

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

Barnes J¹; Coleman B¹; Hwang S¹; Stolic A², Bousvaros A³; Nurko S³; Salinas GD¹

¹CE Outcomes, LLC; ²Takeda USA, ³Boston Children's Hospital

Background

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 (NPs/PAs), and primary care physician (PCP) practice patterns related to pediatric constipation.

Methodology

Development of clinician survey

An online case-vignette survey was developed in collaboration with a clinical expert. Case-vignettes offer a validated, accurate means to predicting actual healthcare practice patterns.

Patient cases

Case 1: 3-year-old female with 6-month history of signs/symptoms consistent with constipation

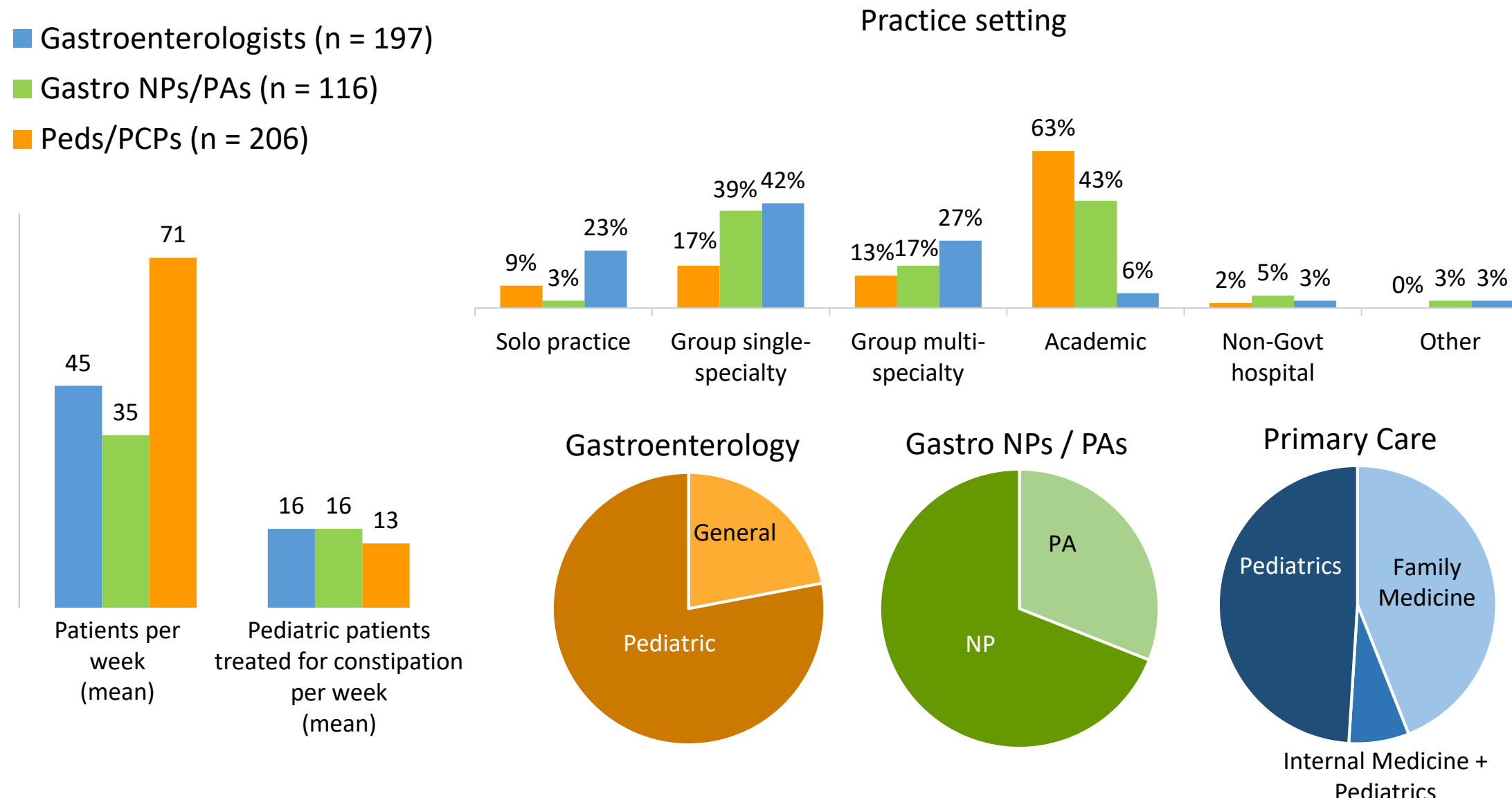
Case 2: 6-year-old male with 1-year history of constipation refractory to PEG and senna, sacral dimple with tuft of hair

