



Patient choice in growth hormone prescribing: The Nurses' perspective

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Introduction

- What influences choice
 - Pharmaceutical companies
 - GH support systems
 - Devices
 - Patient choice
 - Nurse / Doctor
 - GH indications
 - CCG
- How does choice work
- Nurses' roles
 - Concordance
- How can we enhance the choice process

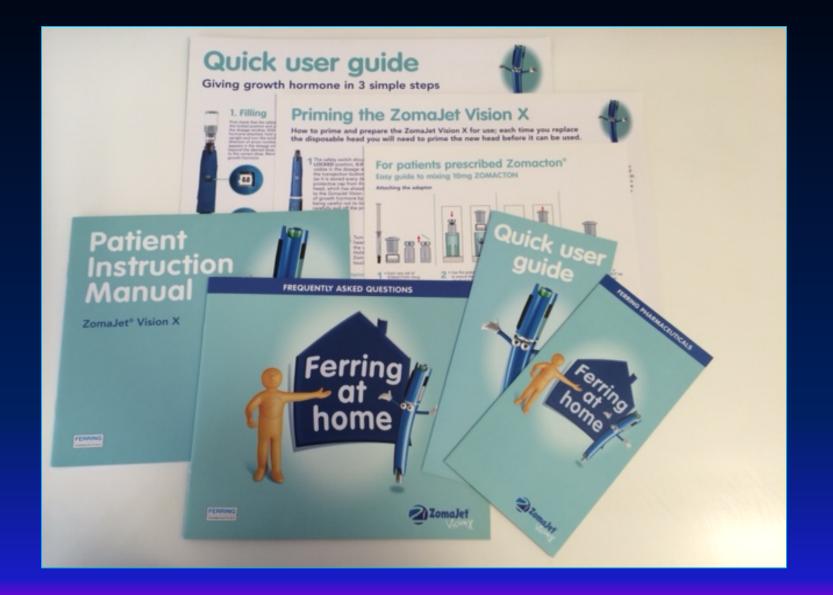
GH Support Systems

Company	DVD	Literature	Home Nurse Team	Dedicated Nurse Team	Helpline	Drug delivery	Text reminder	Download info
Lilly	✓	✓	√	X	✓	✓	X	X
Ferring	✓	✓	✓	X	✓	✓	X	X
Ipsen	✓	✓	✓	√	✓	✓	X	X
Novo	✓	✓	✓	✓	✓	✓	X	X
Pfizer	✓	✓	✓	X	✓	✓	X	X
Sandoz	✓	✓	✓	X	✓	✓	✓	✓
Merck Serono	✓	✓	✓	✓	✓	✓	✓	✓

