BACKGROUND

- Diabetic peripheral neuropathy (DPN) is a late complication of Type 1 and Type 2 diabetes that is characterized by severe pain.
- DPN may manifest as painful sensations that result in the condition known as painful diabetic peripheral neuropathy (DPNP).
- Estimates suggest that the overall prevalence of DPN in the diabetic population is 15%.
- pDPN is associated with a substantial patient and economic burden.
- Reductions in patient function, quality of life, and productivity.

OBJECTIVE

- To identify gaps in patient and HCP knowledge of pDPN, and disparities in perceptions of DPN symptoms.

METHODS

- Venstra Research conducted an online survey in the United States during 2012 on behalf of Pfizer and the American Chronic Pain Association.
- Patients (N = 1004) diagnosed with Type 1 or 2 diabetes were recruited via the Survey Sampling International panel, and for clinicians, patients were screened based on antherpetty Outlier screening criteria. Clinic participants, family, HCPs, and other professionals, were included, but HCPs were not incentivized to participate in the survey participants.
- Survey questions focused on understanding the cause and management of DPN symptoms, and interactions between patient and their HCPs.
- Survey resulted in an unweighted population.

RESULTS

- The patient population consisted of 1,048 adults in the US diagnosed with Type 1 or Type 2 Diabetes (Figure 1A).
- The HCP survey encompassed a cross-section of HCPs who treat patients with diabetes (Figure 1B).

Figure 1. Healthcare Practitioner (N = 588) DPN symptom evaluation.

Figure 2. Patients’ (N = 1,048) and HCP (N = 588) perspectives on the presence of DPN symptoms and their impact.

- There was disparity between patient and HCP perspectives with regard to the presence of DPN symptoms and their impact on daily activity, with HCPs substantially underestimating the patients’ perspective by approximately 50% (Figure 2).

Figure 3. Patient-reported presence of DPN symptoms on daily functioning (N = 1,048).

- There was considerable disparity between patient and HCP perspectives with regard to the presence of DPN symptoms and their impact on daily activity, with HCPs substantially underestimating the patients’ perspective by approximately 50% (Figure 2).

Table 1. Proportion of respondents reporting diabetes issues discussed at “most all” vs “at all” visits; states include DPN-related issues.

- While only 31% of patients thought they talked about DPN symptoms or “any” issues related with their diabetes with their HCP, the majority of HCPs reported discussing DPN symptoms with their patients.

Table 3. Request for more learning.

- The majority of patients (82%) believed that controlling blood sugar will help DPN symptoms go away, and another 31% believed that nothing could be done to help DPN symptoms (Figure 4).

Table 4. Key misconceptions about DPN among surveyed patients and HCPs.

CONCLUSIONS

- Misconceptions regarding the cause and management of DPN and its painful symptoms are common, and may be addressed.

References