

DIAGNOSIS AND TREATMENT OF PAINFUL DIABETIC NEUROPATHY: COMPARISON OF PATIENT EXPERIENCES IN FOUR EUROPEAN COUNTRIES

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Background and Aims

Painful diabetic peripheral neuropathy (pDPN) is a common complication of diabetes (1) that can profoundly impact patients' quality of life (2). An online survey was conducted to evaluate patient experiences with the management of their pDPN in four European countries (United Kingdom (UK), Germany (DE), Spain (ES), Netherlands (NL)).

Method

- A multi-disciplinary expert team prepared and analysed a web-based survey (data collection from 30 Nov 2021 - 01 Feb 2022).
- Adults (18+) consenting to participate and diagnosed with diabetes were selected via an online consumer panel, a patient online panel, and via patient organisations.
- Respondents were screened for self-reported symptoms of neuropathic pain. Those who met three or more of the DN4 (Douleur Neuropathique 4) criteria were enrolled to the survey.
- Participants responded to a 15 min online survey and reported on their experiences living with pDPN.

Results

- Of 3626 respondents, 576 met the eligibility criteria and completed the survey, thereof 60% males, 72% ≤ 65 years and 76% with diabetes type II. (Tab 1)
- 79% of respondents experienced daily moderate to severe pain.
- Half of the respondents have received a formal diagnosis of pDPN by their healthcare professionals. (Fig 1)
- Diabetes specialists are key in diagnosing pDPN in all four countries compared to general practitioner and neurologists. (Fig 1)
- Less than half of the respondents (44%) received a prescribed medication and about one third (36%) reported the intake of prescription-free medication for treatment of pDPN. The level of satisfaction with the prescribed treatments were highest in the Netherlands and lowest in the UK. (Tab 2)
- Different levels of satisfaction regarding the interactions with their HCPs were reported by country with highest level in the Netherlands and lowest in the UK. (Fig 2)
- Respondents from the Netherlands seemed to be better informed and pre-warned about pDPN than respondents from the other countries. (Fig 3)
- Patients who were informed that they could develop pDPN, were diagnosed earlier and had a better treatment experience.

Table 1: Characteristics of respondents

Parameter (% of respondents)	Total (n=576) 100%	UK (n=174) 30%	DE (n=145) 25%	ES (n=150) 26%	NL (n=107) 19%
Females/Males	40/60	35/65	38/62	48/52	41/59
Age ≤ 65 / > 65 years	72/28	64/36	66/34	91/9	67/33
Diabetes Type I/II	25/76	24/76	16/83	35/66	24/77
Comorbidity present	72	70	80	63	77
Moderate to severe daily pain*	79	82	86	77	73

References

1. Gylfadottir SS et al. J Diabetes Investig. 2019 Sep;10(5):1148-1157.
2. Ziegler D et al. Diabetes Res Clin Pract 2018; 139: 147-154.

Table 2: Treatment with prescription/prescription-free medication and satisfaction level

Parameter (% of respondents)	Total (n=576) 100%	UK (n=174) 30%	DE (n=145) 25%	ES (n=150) 26%	NL (n=107) 19%
Prescribed/prescription-free medication (%)	44/36	36/39	40/26	43/41	67/37
Satisfaction with current prescribed treatments (%)	67	44	66	71	82

Figure 1: Patients (%) with formal diagnosis of pDPN by healthcare professionals and type of specialist who made the diagnosis

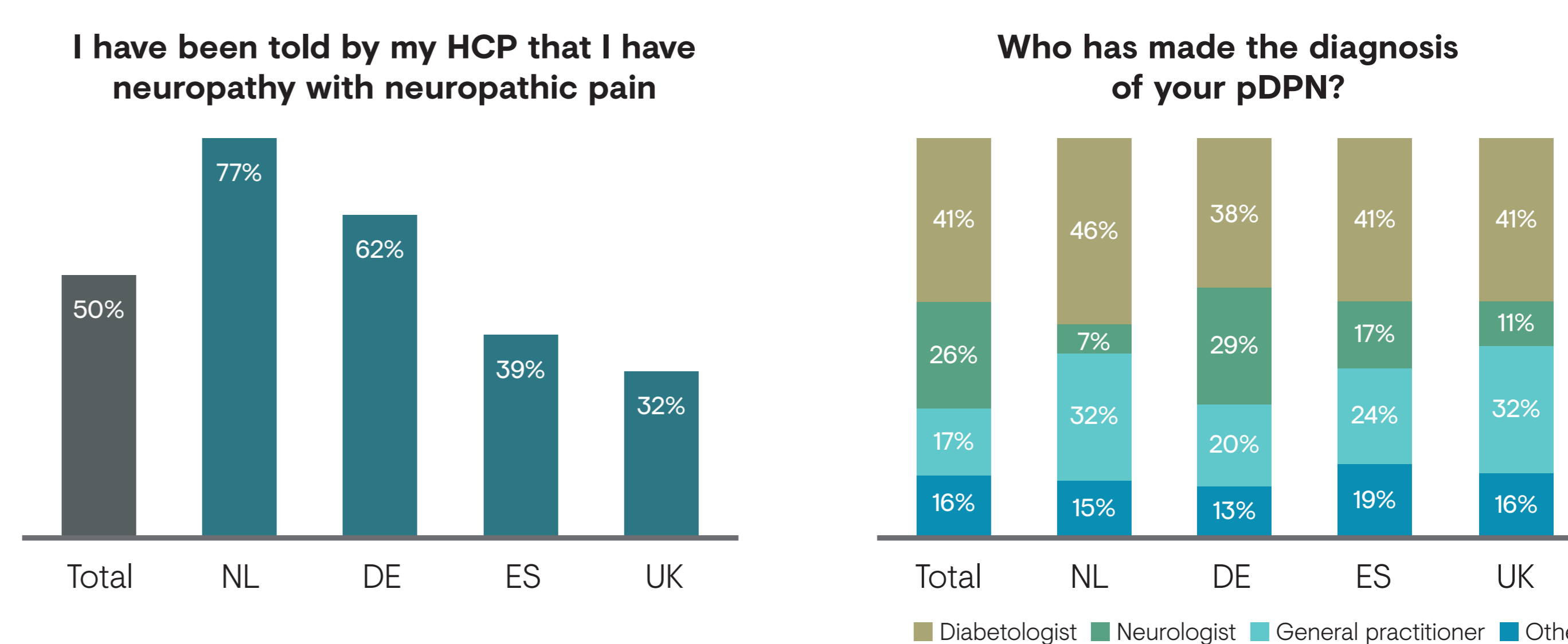


Figure 2: Level of patient satisfaction with time spent by healthcare professionals with them