Case 3: 16-year-old male with 10-year history of constipation, poor adherence to treatment, and depressed mood

Data collection and Analysis

Invitations to the survey were distributed via email and responses were collected from September to November, 2016. Practice patterns in the responses were compared to NASPGHAN guideline recommendations to identify opportunities for future education.

Table 1. Sample Demographics



For more information, contact Justin Barnes, PhD
justin.barnes@ceoutcomes.com

Figure 1: Application of Rome III Criteria

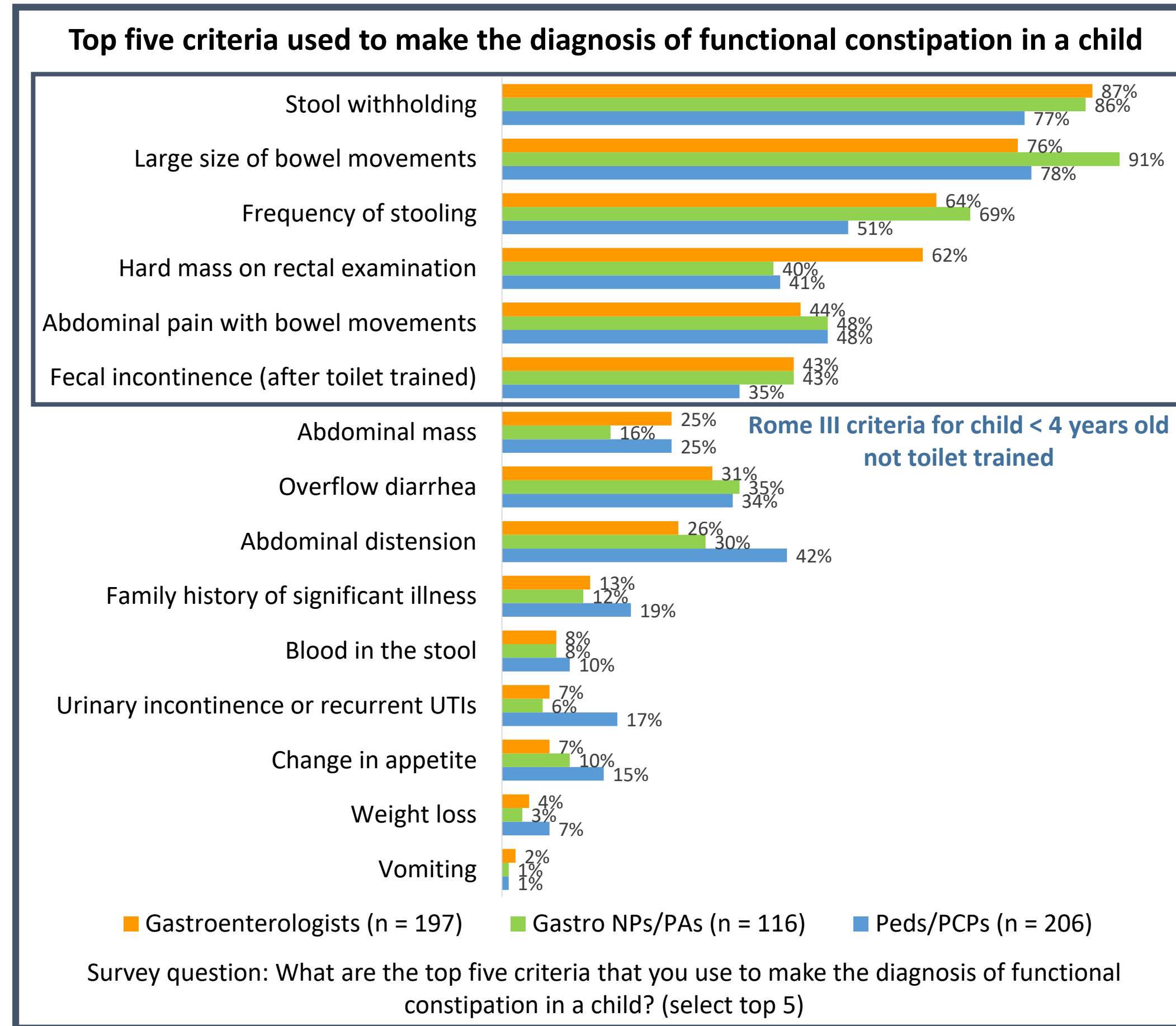


Figure 2: Initial Assessment of Patient in Case 1

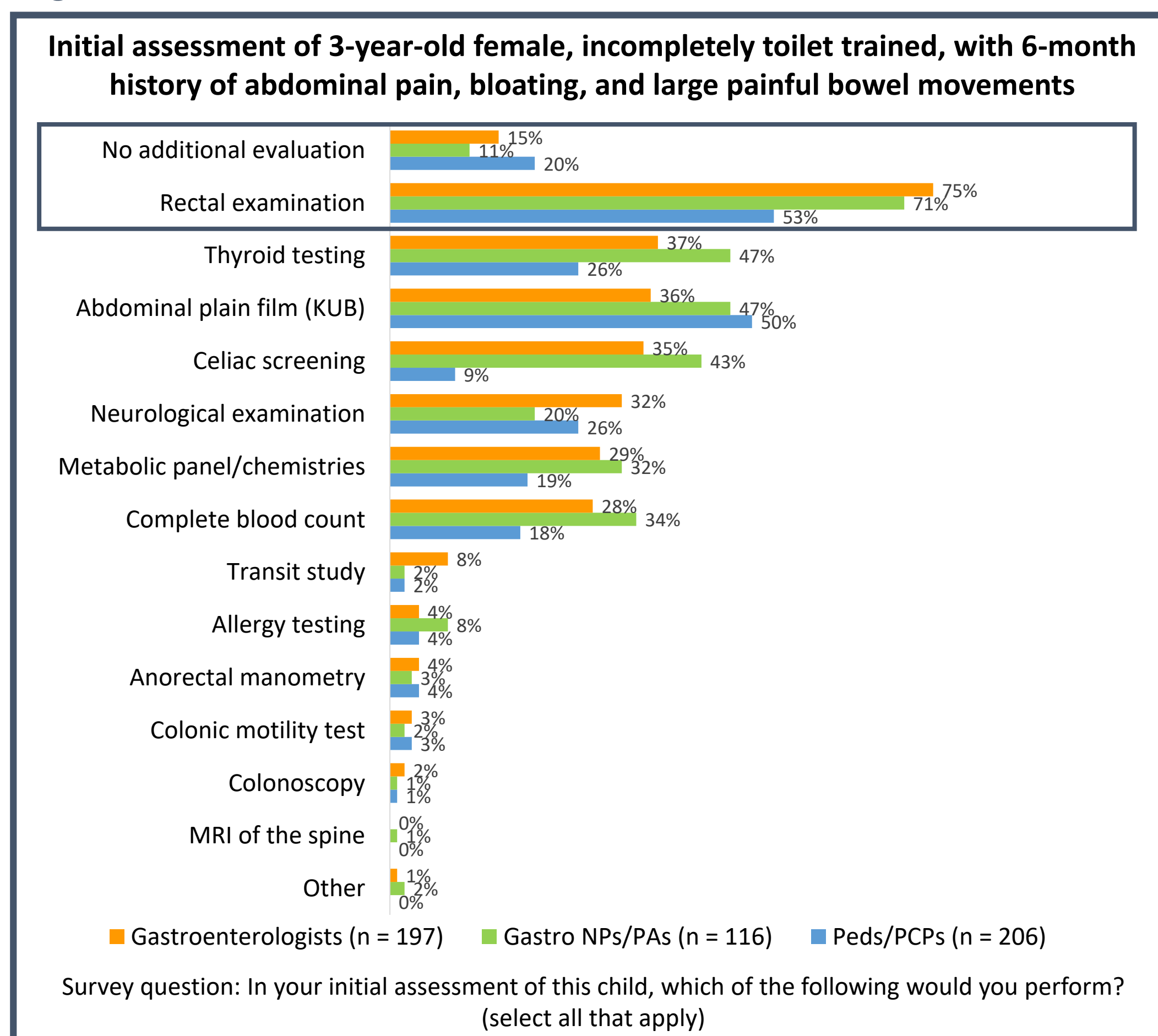


Figure 3: Initial Assessment of Patient in Case 2

