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POSTER PRESENTATION

Challenges of MS Patients for Receiving Health Care Services

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INTRODUCTION

Patients with MS experienced a different range of signs and as a result require a different level of health care.

Some of the challenges for MS patients include rehabilitation, assistive devices, transportation services, medical and health insurance and social supports (1).

MS patients experienced a different range of signs and as a result require a different level of health care (2).

AIM

Regarding the patient's dissatisfaction with care services, in this study, we sought to identify challenges of MS patients in receiving health care services in Iran.

Table1- The descriptive characteristics of the patients

| Gender | N (%) |
|------------------------------------|-------------|
| Female | 731 (77.8%) |
| Age Group | |
| 18-28 | 184 (19.7%) |
| 29-38 years | 443 (47.4%) |
| 39-48 years | 212 (22.7%) |
| 49-58 years | 88 (9.4%) |
| 59 years and above | 8 (0.8%) |
| Education level | |
| Non-academic education | 327 (34.7%) |
| Academic education* | 615 (65.3%) |
| marital status | |
| Single | 319 (33.8%) |
| Married | 561 (59.5%) |
| Divorced | 53 (5.6%) |
| Widow | 10 (1.1%) |
| Number of children | |
| 0 | 126 (21.7%) |
| 1 | 223 (38.4%) |
| 2 | 179 (30.9%) |
| 3 and more | 52 (9%) |
| Employment status | |
| Employed | 367 (40.2%) |
| Unemployed | 162 (17.8%) |
| Housewives | 328 (36%) |
| Retired | 24 (2.6%) |
| Disabled | 31 (3.4%) |
| Ability to walk at least 20 meters | |
| Yes | 842 (89.5%) |
| No | 99 (10.5%) |

*academic education means college education..

Table2- Patients experiences/challenges for receiving health care services

| nealth care services | | | | | | | | | |
|--------------------------------|-------------|-------------|-------------|-------------|-------------|--|--|--|--|
| Challenges | Very high | High | Medium | Low | Very low | | | | |
| Pharmaceutical services Cost | 229 (24.4%) | 231 (24.7%) | 218 (23.3%) | 92 (9.8%) | 167 (17.8%) | | | | |
| Costs of hospitalization | 102 (12.2%) | 148 (17.6%) | 200 (23.8%) | 146 (17.4%) | 243 (29%) | | | | |
| Rehabilitation costs | 150 (22.4%) | 120 (17.9%) | 104 (15.5%) | 77 (11.5%) | 220 (32.8%) | | | | |
| Uninsured home rehabilitation | 177 (29.4%) | 92 (15.3%) | 63 (10.5%) | 48 (8%) | 222 (36.9%) | | | | |
| Transportation to | 186 (20.9%) | 150 (16.9%) | 154 (17.3%) | 97 (10.9%) | 302 (34%) | | | | |
| hospitals and health centers | | | | | | | | | |
| Long waiting lists for | 195 (21.2%) | 152 (16.5%) | 185 (20.1%) | 132 (14.3%) | 256 (27.8%) | | | | |
| visiting doctor | | | | | | | | | |
| Lack of nurse follow up of the | 127 (14.5%) | 106 (12.1%) | 133 (15.2%) | 129 (14.8%) | 379 (43.4%) | | | | |
| patient's condition | | | | | | | | | |
| Lack of timely access | 173 (19.4%) | 142 (15.9%) | 151 (16.9%) | 132 (14.8%) | 295 (33%) | | | | |
| to treatment team | | | | | | | | | |
| No telephone counseling | 279 (30.7%) | 152 (16.7%) | 136 (14.9%) | 73 (8%) | 270 (29.7%) | | | | |
| Lack of home visit | 233 (26.6%) | 99 (11.3%) | 94 (10.7%) | 84 (9.6%) | 365 (41.7%) | | | | |
| Lack of familial support | 106 (11.5%) | 53 (5.7%) | 101 (10.9%) | 91 (9.9%) | 572 (62%) | | | | |
| Lack of job support at work | 192 (27.3%) | 70 (9.9%) | 96 (13.6%) | 68 (9.7%) | 278 (39.5%) | | | | |
| No qualified care centers | 197 (25.9%) | 116 (15.3%) | 121 (15.9%) | 75 (9.9%) | 251 (33%) | | | | |
| | | | | | | | | | |



METHODS

The cross-sectional study was conducted Tehran, Iran (2).