GH Company DVDs

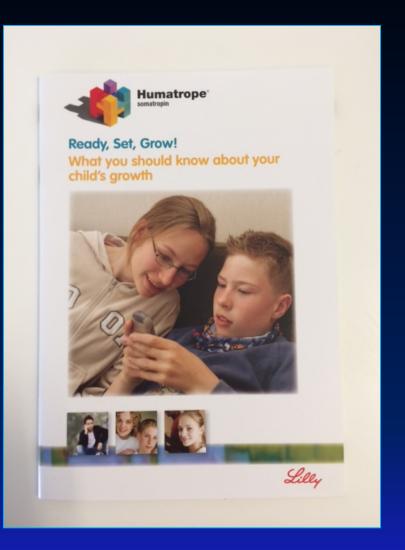


Ferring booklets



GH Company booklets



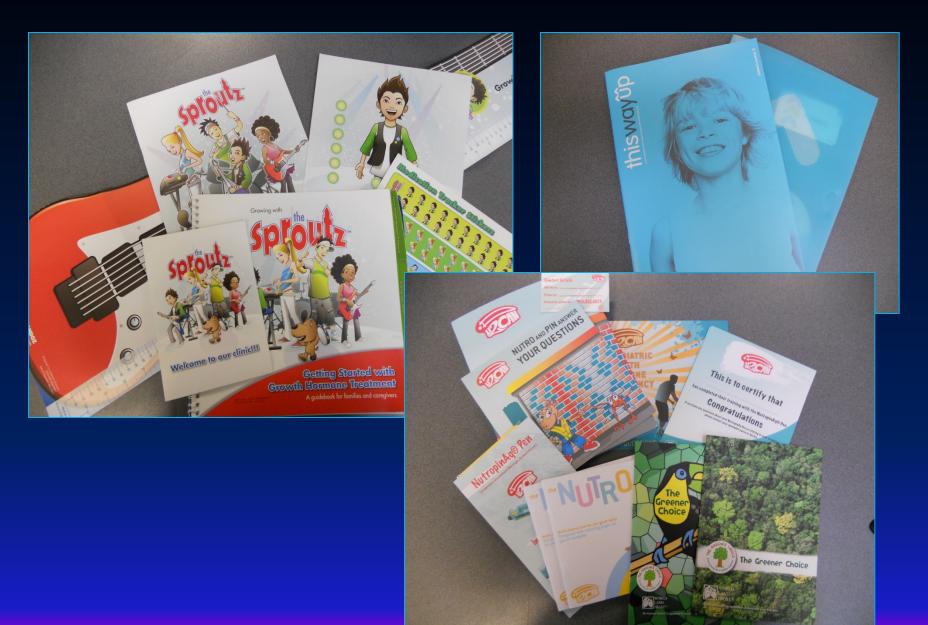


GH Company booklets





GH additional support



Other incentives – shown at demo?

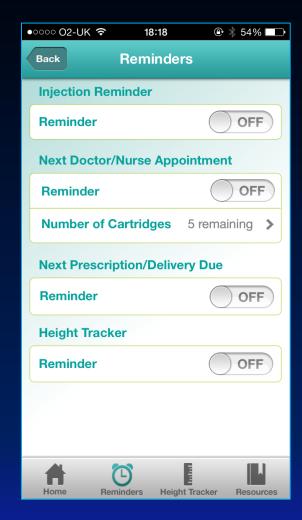
- Books
- Posters
- Stickers
- Reward charts
- Height charts
- Removable pen covers
- Cool bags

- Bags
- Water bottles
- Fridge magnets
- Phone charms
- Soft toys
- Magazines
- Cameras

Growth Hormone App

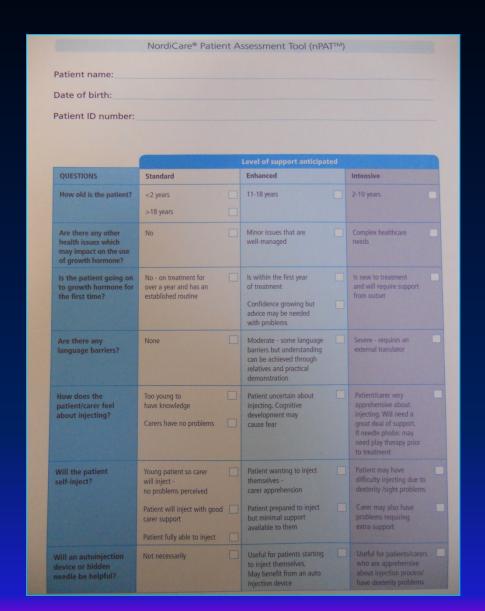






Enhanced Nurse Services

- Merck Serono
- Ipsen
- Novo Nordisk





GH devices



















Needle free devices









Patient choice — what are the issues?

- Ease of use
- Needle free
- Colour
- Quietness
- Size
- Needle guard
- 'Feel'
- Automatic needle insertion
- Reduced time holding device against the skin post injection

(Wickramasuriya, 2005)

Easypod – Dahlgren 2007

- 'Very useful' features:
 - Pre-programmed dose feature
 - Skin sensor
 - On screen instructions
 - Display of remaining dose
 - Confirmation of injected dose
 - Automatic needle attachement



Difference of opinion?



- Various comfort settings
- Dose history
- 'Teach Me' menu
- Multi-lingual instructions
- Refrigeration
- Homecare
- Reconstitution

How well do we know our patients?

