

# Gaps in the patient perception of PHN management

Gregory D. Salinas PhD<sup>1</sup>, Terry Glauser MD<sup>1</sup>, Mark Wallace MD<sup>2</sup>, Chad Williamson MS<sup>1</sup>  
<sup>1</sup>CE Outcomes, LLC, Birmingham, AL; <sup>2</sup>University of California, San Diego Medical Center, La Jolla, CA

## Background

- Postherpetic neuralgia (PHN) is continued pain due to herpes zoster for more than 3 months after resolution of the dermatological rash<sup>1,2</sup>
- 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 zoster<sup>3</sup>
- The annual expected incidence of PHN in the United States is 100,000-180,000 patients
- 40% of individuals older than 60 years of age and 75% older than 70 develop PHN after zoster<sup>4</sup>
- In addition to older age, other independent risk factors for PHN include female gender, prodromal symptoms, greater severity of rash, and greater acute zoster pain<sup>5</sup>
- A 2005 survey of patients revealed that the substantial pain caused by PHN leads to poor quality-of-life in the elderly population, and proposes there is a need for improved PHN management<sup>6</sup>

## 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 disease<sup>7</sup>
- The management of PHN in the elderly may be especially problematic due to the less predictable responses to the approved medications in the elderly population<sup>6</sup>

## Physician/patient communication gaps

- Recent studies in other disease states have explored the mismatch between perceptions of physicians and their patients, revealing gaps in communication about severity of their condition, risks and benefits of therapies, and definitive diagnoses<sup>8,9</sup>
- To date, there is little information on perception gaps between patients with PHN and their healthcare providers

The objectives of this study were to identify the informational needs of patients with PHN and provide alternative perspectives on physicians' management of PHN by:

- Comparing perceptions in treatment between patients and physicians
- Comparing differences in other perceptions of care, including level of satisfaction and patterns of communication

## References

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## Methods

- The BASIK PHN survey (Behaviors, Attitudes, Skills, Identified gaps, and Knowledge of Postherpetic Neuralgia) was first developed to identify practice patterns and attitudes of US physicians regarding PHN care
- An IRB-approved patient survey addressing satisfaction of treatment and physician communication was made available to patients through a posting on the Shingles web portal on WebMD.com in Dec 2009
- All patients included in the study completed a consent process, met inclusion criteria (18 years of age or older, US residents, herpes zoster diagnosis by healthcare professional, pain that remained after the rash was gone, prescribed pain medication), and were given a small incentive for their participation
- Survey responses were compared to physician responses (150 PCPs and 76 neurologists) to detail gaps between physician and patient perceptions of PHN

## Results

Table 1. Demographics of Patient Respondents

	PHN patients (n=142)
Female gender	71%
Age	
40-49	20%
50-59	36%
60-69	20%
70-79	13%
Race/Ethn	
White, not Hispanic	86%
Black, not Hispanic	9%
Hispanic	2%
Education	
Grade 12 or GED	20%
College or tech school 1-3 yrs	47%
College 4+ yrs or degree	13%
Graduate school 1+ yrs	16%
Currently receiving pain medication	67%
Prescribed medications*	
Gabapentin	59%
Pregabalin	37%
Lidocaine patch	22%
Corticosteroids	19%
Hydrocodone	16%
Duloxetine	10%
Prescribing physician	
Family physician	62%
Internist	16%
Other**	9%
Neurologist	7%
Pain specialist	5%

\*Only medications taken by at least 10% of the sample are shown. Others include oxycodone, topiramate, tramadol, clonazepam, carbamazepine, desipramine, and lamotrigine.

\*\*Other specialties include emergency physician, dermatologist, and infectious disease specialist.

Figure 1. Diagnosis of PHN

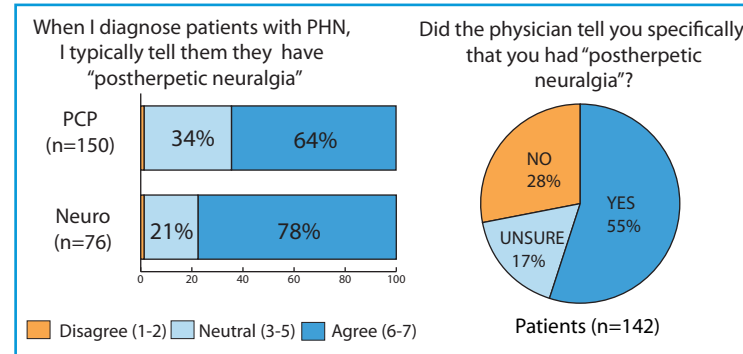


Figure 2. Satisfaction with PHN treatments

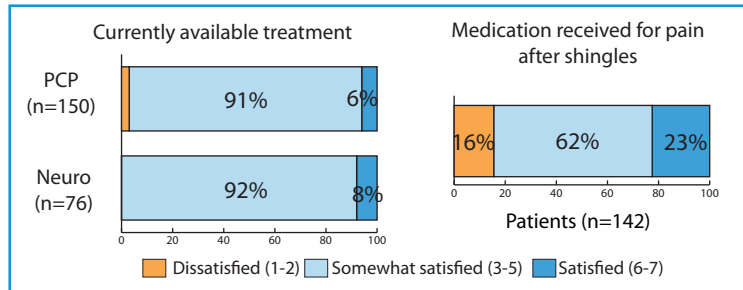


Figure 3. Effectiveness of PHN medications

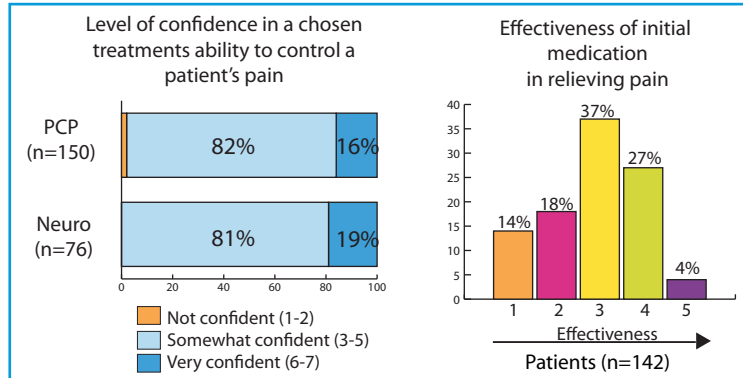


Figure 4. Explaining the cause of PHN

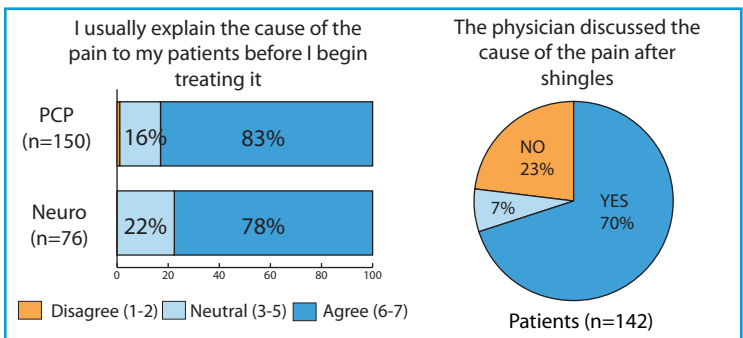


Figure 5. Discussing the duration of PHN

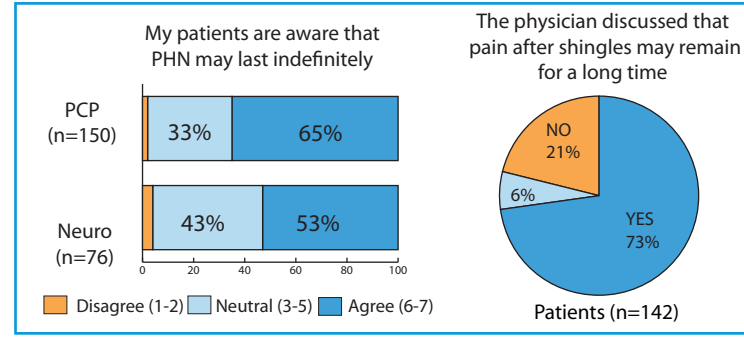


Figure 6. Expectations of treatment

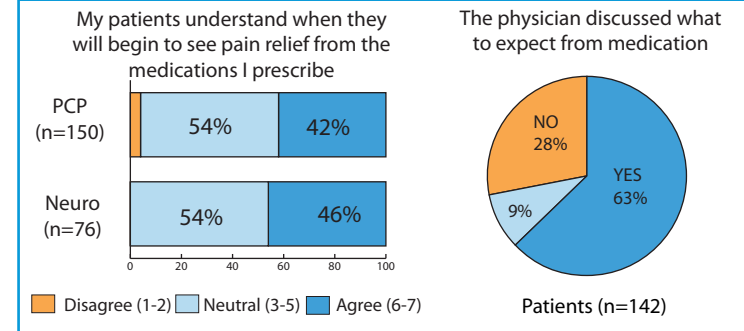


Figure 7. Discussing quality of life (QOL)

