

General practitioners’ knowledge about the therapeutic management of therapy resistant pelvic organ dysfunctions and LUTS in Flanders, Belgium.

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Introduction

- ✓ Functional disorders of the pelvic organs and LUTS => Highly prevalent in primary care practice.
- ✓ Need for awareness about therapeutic options for refractory cases among primary care practitioners (PCP) for optimization of care and extend the patient supporting care network.

Methods and Materials

- ✓ Prospective explorative pilot study
- ✓ Distribution of a 22 item Dutch questionnaire between February and March 2019
 - By online invitation to GP’s in Flanders
- ✓ Statistics:
 - Bivariate analysis
 - Multilinear logistic regression
 - Fisher’s exact

Results

Table 1. Demographics.

	% (n)	Mean (SD)	Median (IQR)
Profession			
General practitioner	58,2 (32)		
Trainee	41,8 (23)		
Age (years)		36,9 (14)	31 (26-50)
=< 45 years	73.5 (36)		
> 45 years	26.5 (13)		
Duration of career (years)		11,3 (14,39)	4 (1,5 -22)

Table 2. Correlation factors for having knowledge.

	PTNS	BTX injections	SNM
Significant correlations for having knowledge	No	No	Yes P < 0, 01
* Bivariate analysis Rs= spearman correlation	/	/	✓ Age (Rs= -0,55) ✓ Profession (Rs: 0,46) ✓ University of graduation (Rs: -3,36)
** Multilinear logistic regression	/	/	✓ Profession OR: 13,56 (95% CI: 2,51 -121,38)

“ Indications of SNM?”

- Urinary incontinence: known indication by 40%
 - Fecal incontinence: known by 23,6%
 - No idea of the indications of SNM: 14%
- ✓ 96 % willing to learn more about 2nd line therapies for LUTS to provide information to their patients.

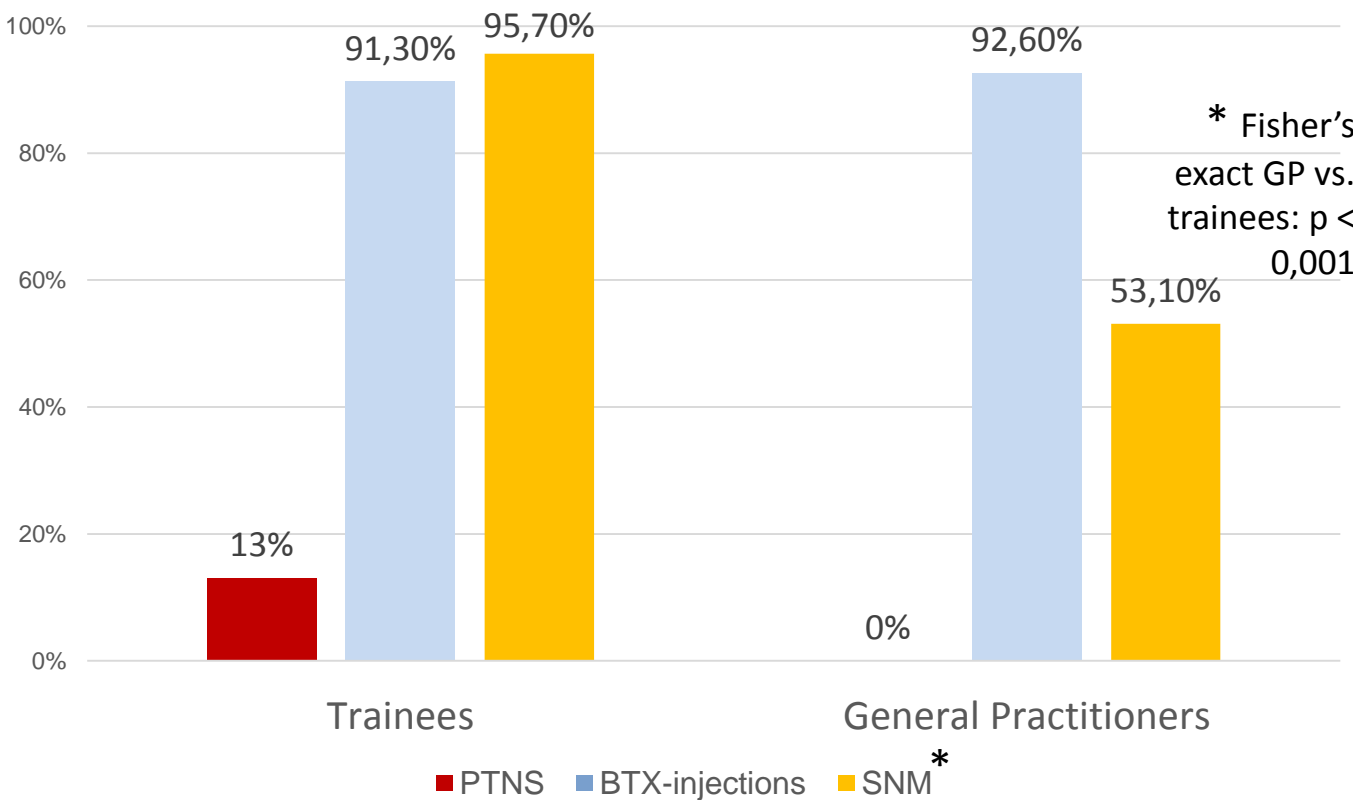
Discussion

- ✓ BTX –injections: Most known therapy among PCP.
 - ✓ PTNS only known by 6% of the PCP.
 - ✓ Correlating factors about having knowledge; only for SNM.
 - ✓ Being a trainee ~14x more likely to know SNM therapy.
 - Relatively ‘new’ therapy
 - Recent graduation from university
- ➡ Directing educational interventions on general practitioners in terms of SNM therapy.

