INTRODUCTION

- Acromegaly is a chronic disorder characterized by autonomous overproduction of growth hormone (GH) predominantly due to a benign pituitary adenoma.
- The excess GH results in increased secretion of insulin-like growth factor 1 (IGF-1), both of which are responsible for multiple significant comorbidities.
- Acromegaly is a rare disorder:\n  1. Prevalence: 58-130 cases per million adults
  2. Incidence of 3 cases per million per year
- Delayed diagnosis:\n  1. The course of the disease is insidious and slowly progressive
  2. A delay of 7-10 years in diagnosis from the presentation of symptoms is often seen
- Optimal disease management of acromegaly requires a highly coordinated approach involving numerous specialties and lifetime monitoring
- Current disease control is suboptimal:
  1. While successful disease control has been shown to potentially normalize mortality in the acromegaly patient, disease control is quite elusive as over 50% of patients with acromegaly are not effectively treated.

OBJECTIVES

- To assess the barriers to treatment adherence on disease management of acromegaly from the provider perspective

METHODS

- A web-based cross-sectional survey was conducted from August–October, 2014
- Healthcare providers who had experience in treating acromegaly patients were surveyed. The sampling frame showed as flowchart.
- Information collected:
  1. Barriers to treatment adherence
  2. Influence on the treatment algorithm based on their experiences and perspectives.

RESULTS

- A total of 23 providers completed the survey
- Age: 56±10 years, female: 48%
- Titles:
  1. Physicians: 52% (N=12)
  2. Nurses or nurse practitioners: 43% (N=11)
- Most worked at academic hospitals: 78%
- 61% had more than 10 years of experience (range: 5-40 years) (Figure 2)
- Encountered patients with worse symptoms toward the end of an injection cycle: 70% (5 MDs and 11 nurses)
- Top three concerns about barriers to disease management among MD doctors (Figure 3):
  1. Side effects (100%), financial issues (89%), and therapy being too complicated or inconvenient to patients (56%)

DISCUSSION

- Significance:
  1. Understanding current situation of acromegaly management in order to
  2. Recognize current barriers to treatment
  3. Examine physicians’ perceptions
  4. Access providers’ preference to make better decision on treatment for acromegaly
  5. Make prompt efforts to improve the health care experience
- Barriers to treatment adherence:
  1. Patients’ perception affect their compliance since the treatment of acromegaly involves different modalities that are long-term and/or have long-lasting consequences; and
  2. Having to get injections periodically over a life-time and being exposed to certain side-effects may alter patients’ perception of their disease and medications: 100% concern about side effect.

CONCLUSIONS

- Less convenient treatments: 56% concern of inconvenient or therapy too complicated
- Less effective treatments: 55% nurse concern about Preparatory time for injection
- Limitation:
  1. Sample size is small, which reduces the strength of the statistical results.

REFERENCES