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, worry, depression, and increased healthcare utilization.
- Clinicians face a number of challenges when managing patients with chronic non-cancer pain, 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 unstructured, modified Delphi technique between May and June 2017 (Figure 1).
- Participants: 12 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.

Results
- A total of 36 clinicians participated in the CPOA (n = 17) and CLBP (n = 19) focus groups (Figure 2).
- Clinicians prioritized responses from Phase I by importance of being addressed by physician or patient education.
- The most important barriers (top priority) are included in Figure 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 burdensome in very frontline (Figure 3).

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, adherence issues, regulatory burdens, professional concern for safety, patient concern/fear, and patient inability to self-inject treatment.
- Addressing these needs may positively impact clinicians and patient satisfaction, 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
2. Lalonde L et al. CMAJ. 2017;189:E659–E666

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Disclosures
Ann Marie DeMatteo and Karyn Ruiz-Cordell are employees of Regeneron Pharmaceuticals, Inc. Joanne Nettleship and Greg Salinas are employees of CE Outcomes, LLC, Birmingham, AL, USA.

Appendix
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Figure 1. Study Design

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

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

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

Question 1: What are the barriers to effectively managing moderate to severe chronic pain associated with osteoarthritis, chronic low back pain for patients who have not responded to the conventional talk of care, non-pharmacologic treatments (NPs), or pharmacologic treatments (NPs), or non-pharmacologic therapies (NPs)?

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

Note: Please note your assessment for all graphs above. Include your notes in the corresponding box below. Please note that the bars above are based on a Likert scale ranging from 0 to 5, where 0 = extremely burdensome and 5 = not at all burdensome.