OBJECTIVES: To explore the impact of Dupuytren’s Disease (DD) on patients’ quality of life (QoL) and identify implications for clinical practice. A search of the literature was conducted to identify relevant reports and ensure a comprehensive understanding. The qualitative data were then subjected to thematic analysis to identify key themes and sub-themes. A positive impact on QoL was observed, with improvements in mobility, pain, and self-esteem. These findings suggest that early intervention and supportive care are essential for improving patient outcomes.

METHODS: A systematic review of published literature was conducted using PubMed, MEDLINE, and Embase. The search included articles published between January 2000 and December 2019, with no language restrictions. A total of 34 studies met the inclusion criteria. The data were analyzed using thematic analysis techniques, which involved coding the data and identifying patterns and themes across the studies.

RESULTS: The qualitative data revealed 12 key themes, which were grouped into four categories: physical limitations, psychological impact, social isolation, and treatment satisfaction. The themes identified include:

- Physical limitations: Many patients reported significant restrictions in daily activities, such as dressing, grooming, and personal care.

- Psychological impact: Patients often experienced emotional distress, anxiety, and depression due to the physical limitations imposed by DD.

- Social isolation: Patients reported feeling isolated due to their inability to participate in social activities.

- Treatment satisfaction: Patients generally reported satisfaction with the effectiveness of DD treatments, although some concerns were raised regarding the long-term effects of surgical interventions.

CONCLUSIONS: The study highlights the significant impact of DD on patients’ QoL, emphasizing the need for more comprehensive and effective treatment options. Further research is required to develop strategies that address the multifaceted needs of DD patients.

PMG70

EVALUATION OF PRESCRIBED PAIN MEDICATIONS PRIOR TO THE INITIATION OF DULOXETINE THERAPY IN A COMMERCIALLY INSURED POPULATION

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OBJECTIVES: Duloxetine is approved for the treatment of major depressive disorder (MDD) and general anxiety disorder (GAD), and for the management of diabetic peripheral neuropathic pain (DPNP), fibromyalgia (FM), and chronic musculoskeletal pain, as studied in patients with osteoarthritis (OA) and chronic low back pain. This study assessed pain medication use prior to duloxetine initiation among patients with any of the six medical conditions listed above during the 12 months prior to duloxetine initiation.

METHODS: Commercially-insured duloxetine initiators 1/1/2009-3/31/2010 who had any of the six medical conditions mentioned above during the 12 months prior to duloxetine initiation were identified (defined as no duloxetine pill coverage in the previous 90 days). Utilization of pain medications including antidepressants, anticonvulsants, opioids, non-stereoidal anti-inflammatory drugs (NSAIDs), and muscle relaxants was assessed over the 3, 6, and 12 months prior to duloxetine initiation. The study identified 19,546, 5,764, 2,334, 15,362, 12,317, and 27,781 duloxetine initiators in the MDD, GAD, DPNP, FM, OA, and LBP groups. Antidepressant use was high at all timepoints prior to initiation, especially among patients with MDD (84.4%) and GAD (79.9%). Anticonvulsant utilization was highest in DPNP (63.1%) and FM (51.9%), lowest in GAD (39.5%), and similar among other groups (range: 42.8%-48.3%). Opioid use varied greatly across groups (54.5%-81.6%), with the lowest use among GAD patients and the highest use among OA patients. Duloxetine had the lowest NSAID use (32.9%), while OA patients had the highest utilization (58.1%). The use of muscle relaxants ranged between 29.4% (DPNP) and 56.7% (LBP) at 12 months prior to duloxetine initiation. Pain medication use in the prior 3 and 6 months showed similar trends.

CONCLUSIONS: Patients used several types of pain medications prior to initiating duloxetine across disease states. The trends in use were consistent 3, 6, and 12 months prior to duloxetine initiation.