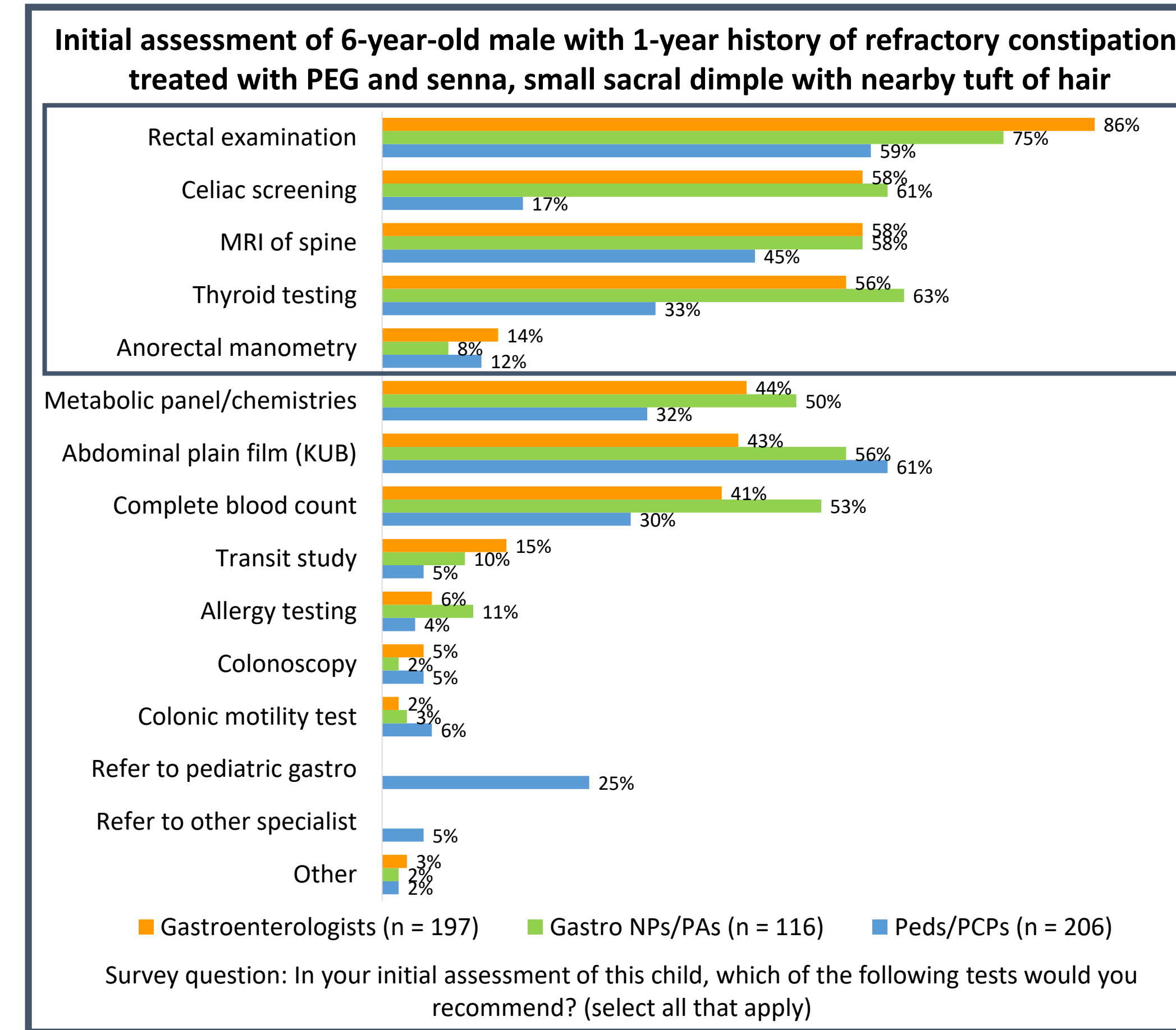


Figure 4: Management of Patient in Case 3

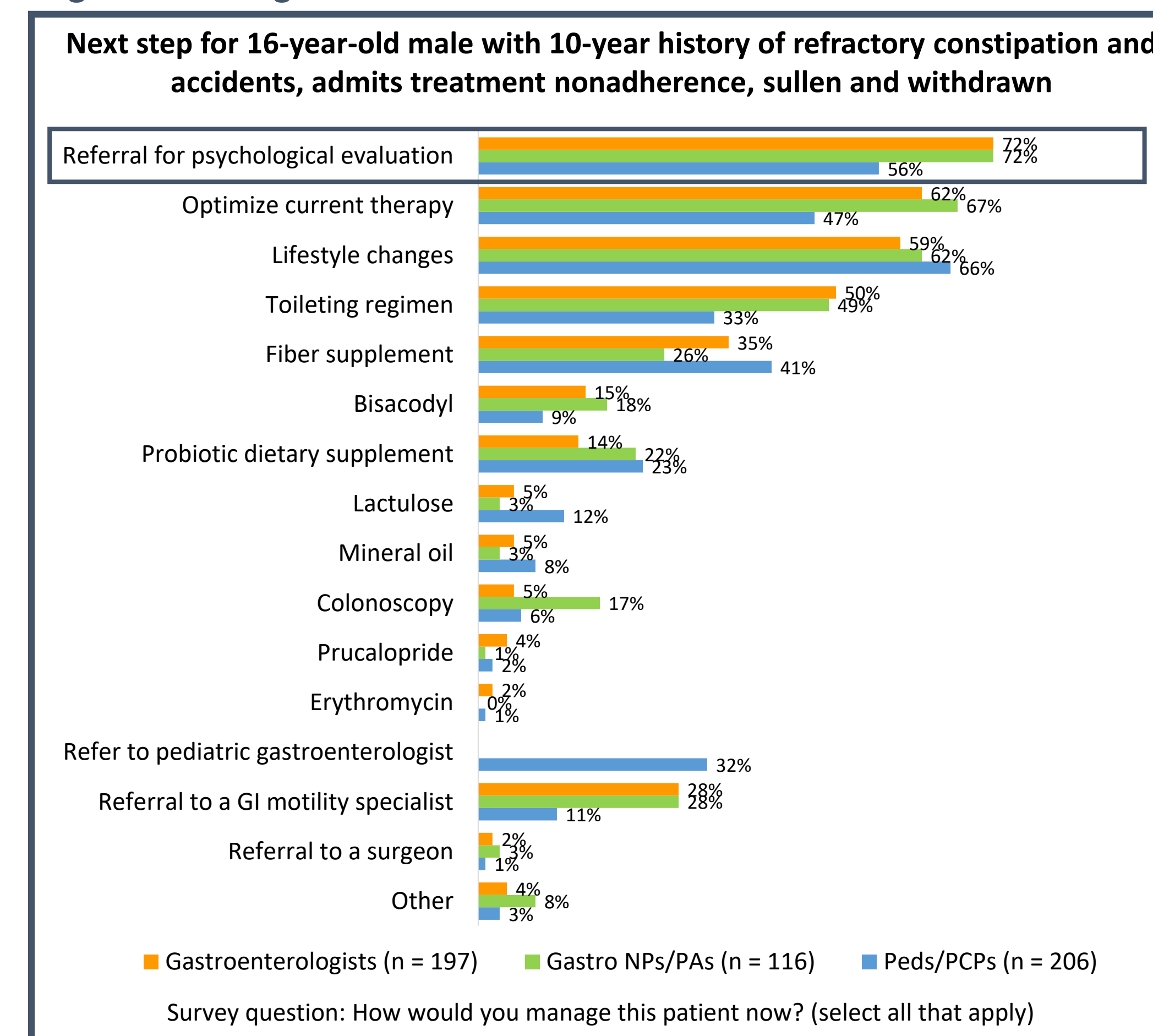
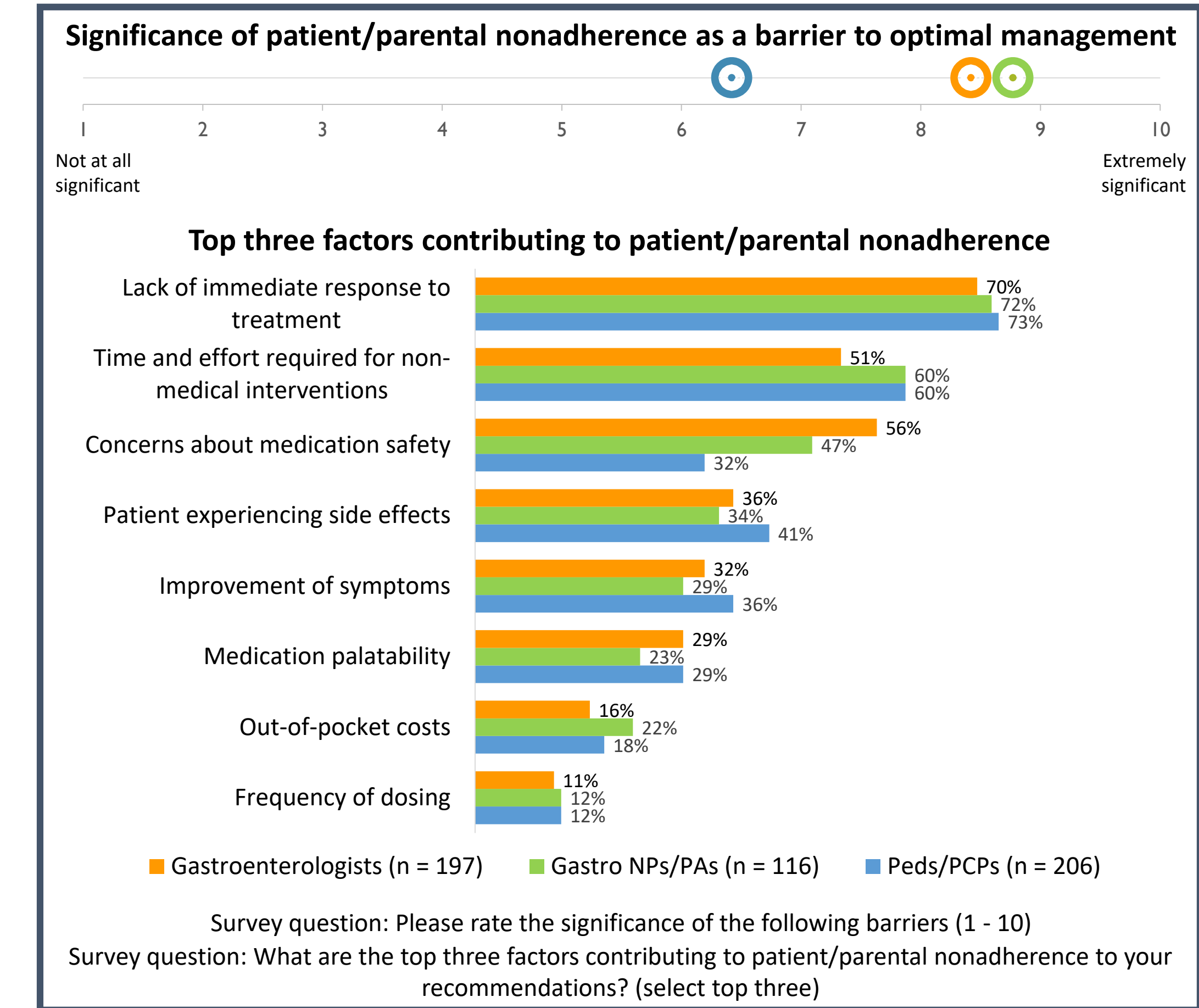


Figure 5: Barriers to optimal management



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 require 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.
- Clinicians in all three audiences indicated poor patient/parental 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. Bousvaros was provided an honorarium for his role in drafting the survey.