HYPOTHESIS/AIMS

• It has been demonstrated that optimal communication between physician and patient is required for outcomes to be improved [1].
• These needs have given rise to the concept of “patient-physician” alignment. It is hypothesized that a good alignment between overactive bladder (OAB) patients and their primary care practitioners (PCPs) has a direct and positive influence on the likelihood of the patient consulting a healthcare professional (HCP) more frequently.
• Frequency of consultation is of interest as it has been demonstrated that patients who consult more often with HCPs have been tested more thoroughly, are more motivated and more likely to have seen an improvement in their condition (see poster 13909).
• This study uses data from a real-world study of OAB patients to define alignment through matched physician and patient data and correlate the quality of alignment with observed patient-reported outcomes.

METHODS

• Data were drawn from Adelphi’s Overactive Bladder Disease Specific Programme [2], a cross-sectional study of consulting patients in four European countries undertaken between September 2010 and January 2011.
• Physicians completed a patient record form (PRF) for 10 consecutive consulting adult OAB patients, and the same patients were invited to fill out a patient self-completion form (PSF).
• The PRF and PSF records included six directly comparable questions for which the possible responses from the patient and the physician are equivalent and which the authors suggest provide a measure of communication and therefore alignment. These include: perceived overall severity of OAB condition, perceived bother of symptoms, frequency of micturitions and leakages, perception of bladder condition, use of non-drug therapy (e.g. pelvic exercise) and level of compliance.

RESULTS

• Demographics for the 938 patients included in the analysis are summarised in Table 1.
• Demographics were similar for male and female patients in relation to age, BMI, the proportion in paid employment and time since diagnosis.

Table 1: Patient demographics

<table>
<thead>
<tr>
<th></th>
<th>Female Patients (n=219, 77%)</th>
<th>Male Patients (n=219, 23%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean)</td>
<td>62.2 years (SD=13.0)</td>
<td>65.8 years (SD=12.9)</td>
</tr>
<tr>
<td>BMI (mean)</td>
<td>26.8 (SD=4.4)</td>
<td>27.3 (SD=3.2)</td>
</tr>
<tr>
<td>Employed (full/part-time)</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Retired</td>
<td>46%</td>
<td>63%</td>
</tr>
<tr>
<td>Homemaker</td>
<td>21%</td>
<td>0%</td>
</tr>
<tr>
<td>Months since diagnosis</td>
<td>39.2</td>
<td>32.8</td>
</tr>
</tbody>
</table>

• Figures 1 to 5 show the effect of alignment on a range of variables. In each case the blue dots indicate actual reported values with the red line showing the predicted values using GEE regression models with confounding variables taken into account based on the degree of alignment between patient and PCP.

Figure 1: Effect of alignment on patient-reported satisfaction with current anti-muscarinic therapy

• Figures 1 to 3 show the relationship between alignment and patient satisfaction with their current antimuscarinic therapy (Figure 1), reported quality of life as measured by OAB-q (actual means 76.6 versus 64.7) (Figure 2) and EQ-5D (actual means 0.79 versus 0.67) (Figure 3) - in each case p<0.05. In all cases the regression-derived predicted values showed similar trends.

Figure 2: Effect of alignment on patient-reported number of consultations with HCPs in last 3 months

• Figures 4 shows that overall, across all countries, the better the alignment the higher the patient-reported frequency of consultations with HCPs in the past 3 months (most aligned patients - actual mean consultations 0.55; least aligned patients - actual mean consultations 0.02, p<0.05). Predicted values show a similar trend.

Figure 3: Effect of alignment on OAB-q score

• This study suggests that PCP-patient alignment could be a contributory factor in the improvement of OAB as measured by patient-reported outcomes.

CONCLUSIONS

• Alignment between patients and their PCP could be a contributory factor in the improvement of OAB treatment due to the association with patient-reported satisfaction with current therapy and improved quality of life.

• These results are consistent with similar analyses undertaken in asthma [3] which showed that patient-physician partnership is a contributory factor in the improvement of asthma treatment.

• The authors suggest that the findings relating to frequency of consultation are a reflection of the healthcare systems in each country.

• It may also be hypothesised that better communication between physician and patient may result increased likelihood of appropriate referral.

• Even though PCPs may be better informed about bladder problems, some will still choose to refer if they feel it is in the best interests of the patient.

ACKNOWLEDGMENTS/REFERENCES

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