Interaction with the peers improves the probability of acceptance of OnabotulinumtoxinA treatment in spinal cord injured (SCI) patients—an Indian experience.

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Background:
Disease and treatment options are perceived very differently from the patients perspective. Strong emotional and subjective reactions are common to newer and less commonly practised treatment forms. Accepting a newer form of treatment is not easy for most patients.

Reasons for reluctance to the newer forms of treatment.
Limited awareness.
Lack of reliable information sources.
Fear of the unknown treatment.
Negative or unfavorable opinion from other doctors.
Cost factor.

Methods to help the patients adapt to newer treatment options.
Time and effort to help patients overcome their concerns and fears.
Peers provide this support well in a personal manner.
Peers provide emotional support and reassurances beyond the medical jargon and complexities.
Experiences from support centres for the substance-abuse, malignancy treatment and major surgeries well established.

Methods:
Randomly assigned SCI patients, proposed to receive OnabotulinumtoxinA treatment for NDO

Group A: 84 patients; Counsulted by the Urologist alone.

Group B: 84 patients; After an initial Urologist’s consultation, had informal interactions with peers and fellow patients, who had earlier received the same treatment.

• Acceptance rates for the proposed treatment recorded.
• Responses about the influence of peer counselling on decision making obtained.
• Reasons for their decision making noted.

Results

<table>
<thead>
<tr>
<th>consultation</th>
<th>A--urologist counslt alone</th>
<th>B- Urologist plus Peer counselling</th>
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</thead>
<tbody>
<tr>
<td>Total no. patients</td>
<td>84</td>
<td>84</td>
</tr>
<tr>
<td>Accepted Onabotulinum treatment</td>
<td>20</td>
<td>56</td>
</tr>
<tr>
<td>Did not accept treatment</td>
<td>64</td>
<td>28</td>
</tr>
</tbody>
</table>

Discussion:
• Peer consultation reduces anxiety and keeps patients more at ease and comfort.
• Peer opinion perceived by patients to be more honest and free from bias.
• Peer opinion reinforces the urologist’s advice well.
  “If others could benefit from this treatment…..So would I.” is a common perception.
• Even among the patients who did not accept the given treatment, fear and anxiety was reduced substantially.
• Yet the hard fact of “who is paying for it” still remained an important factor.
• Patients with the Third party Payor were most readily willing to accept.

Conclusion:
Informal interaction with the peers and fellow patients, in addition to the physician’s consultation,
• Helped patients resolve their concerns and queries better.
• Encouraged greater participation and informed decision making.
• Helped patients make up their mind better and improved the acceptance rates especially for the newer treatment choices.

We must encourage formation of patient support groups for their mutual support and guidance.

Disclosures: None