

UNDERSTANDING THE EDUCATIONAL NEEDS AND BARRIERS TO DIAGNOSIS, MANAGEMENT, AND TREATMENT OF NEUROGENIC DETRUSOR OVERACTIVITY

Hypothesis / aims of study

Idiopathic overactive bladder (OAB) is a highly prevalent condition affecting men and women worldwide. A variety of successful educational activities focusing on the diagnosis and management of patients with idiopathic OAB have been offered to primary care providers and specialists (eg, urologists and urogynecologists). Little educational programming, however, has focused on the diagnosis and management of patients with neurogenic detrusor overactivity (NDO). Since individuals with NDO are often cared for initially by neurologists, physiatrists, and rehabilitative medicine specialists and later referred to urologists and/or urogynecologists for management of lower urinary tract dysfunction, we sought to characterize the educational needs and barriers among urologists regarding optimal diagnosis, management, and treatment of patients with NDO.

Study design, materials and methods

A survey developed in conjunction with the Office of Continuing Medical Education at a large academic institution was electronically distributed to subscribers of an online urology news portal. The survey was available from October 29, 2010, to November 7, 2010. There was no incentive to participate in the study, and the results were anonymous. The survey questions were designed to assess physician familiarity with the prevalence, impact, treatment options, and barriers to optimal management of NDO.

Results

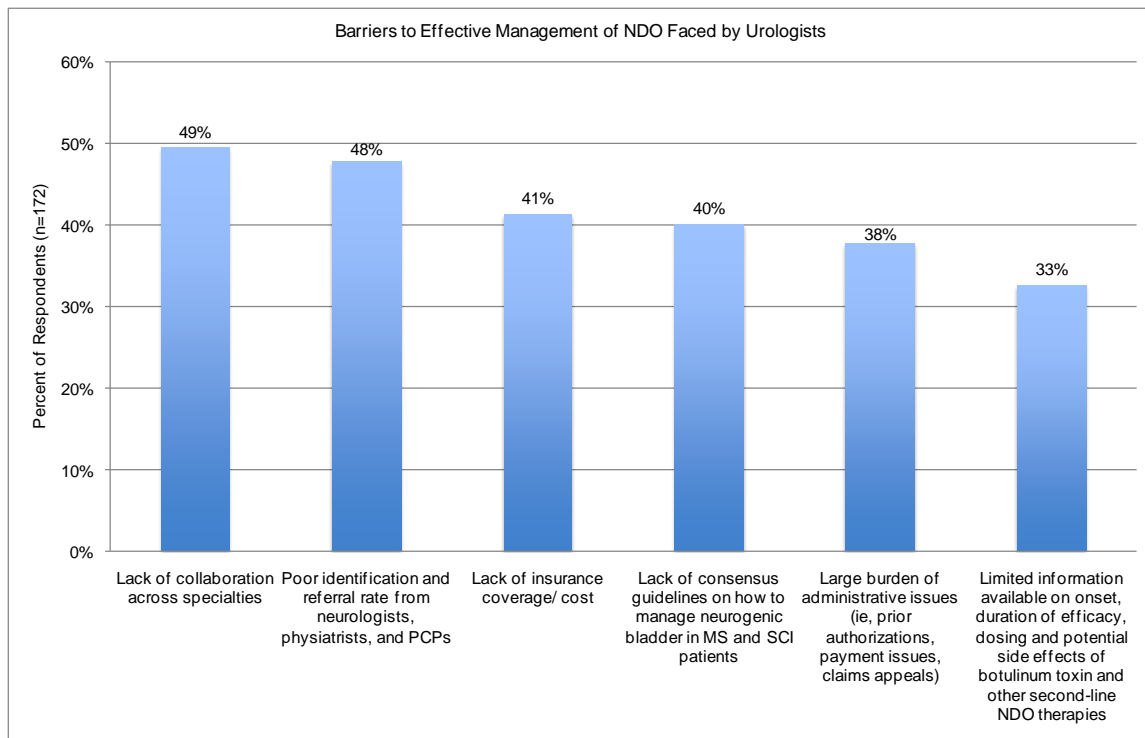
A total of 172 respondents completed the survey. With regard to the prevalence of NDO in their own practice, 76% noted that 1% to 20% of their patients showed signs and symptoms of NDO, while 13% reported that >20% of their patients showed signs and symptoms of NDO. Spinal cord injury (27%) and multiple sclerosis (19%) were reported as the most common causes of NDO. Other reported underlying conditions included diabetes (16%), stroke (13%), Parkinson's disease (9%), congenital anomalies (8%), and other disease states (7%). The **Table** shows respondent familiarity with a variety of NDO-related topics, including management options. The lowest levels of familiarity were reported for use of neuromodulation, bladder augmentation, emerging treatment options, and botulinum toxin in patients with NDO.

Table.

NDO-Related Topics	N=172				
	1 = Not at All Familiar	2 = Not Very Familiar	3 = Fairly Familiar	4 = Familiar	5 = Highly Familiar
Prevalence of NDO	3%	9%	26%	33%	28%
Consequences of untreated NDO	2%	7%	15%	33%	44%
The relationship between spinal cord injury and bladder and sphincter dysfunction	1%	6%	17%	31%	44%
Treatment goals of NDO therapy	0%	5%	15%	34%	46%
Use of antimuscarinic therapy for NDO	1%	6%	16%	30%	48%
Use of neuromodulation for NDO	6%	29%	24%	21%	20%
Use of bladder augmentation for refractory NDO	5%	17%	26%	28%	24%
Clinical data related to emerging treatment options for management of NDO	3%	17%	33%	30%	17%
Use of botulinum toxin for NDO, including onset, duration, efficacy, dosing, and potential side effects	7%	19%	17%	26%	32%

When asked to indicate the most significant barrier(s) to effective management of NDO faced by urologists, nearly half of respondents reported "lack of collaboration across specialties" (85/172) and "poor identification and referral rate from neurologists, physiatrists, and PCPs" (82/172). The **Figure** shows the most significant barriers identified by survey participants.

Figure



Interpretation of results

Despite their familiarity with diagnosing and treating patients with idiopathic OAB, many urologists are less familiar with the diagnosis and management of patients with NDO. Furthermore, the barriers to optimal management of NDO identified by urologists suggest a need for improved cross-specialty collaboration when managing these patients.

Concluding message

Our findings support the need for educational efforts—directed at multiple provider groups—that focus on the optimal diagnosis, management, and treatment of patients with NDO.

Specify source of funding or grant

None.

Is this a clinical trial?

No

What were the subjects in the study?

NONE
