A Behavioural Needs Analysis Of The Physician Paradigm In The Treatment And Management Of Patients With Neuropathic Pain

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ABSTRACT

TITLE: A Behavioural Needs Analysis Of The Physician Paradigm In The Treatment And Management Of Patients With Neuropathic Pain

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METHODS: Behavioural needs assessments derived in psychological research are uniquely suited to better understand the perceptions, skills, attitudes, and clinical practices of physicians. A behavioural needs analysis employing the rigor of triangulation was employed in this study to reveal the issues and challenges for Canadian physicians in the diagnosis, treatment, and management of patients with neuropathic pain. As defined by Patton (1990), triangulation is a powerful research design that strengthens the use of quantitative and qualitative methodologies to effectively evaluate physician thoughts and behaviours. Iriangulation, incorporates multiple methods of observation, different data sources, and requires multiple analyses.

RESULTS: A national needs assessment of Canadian physicians (family physicians, anesthesiologists, neurologists, and psychiatrists) on the screening, diagnosis, treatment, and management of neuropathic pain was conducted. The results indicated the following issues as primary themes of essential importance to Canadian physicians:

(a) the lack of clarity and understanding of the definition and triggers for neuropathic pain;

(b) challenges in the assessment of neuropathic pain;

(c) significant gaps in the knowledge and confidence for appropriate pharmacological treatments and contraindications;

(d) need for physicians to enhance their management of the patient; and

(e) the need to counter myths and stereotypes among health care providers regarding neuropathic pain.

CONCLUSIONS: Utilizing the rigor and value of a triangulated design, this behavioural analysis yielded a deeper understanding of the issues, challenges, and gaps for Canadian physicians' and specialists' in treating and managing neuropathic pain. This study indicated a need to enhance awareness and understanding of neuropathic pain, and provided direction for educational interventions to bridge knowledge gaps, offer a step- wise approach to treatment, and build more effective management of patient expectations. Furthermore, the results contributed to broadening the conceptualization of neuropathic pain in the context of a long-term, chronic, non-fatal disease treatment paradigm.

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RESULTS

1 ATTITUDES, BEHAVIOURS & BELIEFS OF FAMILY PHYSICIANS & COMMUNITY SPECIALISTS

"I look at my appointments and cringe because they're very difficult patients, probably angry, frustrated, and we are angry and frustrated because we can't really help them."

"There's a definite fear for Family Physicians to prescribe narcotics. Every time we write a script we must be ready to justify our narcotic prescription and we better be sure!"

"Ask a neurology or a medical resident, how to manage a Neuropathic Pain (NP) patient. The first thing they always say is the drug,and they forget the other parts of the paradigm."

"(I)t's stigmatizing... this issue of a disorder which is genuine, and they're saying... "psychological factors, it's not really real."..."

"Top of Mind" Issues:
›Frustration in Treatment
›Screening / Diagnosis Issues
›Use of Narcotics
›Efficacy of Treatment Options
›Lack of Education / Interest in NP
›Stigma

Definitions of NP:
FPs and many community-based Specialists find it particularly challenging to define Neuropathic Pain.

Most define NP as
"chronic pain with no clear cause"

Family Physicians & Community Specialists also included:
›Post-herpatic neuralgia
›Trigeminal neuralgia
›Phantom limb pain/amputation
›Reflex Sympathetic Dystrophy (RSD)

2 SCREENING & ASSESSING CHALLENGES

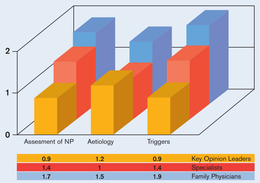
Gaps in the screening and assessment process proved to be more prevalent among the family physicians than with the specialists and the KOLs. However, all physicians struggle with assessing pain, as it is a subjective process.

Triggers to Assess NP are changes in:
›Mobility
›Sleeping patterns
›Mood (e.g. irritability, anger, depression, anxiety, sadness)
›Function (e.g. at work or school)
›Interpersonal relations

Family Physicians may misinterpret / misunderstand trigger as indicator of NP
›Do not recognize NP as real pain
›Dismiss it as psychological problem
›Confusion as to diagnosis
›Diagnose by elimination
›Diagnose by treatment response

3 GAPS

Screening & Assessing Gaps



0.9	1.2	0.9	Key Opinion Leaders
1.4	1	1.4	Specialists
1.7	1.5	1.9	Family Physicians

Pharmacological Knowledge Gaps

As a whole, physicians are not comfortable in their usage of treatment agents for NP. Some expressed additional challenges differentiating the motivation for pain treatment.

"Another challenge is, differentiating between tolerance, dependence and addiction. And they're not all the same."

"We were not taught that way. Pain was just a symptom of other things and you had to make a diagnosis of something else that's causing the pain. But now, pain is a disease."

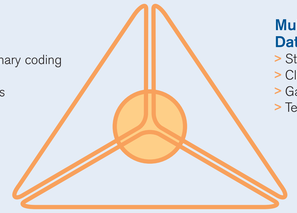
OBJECTIVES

1. To assess **confidence, attitudes, behaviours, & beliefs** of Community Specialists & Family Physicians about Neuropathic Pain
2. To assess **gaps** in their knowledge & clinical practice behaviour in relation to evidence & standards

METHODOLOGY

This approach is based on the logic that no single method ever adequately solves the problem of different causal factors. Because each method reveals different aspects of empirical reality, multiple methods of observations must be employed.

Multiple Analyses & Perspectives
> Categorizing, axial & multidisciplinary coding
> Gap analysis
> Frequencies, rankings, and means
> Independent data analysis by Marketing, Educational, Medical & Psychological professionals



Multiple Data Collection
> Structured Democratic Panels
> Clinical Mapping
> Gap Questionnaire
> Telephone interviews

Multiple Sources
> Review of external literature & monographs
> Representative sample of Community Specialists & Key Opinion Leaders (N=27)
> Representative sample of Family Physicians (N=11)

DEMOGRAPHICS

FPs

Total number of physicians: n=11
> Urban: 100 % Rural: 0 %
> Community-based: 83 % Academic–based: 17 %

Community Specialists

Total number of physicians: n=19
> Urban: 75 % Rural: 25 %
> Community–based: 69 Academic-based: 31 %

CONCLUSIONS

1. Need to enhance awareness & understanding of neuropathic pain
2. Provide educational interventions to bridge knowledge gaps
3. Offer step-wise approach to treatment
4. Build more effective management of patients expectations
5. Help conceptualize NP in context of a long-term, chronic, non-fatal disease treatment paradigm