lower link of the future doctors as medical intern. Here we performed the KAP study about to rheumatoid arthritis with medical interns.

KEYWORDS: Rheumatoid arthritis, Knowledge, attitude, practices, inflammation, prevalence.

INTRODUCTION

The chronic autoimmune disease that causes inflammation and deformity of the joints is known as Rheumatoid arthritis (RA) with development of the systemic problems and may also develop, vasculitis, development of nodules (rheumatoid nodules) in various parts of the body, lung disease, blood disorders, and osteoporosis.^[1] There are several prevalence figures based on the different information sources as observed 1% population of Iraq. The immune system is a complex network of organs, cells (e.g., leukocytes, lymphocytes, phagocytes, B cells, CD8+ cells), and proteins that protects the body from disease and illness. It attacks foreign organisms (e.g., germs), identifies and destroys abnormal cells, and flushes dead and damaged cells out of the body. Definite RA was observed in 1% of population samples in Iraq. Without awareness and knowledge towards the RA, it is impossible even to manage the disease.^[2,3] So in this research article we will study the knowledge attitude and procedures

analysis to medical interns because the educational standard of the patients may influence the amount of knowledge and awareness of the disease.

MATERIALS AND METHODS

Total 150 (75 Male & 75 Female) interns were enrolled to participate in the study at Hind Institute of Medical Sciences, Safedabad, Barabanki, UP, INDIA. All the participants have given one questionnaire each. On each questionnaire 10 questions were given to be answered.

RESULTS

In demographic distribution larger no of participants were from the <25 years age group was 72.67%, and next is 26-30years group. While the same the gender ratio (50% male and 50% female) with large no of single (unmarried) interns (82%) (Table 1).

Table 1. Frequency distribution of the study sample by demographic variables.

Age Group	No of participants	Percentage		
<25	109	72.67%		
26-30	29	19.33%		
31-35	9	6%		
>35	3	2%		
Gender				
Male	75	50%		
Female	75	50%		
Marital status				
Single	123	82%		
Married	10	6.67%		
Divorced	9	6%		
Widowed	8	5.33%		

The knowledge of RA-related fatigue was more in females (63) regarding males (50), with majority of enough knowledge groups. The fatigue experiencing group found more in girls, with discussion ability more in males (Table 2).

Table 2. Knowledge of RA-related fatigue

Questions		Male		Female	
		No	Yes	No	
Do you have enough knowledge about RA related fatigue?	50	25	63	12	
Fatigue as experienced by RA patients is stable during the day		30	50	25	
Do RA patients discuss their fatigue with you?		15	35	40	
Do you discuss RA patients about their fatigue?		50	40	35	
Do RA patients have a need for information about fatigue?		00	75	00	
Fatigue is always an insoluble problem	20	55	35	40	

DISCUSSION

Rheumatologists underestimate RA-related fatigue as they are not aware about the seriousness of the disease. [4-6] The medical interns, in which female are more aware about the disease because females are more susceptible for the disease. The majority of rheumatologists are willing to assess and manage fatigue. [7,8] In contrast to RA patients who explained that they receive support for fatigue by persons. [9] Despite ignoring the disease, the interns should be aware about disease.

CONCLUSION

In conclusion of the RA, it is observed that medical interns are playing important role in any hospital and directly interacted with the patients, so they has to be upgraded with all the aspects of diseases from symptom to cure. Especially the RA is a challenge for the doctors as well as the community. By improving the knowledge, attitude and practices about the disease, we cannot even manage but also completely eradicate the disease from the society.

REFERENCES

- Salman S, SAlnuaimi A, Lateef NA, Kadhum R. Assessment of Knowledge and Attitude in a Sample of Patients with Rheumatoid Arthritis and Its Association with Disease Activity and Severity: A Cross-Sectional Study. Open Journal of Rheumatology and Autoimmune Diseases., 2014; 4: 226-234.
- 2. Waldenburger JM, Firestein GS. Rheumatoid Arthritis. In: Klippel, J.H., Stone, J.H., Crofford, L.J. and White, P.H., Eds., *Primer on Rheumatic Diseases*, 13th, Springer Science and Business Media, New York, 2008; 122-32.
- 3. Al-Rawi ZS, Alazzawi AJ, Al-Ajilli FM *et al.* Rheumatoid Arthritis in Population Samples in Iraq. Annals of the Rheumatic Diseasess., 1978; 37: 73-75.
- 4. Hallert E, Thyberg I, Hass U. Comparison between Women and Men with Recent Onset Rheumatoid Arthritis of Disease Activity and Functional Ability over Two Years (the TIRA Project). Annals of the Rheumatic Diseases., 2003; 62: 667-670.
- 5. Isenberg DA. Oxford Textbook of Rheumatology. Oxford University Press, 2004; Oxford.
- 6. Taal E, Rasker JJ, Wiegman O. Patient Education and Self-Management in the Rheumatic Diseases: A Self-Efficacy Approach. Arthritis & Rheumatism., 1996; 9: 229-238.
- 7. Golay A, Lagger G, Chambouleyron M, *et al.* Therapeutic Education of the Diabetic Patient. Diabetes Metabolism Research and Reviews., 2005; 60: 599-603.

- 8. Tall E, Rasker JJ, Wiegman O. Group Education for Rheumatoid Arthritis Patients. Seminars in Arthritis and Rheumatism., 2007; 26: 805-816.
- 9. van der Heijde DM, van't Hof MA, van Riel PL, *et al.* Judging Disease Activity in Clinical Practice in Rheumatoid Arthritis: First Step in the Development of a Disease Activity Score. Annals of the Rheumatic Diseases., 1990; 49: 916-920.