Assessing the Educational Needs of Clinicians Who Manage Pediatric Patients with Functional Constipation

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Abstract

Approximately one-third of pediatric patient visits to gastroenterologists are related to pediatric constipation. In 2015, NASPGHAN and ESPGHAN developed a clinical guideline based on the available evidence, but results of past studies suggest that many gastroenterology clinicians do not follow clinical guidelines. With the intention of informing the design of future continuing medical education (CME) programs, we conducted a study of gastroenterologist, gastroenterology nurse practitioner/physician assistant (NP/PAs), and primary care physician (PCP) practice patterns related to pediatric constipation.

Background

Most clinicians consider stool withholding behavior, bowel movement patterns related to pediatric constipation. About one-third of clinicians did not include guideline recommendations to identify opportunities for future education.

Methodology

Development of clinician survey

An online case-vignette survey was developed in collaboration with a clinical expert. Case-vignettes were validated, according to a clinical expert. Case-vignettes were validated, according to a 27% pattern related to pediatric constipation. Few clinicians recognized that a patient with no alarming symptoms did not practice the intention of informing the design of future continuing medical education (CME) programs, we conducted a study of gastroenterologist, gastroenterology nurse practitioner/physician assistant (NP/PAs), and primary care physician (PCP) practice patterns related to pediatric constipation. 

Survey question: What are the top three factors contributing to patient/parental nonadherence to your management recommendations is the most significant barrier to optimal management. Concerns about medication safety, patient experiencing side effects, improvement of symptoms, medication palatability, Out of pocket costs, Frequency of dosing, Patient experience of care costs, lack of insurance, missing medications, adhesions.

Conclusions

The practice patterns observed in this study suggest several key opportunities for upcoming CME programs related to pediatric constipation:

- While most clinicians consider stool withholding behavior, bowel movement size, and stooling frequency when making a diagnosis of constipation in a child.
- Several other applicable Rome III criteria are used less often.
- Few clinicians recognized that a patient with no alarming symptoms did not need additional evaluation, and instead ordered unnecessary tests.

- About 1/3 of clinicians did not include guideline-recommended diagnostic tests in their workup for a patient with a history of treatment-refractory constipation and signs of a possible spinal anomaly.
- Approximately 1/3 of clinicians did not include a referral for psychological evaluation as part of their management recommendation for a teenage patient who has accidents, is withdrawn, and appears to be depressed.
- In all three audiences indicated poor parent/patient adherence to management recommendations is the most significant barrier to optimal management, and expectation of a “quick fix” is a major contributor.

Disclosures

This study was conducted independently by CE Outcomes, LLC, with financial support from Takeda Pharmaceuticals USA. A disclosure was provided in accordance with the rules in drafting the survey.

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Figure 1: Application of Rome III Criteria

Table 1. Sample Demographics

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