- Need to understand parental perceptions and beliefs concerning illness and treatment (Van Dongen, 2012)
- Discussions of the patients' view of the disease and their expectations of the treatment (Haverkamp, 2008)
 - Shown to increase concordance (Spoudeas, 2014;
 Van Dongen, 2012; Cutfield, 2011; Haverkamp,
 2008; Kapoor, 2008)

Nurse / Doctor influence?

- Do we always know what is best for our patients?
- Need a thorough, more detailed understanding
- Nurses in the prime position to know the children and their families more closely
 - Families have our contact details
 - Contact us with queries / concerns
 - Main point of liaison for families

GH licenses held in the UK

Company	GHD	TS	SGA	PWS	CRI	SHOX
Lilly Humatrope	✓	✓	✓	х	✓	✓
Ferring Zomacton	✓	✓	X	X	X	X
Ipsen NutropinAq	√	✓	X	X	✓	X
Novo – Nordisk Norditropin Simplexx	✓	✓	✓	X	✓	X
Pfizer Genotropin	✓	✓	✓	✓	✓	X
Sandoz Omnitrope	✓	✓	✓	✓	✓	X
Merck – Serono Saizen	✓	✓	✓	X	✓	X

But how does this work in practice?

- Children with learning difficulties
 - Septo Optic Dysplasia
 - Need for quick injection → Zomajet
 - Visual problems → Easypod, digital pen devices
- Teenagers
 - Something small, discreet, disposable → Miniquick
- Girls with Turner syndrome
 - Manual dexterity issues → Easypod, Zomajet
 - Larger doses needed → Easypod, Humatropen (20,24mg)
- Travelling families / children with more than one home
 - Think about non-refrigeration → Miniquick, Norditropin

But how does this work in practice?

- SGA
 - Reduced s/c fat \rightarrow
 - Want more control over administering the injection
 - No autoinjectors
 - Smallest needle, small vial sizes (4mg, 5mg, 5.3mg)
- Control taken away → Easypod
- Post oncology patients → Zomajet
- Fear of needles
 - Needle free → Zomajet
 - Needle covers → Nutropin Aq, Genotropin pen and Miniquick, Nordipenmate, SurePal

NICE / CCG

- The choice of product should be made on an individual basis after informed discussion between the responsible clinician and parent / carer
- Take into consideration therapeutic need and the likelihood of adherence to treatment
- After the discussion, if more than one is suitable, the least costly product should be chosen

££££

How does choice work around the UK?

- Department has limited choice v.
- Free choice of all devices
 - Do we all give patient choice?
 - 89% of 52 centres surveyed do (BSPED audit 2008/2009)
- CNS
 - Chat in clinic
 - Demonstrates all devices
 - Posts out DVDs follow up phone call
 - Clinic appointment

Informed choice?

Nurses' roles – how to increase concordance

- Initial meeting with children and families (Smith 1992)
 - Non judgemental, flexible approach (Haverkamp, 2008)
- Spend time with the child and family
 - Get to know their concerns and fears
 - Get the concordance agreement right
- Free patient choice of device (Kapoor, 2008)
- Enhanced support
- Education for patients (Cutfield, 2011)
 - Nearing adolescence
 - Opinions on their device may change...

How can we enhance the choice process?

- ? Involve other patients (Van Dongen, 2012)
 - GH support days
 - Group demonstration sessions
- ? Courses for children for self-adminstration
 - Age 10 / 11 (Van Dongen, 2012)
- Freedom of choice of all devices (Spoudeas, 2014; Van Dongen 2012; Kirk, 2010)
- Explore technology
 - Text messaging
 - Apps

Still remember the child

Conclusion

- Clinical Nurse Specialists in the best position to foster a close relationship with children and their families
- Advanced nursing roles
 - Nurse led clinics
 - Advance patient care with more time
 - Educate the children and families more on their condition, and about GH devices
 - Get to know the families and the implications of their conditions
 - More and more CNSs becoming Independent Prescribers and Advanced Nurse Practitioners

Are we the future...?

Thank you

