



Increasing Adherence

How can Nurses increase adherence to secondary prophylaxis benzathine penicillin injections in the treatment of Rheumatic Fever in Maori children aged 5-15 years old?

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Introduction

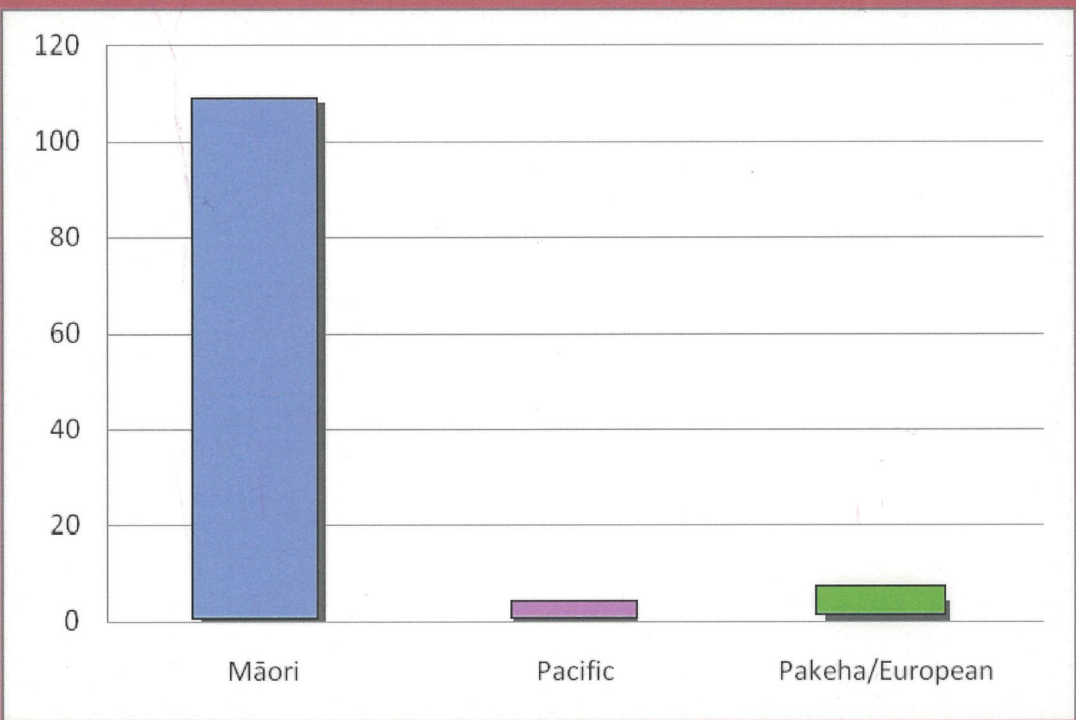
There are 160 new diagnoses of Rheumatic Fever in New Zealand each year. To prevent the progression into rheumatic heart disease, those with rheumatic fever require benzathine penicillin injections every 28 days for at least ten years. This treatment is a big commitment, especially for children, who are at the greatest risk of developing the disease, specifically Maori. This poster examines the literature to see how we, as nurses, can encourage adherence to this life-saving medication.

What is Rheumatic Fever?

Rheumatic Fever is an autoimmune disease that develops after a Group A Streptococcus infection. The resulting inflammation affects the heart, joints and skin and if severe can result in irreversible carditis which impacts the functioning of the heart valves.

In Northland where there is one of the highest rates of Rheumatic Fever in New Zealand, approximately 94% of child cases aged 5-14 years were Maori.

Ethnicity of Rheumatic Fever Cases in Northland 2002-2011



Clinical Setting

Urban New Zealand with a focus on lower-socio economic Maori children. Most common in the North Island.

Barriers to Adherence

- Lack of Education
- Duration of treatment
- Pain caused by injections
- Migrant individuals and families

Overcoming the Barriers: Two Ways

1. Nurse Involvement

- Interdisciplinary approach where Nurse and Community Health worker work together with client, and build a therapeutic relationship consisting of advice and support.
- On-going contact and follow ups both face to face and phone calls
- Education; including necessity of medication, severity of disease and risks of recurrence.
- Pain minimising techniques for injections

2. National Rheumatic Fever Register

The migratory nature of some clients makes follow ups difficult and a national register would assist in eliminating this barrier. A national register specific to rheumatic fever would lead to an increased adherence because it would facilitate an active recall process and monitor treatment regimes for individuals with rheumatic fever.



References

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