Andretta E¹, Zuliani C², Pola L¹, Cossaro E¹, Primon D³

1. Department of Urology – General Hospital DOLO (Venice), 2. Department of Neurology – General Hospital MIRANO (Venice). 3. Department of Rehabilitation - General Hospital Camposampiero (Padua)

SURVEY ABOUT PRESCRIPTION AND DISTRIBUTION OF CATHETERS FOR CLEAN INTERMITTENT CATHETERIZATION IN NORTH-EAST OF ITALY

Hypothesis / aims of study

In Italy the catheters for clean intermittent catheterisation (CIC) are dispensed free of charge by the National Health System to the neurologic patients. Many neurological patients from nearby districts come to our neuro-urological centre and we usually find significant differences in the prescriptive and distributive methods for bladder dysfunctional aids. The aim of our study was to record these discrepancies about catheters for clean intermittent catheterisation (CIC) in a sample of disabled subjects.

Study design, materials and methods

In 2008 a questionnaire was sent to 100 randomly selected patients who are monitored by our neuro-urologic unit. The questionnaire enquired about the prescription, the provision and the delivery of catheters for CIC. 88 subjects responded to the initiative sending us the completed questionnaire

Results

The questions and responses are shown below.

1) Which is the cause of your neurological bladder?

Spinal cord injury 88.64% Multiple sclerosis 6.82% Spina bifida 1.14% Other causes 3.40%.

2) Have you changed brand and/or type of catheter in the last three years?

No 77.27% Yes 19.32% I don't know (3.41%).

3) If you responded yes to the previous question, can you explain why?

My choice 64.7% On medical advice 17.65% Someone else's decision 17.65%.

4) How often do you have to repeat your catheters' prescription?

Every three months 46% Every year 34.5% Every month 8% Other 11.5%.

5) Who performs the catheterization?

I do it by myself 83% Someone else 17%.

6) How long have you been performing CIC?

More than a year 95.4% Less than a year 4.6%.

7) Where do you get your supply of catheters?

Chemists' 55.7% Health care shop 13.6% Hospital chemists' 1% Health district 13.6% From multiple suppliers 4.6% Other 5.7%.

8) Who usually gets your supply of catheters?

A relative 71.6% Me 13.6% Both previous 9.1% Other 5.7%

9) How often do you get your supply of catheters?

Every three months 62.1% Every month 27.6% Every two months 4.6% Other 5.7%.

10) Would home delivery of catheters be more convenient to you and to your relatives?

Yes 65% No 30% I don't know 5%.

11) Which is your Local Health Unit?

A 29.9% B 11.5% C18.4% D 10.3% Other 29.9%.

Interpretation of results

Although a homogeneous sample of patients - 95% of the interviewed people had a stable neurological bladder for more than one year and mainly due to a spinal cord injury, 80% performs self-CIC and reports loyal to a particular brand or type of catheter - we detected prescriptive and bureaucratic differences, sometimes significant. The prescription is renewed annually for 34.5% of responders, but has a shorter duration (3 months or less) in most cases. In 7 cases (4 spinal cord injury, 1 multiple sclerosis and 2 neurological bladders with non defined origin) the prescription was renewed monthly but these were patients with recent onset of neurological bladder or with clinical pictures in evolution and in such cases the short duration of prescription is comprehensible. A change of type of catheter in the last year has affected 17 patients (19%), but it should be noted that 3 of these patients were obliged to change with no choice. The catheters are obtained especially from chemists' and in the health care shops, while about 15% of cases have direct distribution. In 62% of cases the supply of catheters is obtained every quarter, and only a small proportion of patients do it by themselves. The majority of patients would like home delivery of catheters, as already occurs for patients assisted by National Institute for Work Accidents (INAIL).

Concluding message

There are many unexplained prescriptive and bureaucratic differences among neighboring Local Health Units with respect to catheters for CIC. Whereas the interviewed patients are disabled and almost always need help from relatives, we propose the adoption of homogeneous behaviour in catheters prescription and delivery, with the aim of abolishing unnecessary bureaucratic steps and encouraging home delivery of catheters if required. In this way the provision of the specific catheter chosen by the patient and prescribed by the specialist physician would be guaranteed. In this report home delivery of catheters would be appreciated by 65% of cases.

Specify source of funding or grant	None
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require eithics committee approval because	only survey
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes