

Gaps in the initial management of PHN: the BASIK PHN survey

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Background

- Postherpetic neuralgia (PHN) is continued pain due to herpes zoster for more than 3 months after resolution of the dermatological rash^{1,2}
- The duration of PHN is highly variable -- about one-half of individuals will continue to experience symptoms after 1 year and nearly half of patients with PHN will not respond to any treatment
- PHN affects 10-18% of individuals with herpes zoster; elderly patients are at higher risk for developing PHN after zoster³

Optimal management of patients with PHN

- In 2004, the Quality Standards Subcommittee of the American Academy of Neurology (AAN) published an evidence-based parameter for the management of PHN¹
- The subcommittee found "good strength of evidence" for the use of tricyclic antidepressants, gabapentin or pregabalin, opioids, and topical lidocaine patches; gabapentin, pregabalin, and the topical lidocaine patch are FDA approved for the treatment of PHN
- However, a recent review indicates that some pain relief may be expected in only 30-60% of patients using these medications⁴
- The management of PHN in the elderly may be especially problematic due to the less predictable responses to the approved medications in the elderly population⁵

Physician attitudes, knowledge, and practice

- A 2005 survey of primary care physicians (PCPs) determined that most physicians agreed that PHN caused significant burden in their older patients and prescribed some type of medication to help their patients manage their disease⁶
- Data is lacking on the current attitudes, knowledge, and practice patterns of US specialists managing patients with PHN

The objectives of this study were to identify the informational needs of physicians managing patients with PHN by 1) examining gaps between current practice patterns and evidence-based recommendations and 2) understanding the key barriers to optimal management of patients with PHN

Methods

- Using a detailed literature review on what is currently known about the practice patterns of physicians managing PHN, the BASIK PHN survey (Behaviors, Attitudes, Skills, Identified gaps, and Knowledge of Postherpetic Neuralgia) was developed
- The survey uses case vignettes to assess how physicians would manage typical patients with PHN. Case vignettes have gained considerable support for their value in predicting physician practice, due to their valid methods, convenience, and cost^{7,8}
- Additional questions assessed attitudes about available treatment and barriers to optimal patient care
- Distributed by email and fax in November 2009 to a nationally-representative random sample of US-practicing PCPs and neurologists

Results

Table 1. Demographics of Physician Respondents

	PCP (n=150)	Neurologists (n=76)
Male gender	72%	79%
Years in practice (mean)	23	23
Practice location		
Urban	32%	26%
Suburban	50%	61%
Rural	18%	13%
Practice type		
Solo	29%	41%
Group	64%	50%
Other*	7%	9%
Patients seen/week with PHN	5 (4%)	3 (4%)
Major activity direct patient care	94%	99%

*Other practice types include medical school, HMO, government, and non-government hospitals