The questionnaire examines the challenges of healthcare delivery in four domains:

- I. Costs of medication, hospitalization, and rehabilitation services
- II. Familial support, insurance system and job protection
- III. Access to transportation system and treatment team
- IV. Quality of care and provided services (3-5).

The participants answered the challenges based on a five-point Likert scale and face-to-face interviews were conducted with all individuals.

Table 3- Correlation between challenges and characteristics of the patients according to the p-value

| Variables | Gender | Marital status | Educational level | Employment status | Ability to walk |
|--|--------|-------------------|----------------------|----------------------|--------------------|
| Pharmaceutical services Cost | 0.07 | 0.68 | 0.00 | 0.00 | 0.00 |
| Hospitalization costs | 0.62 | 0.87 | 0.15 | 0.00 | 0.02 |
| Rehabilitation costs | 0.33 | 0.48 | 0.07 | 0.01 | 0.00 |
| Uninsured home rehabilitation | 0.55 | 0.18 | 0.20 | 0.02 | 0.00 |
| Transportation systems to hospitals and health centers | 0.29 | 0.96 | 0.00 | 0.00 | 0.00 |
| Long waiting list for visiting doctor | 0.59 | 0.60 | 0.15 | 0.44 | 0.01 |
| Lack of nurse follow up | 0.59 | 0.99 | 0.84 | 0.68 | 0.05 |
| Lack of timely access to treatment team | 0.03 | 0.42 | 0.27 | 0.78 | 0.14 |
| Lack of telephone counseling | 0.78 | 0.43 | 0.27 | 0.57 | 0.23 |
| Lack of home visit | 0.68 | 0.79 | 0.59 | 0.28 | 0.01 |
| Lack of familial support | 0.79 | 0.92 | 0.00 | 0.00 | 0.13 |
| Lack of job support at work | 0.01 | 0.23 | 0.02 | 0.00 | 0.35 |
| Lack of qualified care centers | 0.12 | 0.60 | 0.59 | 0.12 | 0.00 |

Items in bold indicate significant p-value.



RESULTS

Completed questionnaires were received for 945 respondents (Table 1).

Prioritizing care services challenges are as follows:

The cost of pharmaceutical services (49.1%), lack of telephone counseling (47.4%), uninsured home rehabilitation (44.7%), lack of qualified care centers (41.2%), rehabilitation costs (40.2%), lack of home visit (37.9%), transportation systems to hospitals and health centers (37.8%), long waiting lists for a doctor visit (37.7%), lack of job support (37.2%), lack of timely access to treatment team (35.8%), costs of hospitalization (29.8%), lack of nurse follow-up of the patient's condition (26.7%), lack of familial support (17.2%).

There was significant difference between men and women and challenge of lack of job support (p-value=0.01). There is a significant correlation between the level of education and challenge of medication's cost (p-value≤0.01), transportation systems (p-value≤0.01), and lack of familial support (p-value≤0.01) were noted.

There were significant correlations between the ability to walk at least 20 meters and MS patients challenges Those who did not have this ability had more problems with costs of medication (p-value≤0.01), costs of hospitalization (p-value=0.02), rehabilitation costs (p-value≤0.01), uninsured rehabilitation at home (p-value≤0.01), transportation systems to hospitals and health centers (p-value≤0.01), long waiting lists for visiting doctor (p-value=0.01), lack of nurse follow-up the patient's condition (p-value=0.05), lack of home visit (p-value=0.01) (Table 2).

CONCLUSIONS

This study shows Challenges of MS patients in receiving health care in Iran that vary in age, education, employment and ability to walk.

As challenges mentioned above are of great importance in determining quality of life of people with MS, an appropriate solution is recommended by this study to overcome these challenges (3-5).

Governments, physicians and researchers are responsible to do their best to know and try to solve these various kinds of MS researchers and patient's challenges according to evidence based documents.

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