

#580 ADHERENCE TO TRANSANAL IRRIGATION BY NAVINA SYSTEMS

Sofi Sigvardsson¹, Kecke Elmroth¹, Maria Åberg-Håkansson¹

¹Wellspect Healthcare, Mölndal, Sweden

Background: Transanal irrigation (TAI) is a well-established bowel management therapy for patients with neurogenic bowel dysfunction (NBD). Recent studies have also shown good results in patients with functional constipation and fecal incontinence. Navina™ Systems is a relatively new medical device for TAI therapy, available in the EU since 2016. In the UK, Navina Systems is supplied via a medical device home delivery system from the manufacturer (Wellspect HealthCare, Sweden).

Aims of study:

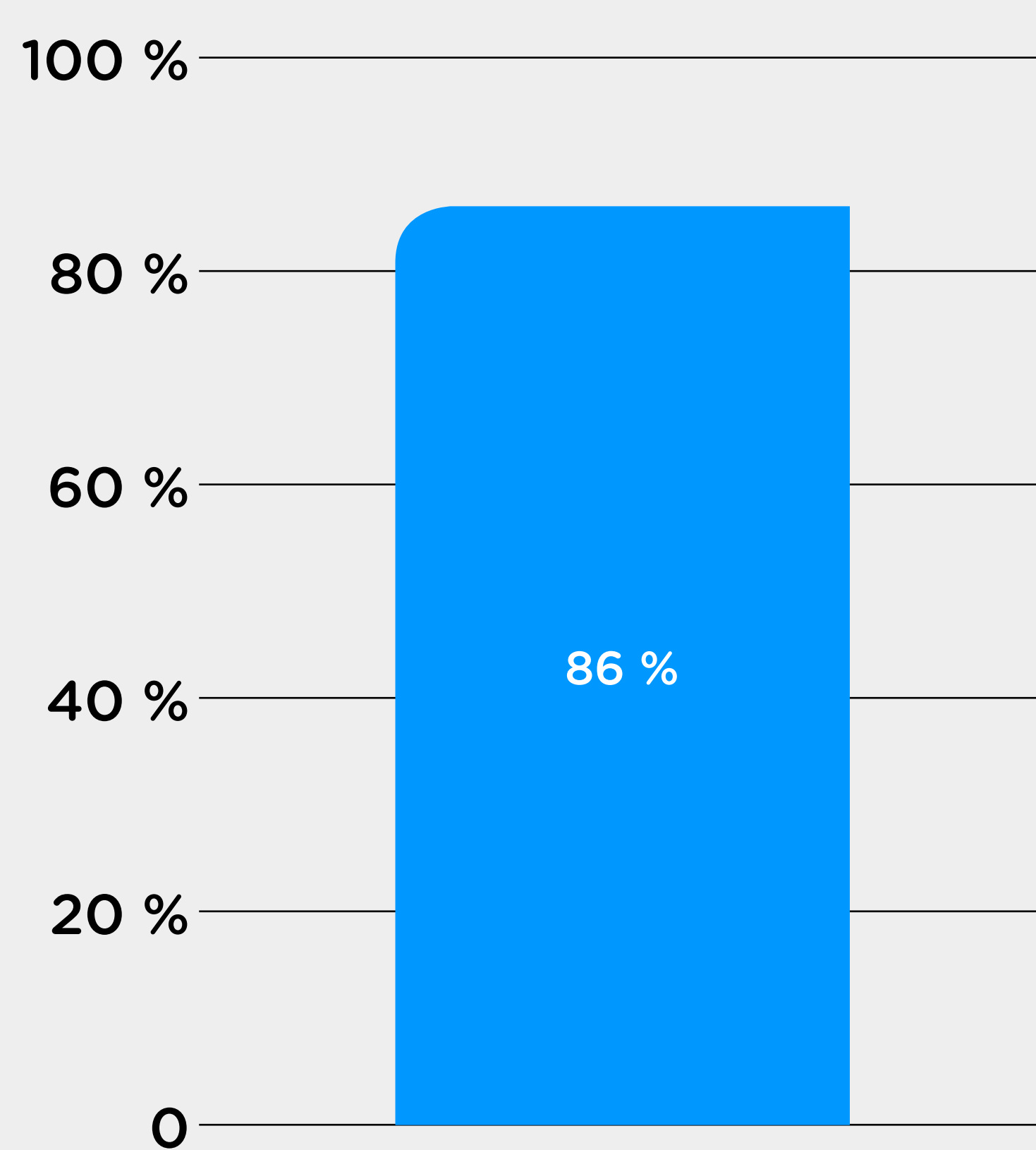
- Which indications are prescribed Navina Systems in the UK
- Adherence to Navina Systems in the Wellspect home delivery system
- Reasons for discontinuing Navina Systems
- Distribution of discontinuing Navina between indications