Figure 1. Satisfaction with available treatments

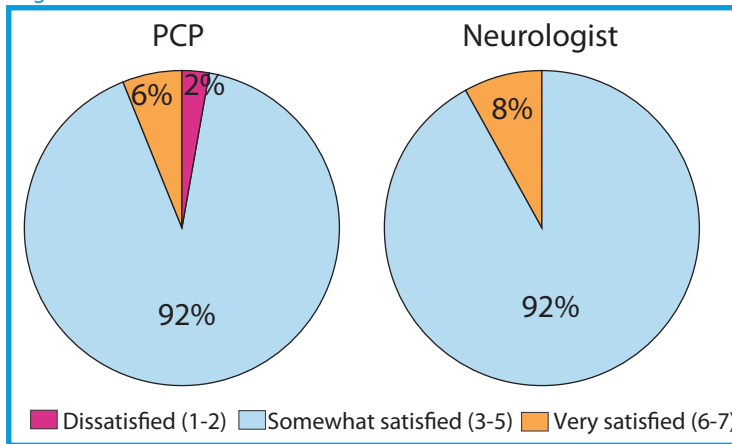


Figure 2. Diagnosis of PHN and referral to specialists

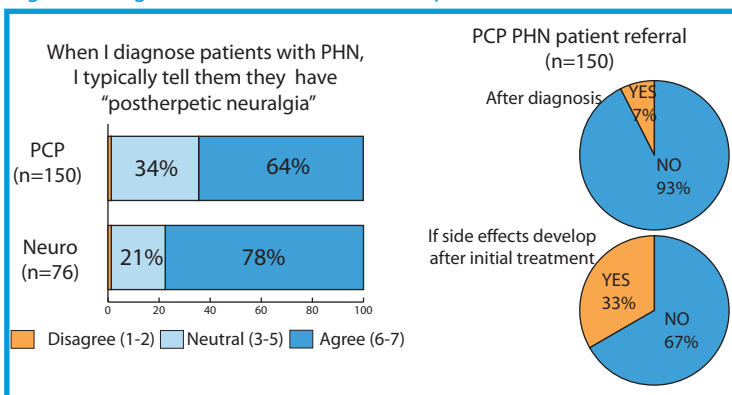


Table 2. Management of patient with PHN pain and sleep disturbance^a

	PCP (n=150)	Neurologists (n=76)
Initial treatment (select all that apply)		
Gabapentin ^b	85%	67%
Pregabalin ^c	57%	70%
Lidocaine patch	34%	40%
Carbamazepine	29%	37%
Duloxetine	28%	25%
Topiramate	14%	11%
Desipramine	13%	9%
Corticosteroids	10%	7%
Clonazepam	7%	5%
Lamotrigine	6%	4%
Other	11%	13%
Top combinations chosen ^d		
Gabapentin and pregabalin	48%	49%
Gabapentin and lidocaine	21%	16%
Gabapentin and carbamazepine	16%	16%
Pregabalin and lidocaine	12%	21%
Confidence that choice will control patient's pain (7pt scale)		
Not confident (1-2)	2%	0%
Somewhat confident (3-5)	82%	81%
Very confident (6-7)	16%	19%

a. Case: Michael is a 68-year-old African American man who presents to your office with pain in the left face. He had acute herpes zoster 9 months ago with the rash located in the V1 distribution and the course was complicated by corneal involvement. Antiviral therapy and acetaminophen with codeine were initiated about a week after the onset of the rash. The rash resolved approximately 4 months ago, but he was left with a constant severe pain, which was rated 7/10 and described as burning with intermittent sharp, shooting pains in his left forehead and eye. He is not sleeping well because his pain frequently awakens him. On exam, there is scarring of the skin over the left forehead with loss of sensation to light touch and temperature in the area of scarring. You diagnose him with postherpetic neuralgia (PHN).

b. p=.004
c. p=.007
d. 3 of 4 physicians chose multiple agents for initial therapy

Figure 3. Maximum daily dose considered safe to prescribe

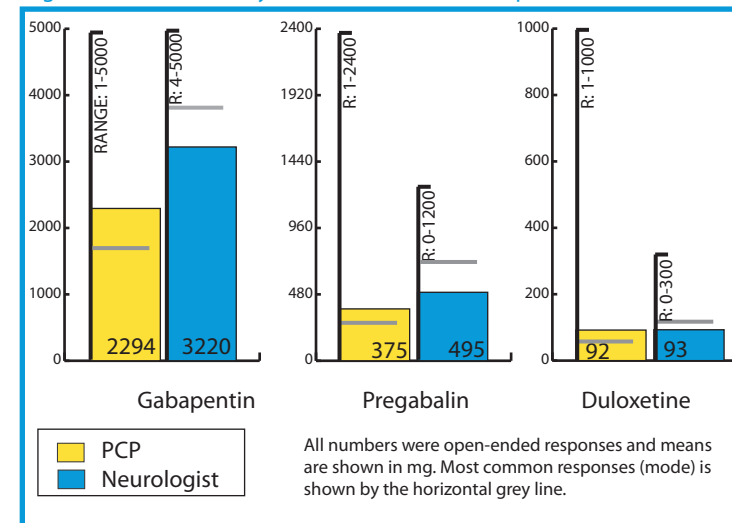
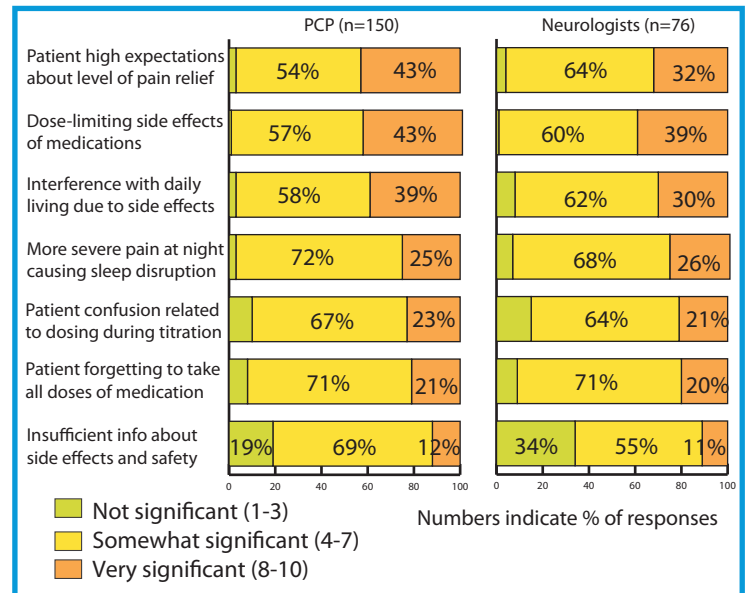


Figure 4. Perceived barriers to managing patients with PHN



Conclusions

- Physicians were generally not very satisfied with currently available therapies, and only somewhat confident that their chosen therapy will control a patient's PHN pain
- PCPs were more likely than neurologists to underestimate the maximum daily doses for medications used to treat PHN pain
- The greatest perceived barriers to managing patients with PHN are patients' high expectations of pain relief and side effects of medications limiting dosage and interfering with quality of daily life
- These issues may be addressed by information that focuses on:
 - the latest evidence of PHN therapies for refractory pain, as well as current data on maximum and recommended medication dosage
 - best practices to communicate with patients the cause of their pain, as well as set realistic expectations for treatment outcomes and possible side effects for currently available therapies

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