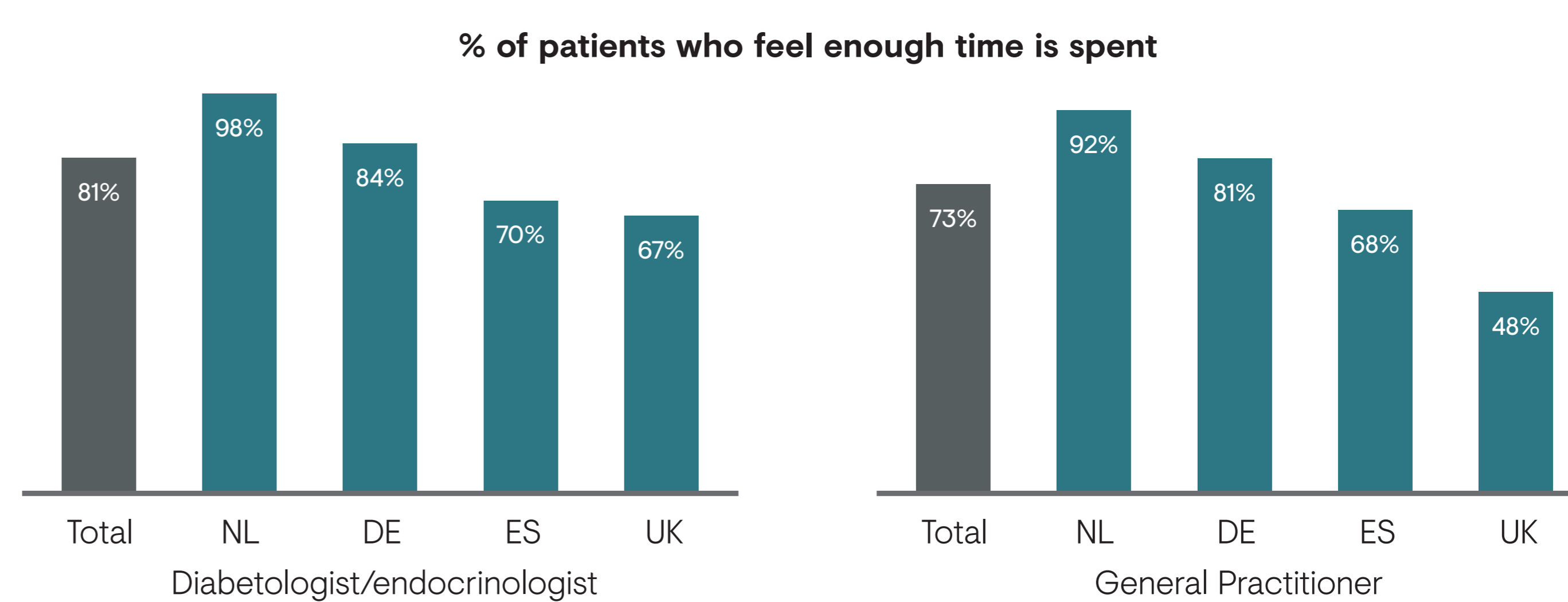
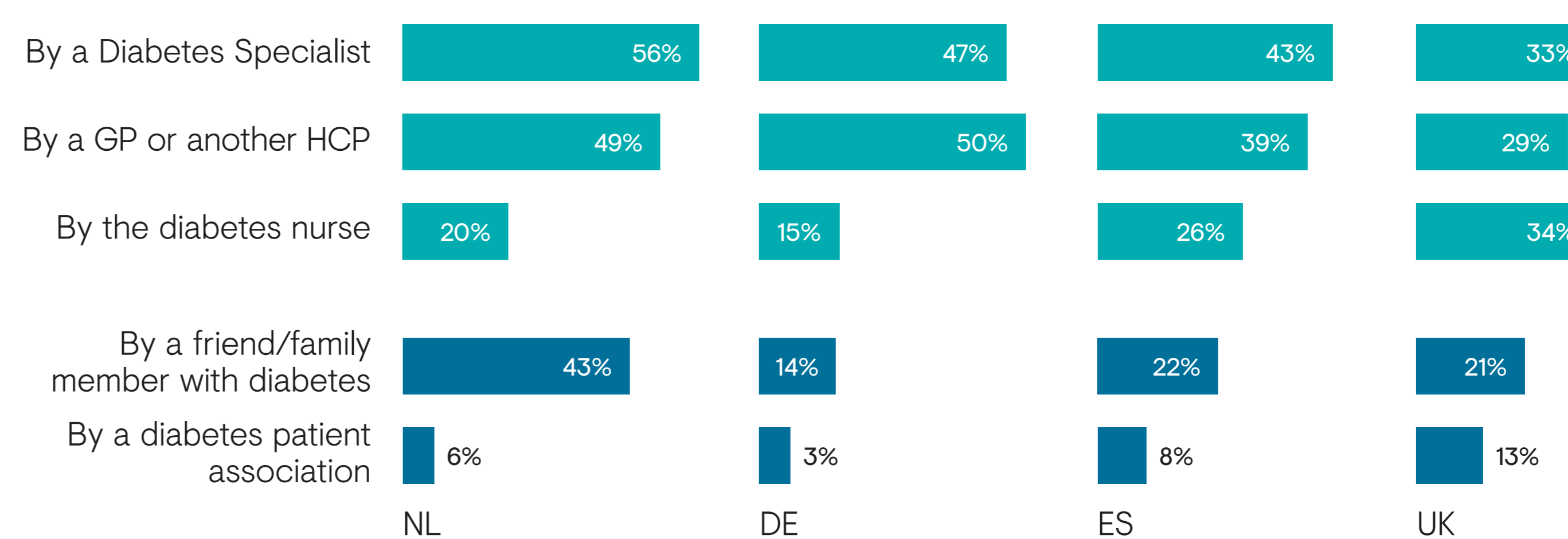


Figure 2: Respondents (%) who were pre-warned about pDPN



Conclusion

Although varying by country - pDPN remains often undiagnosed and undertreated. Changes in patient care and better education of healthcare professionals and patients are needed for better diagnosis and treatment outcomes. Perceived differences in adequacy of health care in Europe should be further explored.

