

Support for outpatients with osteoporosis

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Introduction

There are two ways in which osteoporosis is diagnosed. One is that the citizen is pointed out that the bone mineral density drops due to medical examination and visits the hospital. Alternatively, they will come to the hospital because of pain in the joints such as shoulders, hips, and knees. However, osteoporosis is often asymptomatic when diagnosed after a medical examination. Many patients judge that their osteoporosis is cured if the pain goes away if they have come to hospital complaining of joint pain. Therefore, it is difficult to continue the treatment of osteoporosis. We coordinated consultation reservations for patients with osteoporosis and gave instructions on internal administration.

Subjects and Methods

In our hospital, treatment of osteoporosis has been conducted since 2012. Currently, 201 outpatients are receiving treatment. The average age of these patients is 74.4 years. 168 people were visited every 3 months and 33 people were consulted every six months. In the outpatient waiting time, we obtained details of each patient's medication regimen, and the situation regarding examinations and outpatient visit dates. We also heard about the patient's daily life. Based on that information, consulted with a doctor and prepared a one-year treatment schedule for each patient. This included

drug name, medication day, expected examination date, and scheduled examination date. I handed the annual calendar to the patient.

Results

1. Interview with patients

The inspection interval was half yearly or every year. The treatment comprised injections once every six months, oral medication once a month, or oral medication once a day. (Figure. 1). There was an opinion that taking medication as directed was difficult. Sometimes it was necessary to withdraw before and after tooth extraction.

2. Create annual calendar

We told the doctor the information he heard about the patient. The type of internal medicine, prescription days, and examination time were examined. Based on that information, we prepared an annual calendar for each patient. About 69 patients, physicians / nurses and patients were able to share information. In addition, patients could understand the treatment schedule and examination schedule, and residual medicine at patient visit decreased.

Discussion

As a result of an interview with the patient, it turned out that treatment could not be continued because disease weakness was scarce. We felt the necessity to assist patients with continuous hospital visits and correct

medications according to each patient's situation. We adjusted the visit date so that the patient's daily life and social life would not be disturbed by visiting the hospital, and created an annual calendar. Our activities have inspired patients to deepen their understanding of treatment and examinations.

Figure 1. Inspection interval and treatment content in patients with osteoporosis