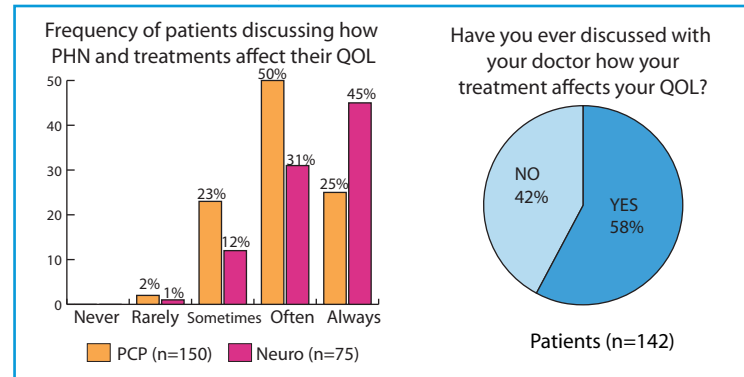


Figure 8. Awareness of side effects

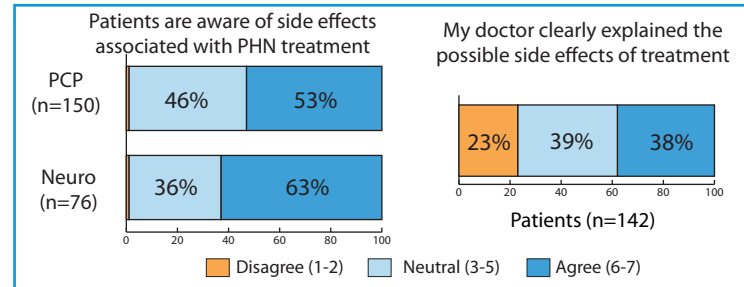


Figure 9. Discussion of side effects

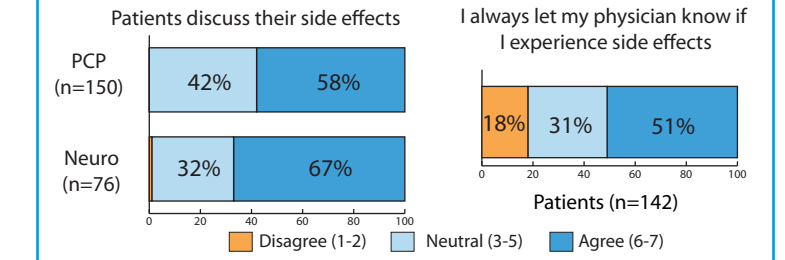


Table 2. Summary of Findings

	PCP (n=150)	Neuro (n=76)	Patient (n=142)
Specific diagnosis of PHN	64%	78%	55%
Satisfied with current treatment	6%	8%	23%
Effectiveness of treatment	16%	19%	31%
Did not explain cause of pain	1%	0%	23%
Did not explain duration of pain	2%	4%	21%
Did not explain expectations of treatment	4%	0%	28%
Did not discuss how treatment affects QOL	2%	1%	42%
Clearly explained treatment side effects	53%	63%	38%
Do not discuss side effects w/ physician	0%	1%	18%

## Conclusions

- Even though many patients report lower communication of treatment expectations and side effects than physicians, they appear to be more satisfied with the efficacy of their treatments in relieving pain; however, neither appears very satisfied with efficacy
- PHN is documented to cause lower QOL, especially in elderly patients, but 1 of 4 PCPs report only sometimes discussing how treatment may affect QOL; almost half of patients report never discussing this with their physician
- Only half of patients report that their physicians specifically tell them that they have "postherpetic neuralgia"; while this may indicate that patients are not retaining what their physician tell them, it also implies that physicians may need to provide information in writing for patients to take home
- The patient is an equal partner in many of these gaps, as shown by the percentage of patients who do not tell their physician if they experience side effects from their physician
- This study reveals many gaps in communication between patients with PHN and physicians -- there is a strong need to bridge these gaps, not only with physicians but with allied health professionals as well as increased education and information for patients

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