

WORLD CONGRESS ON RHEUMATIC HEART DISEASE

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Title: SCREENING DETECTED SEVERE RHEUMATIC HEART DISEASE IN TIMOR-LESTE - CLINICIAN'S PERSPECTIVE FROM THE LENO BESIK STUDY

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Background & Aims: Rheumatic heart disease (RHD) is endemic in Timor-Leste, with a prevalence of Definite or borderline RHD ranging between 2.4% and 4.8% in previous school screening studies. Severe RHD is frequently diagnosed in hospital. Echocardiographic screening for RHD is being incorporated into routine care in Ministery of Health sites participating in the LENO BESIK study (Non-Expert Acquisition and Remote Expert Review of Screening echocardiography images from Child health and Ante-Natal clinics - NEARER SCAN). While national guidelines and programmatic work support provision of secondary prophylaxis, there are limited options for overseas referral for surgical management of severe RHD cases.

Methods: A qualitative investigation will be undertaken among clinicians who are taking part in the echocardiographic training as part of the LENO BESIK study. purposive sampling will be used to include male and female, urban and rural, and medical and non-medical clinicians. A question guide will be used in-depth interviews and informal conversations to explore clinician's experiences. Interviewees will also be asked their ideas on actions and strategies that may assist clinicians and families to cope with severe disease diagnosis. A thematic analysis of the interviews will be undertaken to determine perspectives on the role and impact of echocardiographic screening, especially as it relates to the detection of severe RHD with limited treatment options.

Results: Approximately 20 non-expert practitioners including general practitioner doctors, nurses and health workers have been trained to perform Single Parasternal Long Axis view with a sweep of the Heart (SPLASH) echocardiography, and upload images of the Mitral and aortic valve to an online image transfer platform (Tricefy) for external review by an offsite expert. people with abnormal SPLASH images are referred for full diagnostic echocardiogram, and commenced on medical treatment including secondary prophylaxis if a diagnosis of RHD is confirmed. people with Severe RHD are referred to Cardiologist for review, and consideration of referral for surgery overseas if deemed appropriate. The majority of severe RHD cases do not undergo surgery because the opportunities for overseas referral are limited, and the severity of illness often precludes international transfer, especially when two or more valves are involved, or in cases where there is severe heart failure and/or pulmonary hypertension. These cases are usually fatal.

Clinicians involved in caring for patients, and communicating the results of investigations, are deeply affected by these cases, and motivated to work towards earlier recognition and diagnosis of rheumatic fever and RHD. Qualitative interviews and data analysis are ongoing.

Conclusions: Given the lack of treatment options and likelihood of early mortality, clinicians involved in diagnosis of severe RHD in young people are deeply affected by the requirement to communicate test result to the families. Clinicians' ideas on way to improve coping will be focus of the qualitative interviews. feedback on themes from the interviews and the collective ideas will be provided to the group of clinicians with a view to trailing some of the suggested strategies.