PFR031

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Identifying the Need for Professional Education: A Multi-Specialty Study on the Challenges of Managing Chronic Pain

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Introduction

- Chronic pain is associated with impaired quality of life, anxiety, depression, and increased healthcare utilization[1,2]
- Clinicians face a number of challenges when managing patients with chronic non-cancer pain,[2] some of which may be addressed by professional education

Objective

- To identify challenges associated with the management of patients with chronic non-cancer pain

Methods

- Two focus-group sessions were conducted using an asynchronous, modified Delphi technique between May and June 2017 (**Figure 1**)

Figure 1. Study Design

Participants: US clinicians specializing in rheumatology, orthopedic surgery, neurology, primary care, and anesthesiology who see at least 15 patients with chronic pain associated with osteoarthritis (CPOA) or chronic lower back pain (CLBP) per week participated in two focus groups, each conducted in two phases

Phase I

Clinicians answered two open-ended questions on CPOA and CLBP to identify barriers faced by physicians in the management of chronic pain

Phase II

Clinicians prioritized responses[a] from Phase I by importance of being addressed by physician or patient education

Clinicians answered additional follow-up, open-ended questions[b]

Question 1: (for CPOA or CLBP clinicians)
What are the barriers to effectively managing moderate-to-severe chronic pain associated with osteoarthritis of the hip or knee / moderate-to-severe non-radicular, chronic low back pain for patients who have not responded to the current standard of care (ie, non-pharmacologic treatment, NSAIDs, opioids)?

Question 2:
What barriers impede patients from initiating treatments that require self-injection?

CPOA, chronic pain associated with osteoarthritis; CLBP, chronic low back pain; NSAID, non-steroidal anti-inflammatory drugs.
[a]Responses were scored as follows: top priority, 3 points; medium priority, 2 points; and low priority, 1 point
[b]Topics included treatment adherence, assessment of whether a patient is refractory to the current standard of care, treatment intolerance, and opioid treatment

Results

- A total of 36 clinicians participated in the CPOA (n=17) and CLBP (n=19) focus groups (**Figure 2**)
- Identified barriers to the management of refractory patients are shown in **Figures 3A** and **3B**
- Barriers to the initiation of treatment requiring self-injection are shown in **Figures 4A** and **4B**
- More than half of all participants considered US Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategies (REMS) components to be moderately or very burdensome (**Figure 5**)

Figure 2. Clinician Specialties in (A) CPOA and (B) CLBP Focus Groups

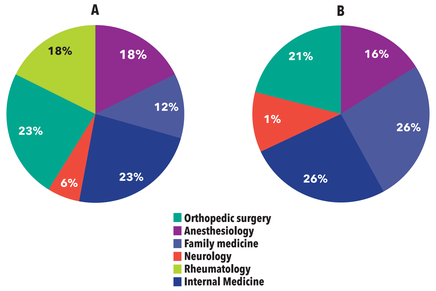
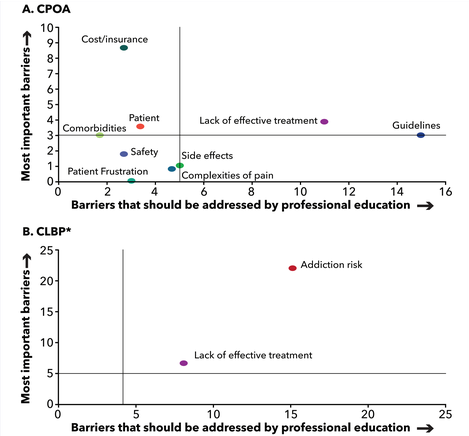


Figure 3A. Identified Barriers to the Management of Refractory Patients

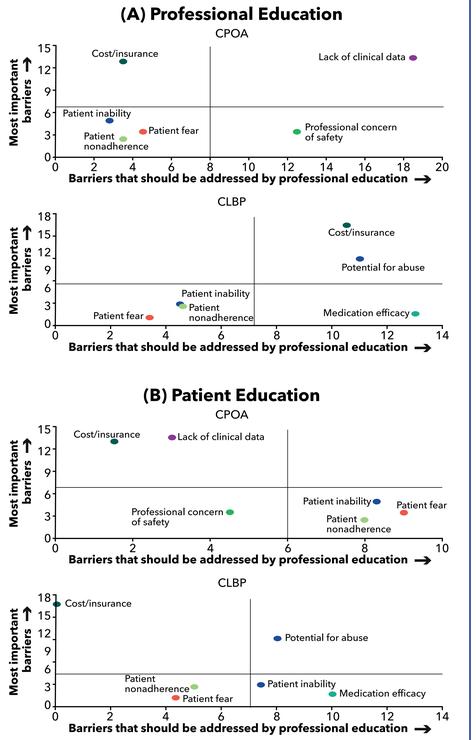
Figure 3B. Significance of Identified Barriers to the Management of Refractory Patients and Need for Professional Education, as Prioritized by (A) CPOA and (B) CLBP Treating Clinicians



Horizontal and vertical lines within each graph indicate mean scores for each axis.
*Other barriers identified in the the lower left quadrant are not shown in the graph

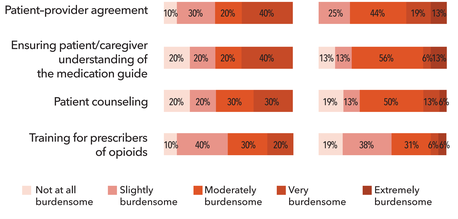
Figure 4A. Identified Barriers to Initiation of Treatment Requiring Self-Injection

Figure 4B. Significance of Identified Barriers to Initiation of Treatment Requiring Self-Injection and Need for (A) Professional or (B) Patient Education



Horizontal and vertical lines within each graph indicate mean scores for each axis

Figure 5. Clinicians' Assessment of the Burden of US FDA REMS Components for Extended-Release/Long-Acting Opioids



Conclusions

- Challenges in the management of patients with chronic non-cancer pain, and which may be addressed by professional education, include a lack of effective treatment/clinical data and the risk of addiction/abuse
- Topics that may be addressed by patient education include the potential for abuse, perceived inability to self-inject treatment, and treatment nonadherence
- Addressing these needs may positively impact clinician and patient behaviors, thereby improving the care and quality of life for patients with chronic pain
- Further study is needed to explore how communication between clinicians and patients can be improved

References

1. Busse JW et al. *CMAJ.* 2017;189:E659–E666
2. Lalonde L et al. *J Pain Res.* 2015;8:203–215

Acknowledgments

This research was supported by Teva Pharmaceuticals and Regeneron Pharmaceuticals, Inc. Medical writing assistance was provided by Camille Bonomelli, PhD, and editorial assistance by Alexander Simon of Prime, Knutsford, UK.

Disclosures

Ann Marie DeMatteo and Karyn Ruiz-Cordell are employees of Regeneron Pharmaceuticals, Inc. Ann Marie DeMatteo holds stock in Regeneron Pharmaceuticals, Inc. Joanne Nettleship is an employee and stockholder of Teva Pharmaceuticals. Greg Salinas has nothing to disclose.

Presented at the 17th World Congress on Pain; September 12–16, 2018; Boston, MA, USA.