Materials and methods

The Wellspect home delivery system has a standardised approach for customer follow-up via phone once a medical device arrives to the home. All users are registered on the service by their healthcare professional (HCP). If the patient has decided to stop the therapy s/he is asked about the reason. Also, last delivery date is tracked in the system.

Results

86% are still using Navina Systems after a median time of 7.8 months



After a median time of 7,8 months (range 0-19 months), 86% of the patients are still using Navina Systems, and there are no differences in adherence between different indications.

Reasons for stop using:

- Changing bowel management (37%)
- Did not start (25%)
- Advised by HCP (15%)
- Change to another product (8%)
- Other (15%)

1. Distribution of indications for persons prescribed Navina Systems through the Wellspect home delivery system.



2. Distribution of indications for persons still adherent to Navina Systems



■ Functional bowel ■ Multiple Sclerosis (MS) ■ Spinal Cord Injury (SCI)
■ Cauda equina, spina bifida, diabetes, Parkinson's disease, stroke, cancer ■ Unknown

The distribution of patients being prescribed Navina Systems were 51% functional bowel (constipation and/or fecal incontinence), 23% multiple sclerosis (MS), 14% spinal cord injured (SCI), 7% cauda equina, spina bifida, diabetes, Parkinson's disease, stroke and cancer, and 5% of the patients have unknown indications. A majority were prescribed Navina™ Smart (86%) compared with Navina™ Classic.



Interpretation of results

Main indication is functional bowel

The majority of studies on the effect of TAI is done in a cohort of patients with NBD. It is therefore interesting to note that the main indication for prescribing Navina Systems is functional bowel (functional constipation and functional fecal incontinence). To our knowledge there are no indications in the literature of how TAI-device prescription is divided between indications. The results from this study may be a good indication that prescribers consider Navina Systems suitable for patients with several kinds of bowel dysfunction and not only NBD.

Overall adherence higher than other studies

At a median follow-up time of 7.8 months we show an adherence of 86%. This is somewhat higher than what have been shown before; expected adherence at 8 months for patients with NBD is around 75% (1).

No difference in adherence between indication groups

We see no difference in adherence between the indications groups which does not agree with previous publications that show a significant difference in adherence between the different indication groups (2). Possible reasons behind this finding include 1) shorter follow-up time in our material, introduction of a different TAI device which is electronically operated (Navina Smart), or 2) that the patients are monitored through the Wellspect home-delivery system.

Further studies are ongoing to elucidate the reason for the higher adherence at 8 months with Navina Systems.

Concluding message

Navina in the UK delivered through the Wellspect home delivery system seems to have a high adherence after 8 months. The reason for this needs to be further investigated.

References

1. Faaborg PM, Christensen P, Kvitsau B, Buntzen S, Laurberg S, Krogh K. Long-term outcome and safety of transanal colonic irrigation for neurogenic bowel dysfunction. *Spinal cord*. 2009;47(7):545-549.
2. Christensen P, Krogh K, Buntzen S, Payandeh F, Laurberg S. Long-term outcome and safety of transanal irrigation for constipation and fecal incontinence. *Diseases of the colon and rectum*. 2009;52(2):286-292.