RESULTS

The developed RhMAT (Table 1) was designed in the form of a table consisting of 11 separate sections, each of which addressed different criteria. Adherence to each criterion is determined by the researcher who can tick either not applicable, yes (criterion adhered to), no unjustified (not justified non-adherence), no justified (justified non-adherence), and insufficient data (to determine adherence). (Table 2)

Following the expert panel review, two criteria were each split into 2 separate statements to increase specificity of the respective criteria.

Following the pilot testing of the RhMAT in 10 rheumatoid arthritis patients, three criteria were amended so as to clarify reference to diagnosis of the condition.

CONCLUSION

The developed RhMAT was designed to be used in a busy adult rheumatology outpatient clinic as part of an ongoing multidisciplinary pharmaceutical care service. The implementation of the RhMAT enables the pharmacist to further improve medication use and rheumatoid arthritis management which is evidence-based according to international guidelines.