Aim

- ✓ Exploring the knowlegde of 2nd line therapies for therapy resistant LUTS & pelvic organ dysfunctions:
 - Percutaneous tibial nerve stimulation (PTNS)
 - Botulinetoxine injections (BTX)
 - Sacral neuromodulation (SNM)
- ✓ Among general practitioners (GP) & GP trainees
- ✓ Predictive factors for positive knowledge

Figure 1. Positive awareness of 2nd line therapies for LUTS among primary care providers.



Total percentage of PCP having knowledge.

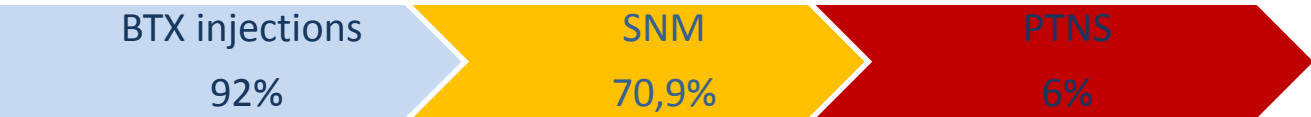
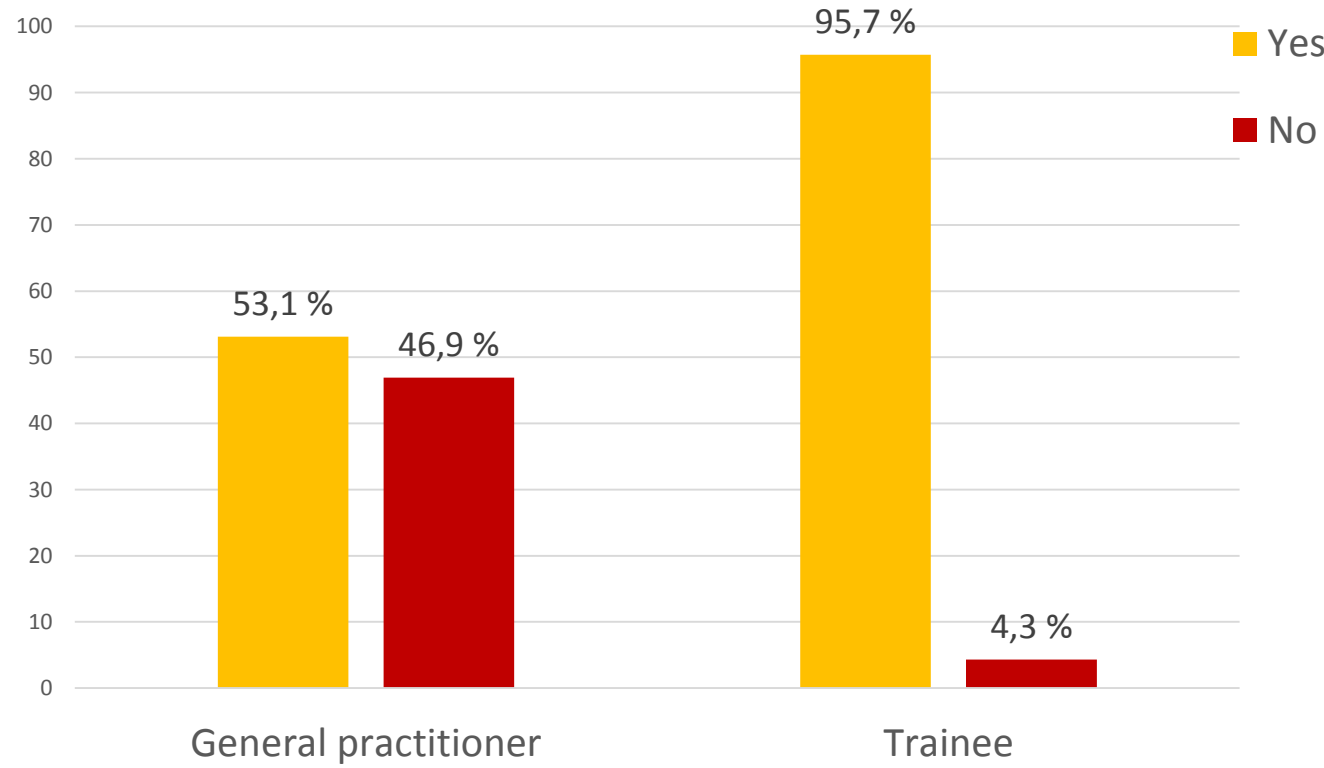


Figure 2. SNM knowledge among primary care providers.



Conclusions

- ✓ Low awareness of the existence of PTNS among GP’s & trainees.
- ✓ Awareness about SNM greater in trainees than in GP’s.
- ✓ Indications of SNM are poorly recognized: < ¼ of the PCP knows SNM can be a therapy for fecal incontinence.
- ✓ Majority of PCP willing to learn more about 2nd line therapies.
- ✓ Future needs:
 - Educational campaigns to upgrade the general knowledge of GP’s and trainees.