Introduction

Osteoarthritis (OA), a progressive, degenerative joint disease, is one of the most common causes of chronic pain and affects nearly 27 million people in the US.

The disease often leads to disability and impairs quality of life in patients.

It is associated with a substantial economic burden1.

Objective

To assess practice patterns among clinicians who treat patients with chronic OA pain.

Methods

A patient case vignette survey using multiple-choice and rating-scale questions was developed and sent to clinicians who treat patients with OA.

Patient case vignette

- Initial Visit: 50-year-old male with pain in the right knee (1-10 point scale) and stiffness that progressed over 4 months. Key results suggested OA.

- First Follow-up Visit: Patient complains pain has worsened and he has been less active. Key results suggested OA.

- Second Follow-up Visit: Patient continues to complain of worsening pain. Key results suggested OA.

Results

Demographics

- Out of 1182 respondents, 34% were US clinicians (n=402) and 66% were ex-US clinicians (Canada, France, Germany, Italy, Spain, and the UK; n=780).

- In the US, the majority of the respondents specialized in internal medicine (27%) and orthopedic surgery (26%). Outside the US, rheumatology (29%) and orthopedic surgery (38%) were the most common.

Figure 1. Specialties of US and Ex-US Clinicians who Responded to an OA Case-Vignette Survey

Treatment Recommendations at Initial Presentation

- Most US and ex-US clinicians recommended prescription non-steroidal anti-inflammatory drugs (NSAIDs) or non-pharmacologic options (Figure 2).

Treatment Recommendations at First Follow-up Visit

- Compared to the initial presentation, fewer US and ex-US clinicians recommended non-pharmacologic options or NSAIDs (prescription or over-the-counter), while more clinicians recommended referral to an orthopedic surgeon (Figure 2 and Figure 3).

- More ex-US than US clinicians recommended long-acting/extended-release strong opioid analgesics (14% vs 3%, respectively).

Conclusion

- More ex-US clinicians recommended long-acting/extended-release opioid analgesics at the second follow-up visit than at the first follow-up visit (18% vs 14%, respectively).

- Across all specialties, 16% of US clinicians referred the patient to a pain management center compared to 8% of ex-US clinicians.

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Disclosures

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

References


Figure 1. Specialties of US and Ex-US Clinicians who Responded to an OA Case-Vignette Survey

Figure 2. Treatment Recommendations of US and Ex-US Clinicians at Initial Visit of a Hypothetical Patient with OA

Figure 3. Treatment Recommendations of US and Ex-US Clinicians at First Follow-up Visit

Figure 4. Treatment Recommendations of US and Ex-US Clinicians at Second Follow-up Visit

Conclusions

- In the presented case of OA, practice patterns differed between US and ex-US clinicians with respect to the prescription of opioids and referrals to pain management centers.

- Ex-US clinicians were more likely than US clinicians to recommend long acting/extended release strong opioids at the first and second follow-up visits, which may reflect current US guidelines and regulatory requirements for prescribing opioids for chronic pain.3

- US clinicians were more likely to recommend referral to pain management centers at all stages of the case than ex-US clinicians, potentially reflecting differences among healthcare systems and the availability of pain management centers.

- Further research is needed to assess whether patient outcomes are affected by differences in practice patterns.