DIFFERENCES IN PATIENT BURDEN BETWEEN ENDOANAL MRI, DEFECOGRAPHY AND ANORECTAL FUNCTIONAL TESTING FOR PATIENTS WITH Faecal Incontinence

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OBJECTIVE: The work-up of patients with faecal incontinence can contain multiple tests, including endoanal MRI, defecography and anorectal functional testing. In the search of an optimal diagnostic work-up it is generally accepted that costs and effectiveness data are required. However, test differences could also be found in the amount of patient burden. The aim of this study is to evaluate the burden of tests used in the evaluation of patients with faecal incontinence.

METHODS: Consenting consecutive patients underwent a standard testing protocol. Burden of testing was evaluated with a self-administered questionnaire. The main variables were anxiety, embarrassment, pain and discomfort, all measured on a 1 (low) to 5 (high) point-scale. An overall burden score was calculated by summing the scores of the four variables. In addition, patients were asked to rank the three tests from least to most inconvenient and to indicate whether they would advice the tests to friends/relatives.

Statistical analysis was performed with Friedman tests. RESULTS: Data from 93 patients (14 men; mean age 60 (range 32 to 80)) were analysed. There were between test differences in terms of total burden, pain (less for MRI than with anorectal functional testing (p < 0.05)) and discomfort (lower for MRI compared to defecography (p < 0.05)), as well as embarrassment (lowest score for MRI and highest for defecography). Overall, MRI was preferred more often than defecography and functional testing, with 71% of the patients scoring MRI as least inconvenient. Patients would advice all tests to a friend/relative.

CONCLUSION: This study shows significant differences in patient burden for medical tests to evaluate faecal incontinence, although this burden seems to be accepted by all participants. When evaluating medical tests for patients with incontinence, these findings can complement data on costs and effectiveness to develop the optimal strategy, minimizing total patient burden while achieving adequate diagnostic effectiveness.

A METHOD FOR IDENTIFICATION OF FRONTIER PRACTICE IN DIABETES CARE

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OBJECTIVES: To develop a new method that objectively evaluates and compares provider efficiency in diabetes care.