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PD39-12 UNDERSTANDING CAREGIVERS AND CAREGIVER BURDEN AMONG THOSE CARING FOR PATIENTS WITH CONGENITAL UROLOGIC CONDITIONS

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pelvic floor innervation, and chronic straining may increase prolapse risk. Our objective is to assess and present our experience with the management and outcomes of prolapse in these women.

METHODS: Retrospective review of our adult congenital GU patients with a documented Pelvic Organ Prolapse Quantification (POP-Q) from 2006 - 2014 was undertaken. Patients had spina bifida or bladder exstrophy/epispadia complex. Prolapse stage, dominant prolapse component, and parity were reviewed. Outcomes of treated patients are from most recent follow up.

RESULTS: 35 congenital GU patients were identified. 25 (71%) were nulliparous and showed advanced prolapse compared to the general population. By POP-Q, only 20% were stage 0, indicating no prolapse. 52% had advanced prolapse \geq stage 2, with one complete procidentia despite no pregnancy history. 50% of parous patients also had advanced prolapse. When evaluating the dominant prolapse compartment in \geq stage 2 patients regardless of parity, a significant portion were apical (cervical) dominant (8/17, 47%).

Among our 35 patients, 13 had symptomatic prolapse, most with vaginal bulge (6) or noticed bulge with catheterization (6). One patient had complete prolapse. 5 patients underwent surgery: 2 vaginal hysterectomy and uterosacral suspension, 2 cervicectomy, and 1 uterosacral hysterectomy. 3 of the 5 saw a decrease in POP-Q score.

CONCLUSIONS: Congenital GU patients may have more advanced prolapse at younger ages and nulliparity and are frequently apical dominant. Our small series illustrates the need for individualized treatments when patients are symptomatic and desire surgical intervention.

Source of Funding: none

PD39-11

ADMISSION RATES AMONG ADULT SPINA BIFIDA PATIENTS PRESENTING TO THE EMERGENCY ROOM

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INTRODUCTION AND OBJECTIVES: The majority of spina bifida (SB) patients are now living to adulthood, however finding adult providers to care for these patients is a known transitional challenge. We evaluated the use of the emergency room (ER) by these patients, the presenting complaint, rates of admission, and diagnosis.

METHODS: A retrospective review of all patients with a diagnosis of spina bifida and neurogenic bladder presenting to the Northwestern University Hospital ER from 2008-2015 was conducted. Information on chief complaint, admission disposition, imaging utilization and admission diagnosis were collected.

RESULTS: 231 patients were identified that met study criteria. The chief complaint was abdominal pain/nausea/vomiting/diarrhea in 33 (14.3%), headache/shunt issues in 30 (13.0%), skin issues or pressure sores in 25 (10.8%), chills/fevers of unknown origin in 22 (9.5%), urinary tract infection (upper or lower) in 22 (9.5%), back/flank pain in 16 (5 with known nephrolithiasis), catheter issues in 13 (5.6%), chest pain/cough in 12 (5.2%), post-operative complications in 8 (3.5%), and dialysis complications in 7 (3.0%), with the remainder comprising a variety of complaints. Of 231 SB patients, 199 (90%) were kept overnight, 179 (77%) for inpatient hospitalization and 13% for overnight observation. The most common admitting diagnoses were urinary tract infection, abdominal pain, cellulitis, and osteomyelitis. Of these 231 patients, 154 (68%) had a urine culture sent regardless of chief complaint.

CONCLUSIONS: Adult SB patients present to the emergency with varied chief complaints. The overwhelming majority are admitted for inpatient management. The most common chief complaints were abdominal pain, headache/shunt issues, and skin issues/pressure sores. The majority of patients had a urine culture sent despite frequent non-urologic chief complaints.

Source of Funding: Supported by the National Institutes of Health's National Center for Advancing Translational Sciences, Grant Number UL1TR001422.

PD39-12

UNDERSTANDING CAREGIVERS AND CAREGIVER BURDEN AMONG THOSE CARING FOR PATIENTS WITH CONGENITAL UROLOGIC CONDITIONS

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INTRODUCTION AND OBJECTIVES: Little is known about caregivers of patients with congenital urologic conditions and the burden they experience. The primary aims of this study are to: 1) identify baseline characteristics of these caregivers and the patients they care for, and 2) identify predictors of caregiver burden in this population.

METHODS: An anonymous survey was distributed via Facebook advertising to caregivers of patients with congenital urologic conditions. Caregiver burden was scored using the Caregiver Burden Inventory (CBI), where CBI ≥ 36 indicates risk of burnout. Patient urinary symptoms were assessed utilizing the Neurogenic Bladder Symptom Score (NBSS). The Transitional Readiness Assessment Questionnaire (TRAQ) was used to assess caregiver independence. STATA 15.1 was utilized for statistical analyses with a $p < 0.05$ considered statistically significant.

RESULTS: In our study population ($n = 453$), 26% of caregivers are so burdened by the care they provide that they are at risk of burning out (CBI score ≥ 36). Caregivers tended to be female (96.0%), married (79.1%), and had been serving as caregiver for 9 years on average. Bivariate analysis showed that CBI scores ≥ 36 were significantly associated with caregiver gender, household income, number of tasks performed by the caregiver, and NBSS. Models predicting overall caregiver burden showed less burden among older patients and those with higher income. Higher caregiver burden was associated with female caregivers.

CONCLUSIONS: Caregivers of patients with congenital urologic conditions experience significant burden. Based on our findings, urologists may be able to lessen caregiver burden by addressing urinary symptoms. Overall, helping patients become more independent so they are less reliant on their caregivers to help them perform caregiving tasks may also improve caregiver strain.

Table 1: Characteristics by Caregiver CBI Score

	Caregiver CBI Score ≥36 N=117	Caregiver CBI Score ≤35 N=336	P-value
Caregiver Age (Median + IQR)	42 (35-46)	40.5 (34-48)	0.486
Caregiver Ethnicity (%)			0.583
Caregiver Gender (%)			0.045
Male	1 (0.9%)	15 (4.8%)	
Female	111 (98.2%)	299 (95.2%)	
Other	1 (0.9%)	0 (0.0%)	
Caregiver Marital Status			0.188
Caregiver Household Size (Median + IQR)	4 (3-5)	4 (3-5)	0.631
Caregiver Employment Status			0.832
Caregiver Household Income (%)			0.036
<\$20,000	16 (14.1%)	17 (5.4%)	
\$20,000-49,000	26 (23.0%)	77 (24.5%)	
\$50,000-99,000	40 (35.4%)	112 (35.7%)	
>\$100,000	26 (23.0%)	97 (30.9%)	
Don't Know	5 (4.4%)	11 (3.5%)	
Years as Caregiver (median + IQR)	9 (4-16)	9 (3.5-15)	0.364
Caregiver TRAQ Score (median + IQR)	4.3 (4.0-4.5)	4.4 (4.1-4.5)	0.881
Number of Care Tasks (median + IQR)	7 (6-8)	5 (4-7)	0.002
Type of Care Task (%)			
Mobility	24 (20.5%)	69 (20.5%)	0.818
Hygiene	33 (28.2%)	70 (20.8%)	0.039
Eating	10 (8.6%)	17 (5.1%)	0.175
Changing Diapers	31 (26.5%)	60 (17.9%)	0.015
Purchase or Prepare Medication	41 (35.0%)	104 (31.0%)	0.175
Administer Medication	33 (28.2%)	68 (20.2%)	0.025
Financial Support	41 (35.0%)	110 (32.7%)	0.549
Coordinating Appointments	42 (35.9%)	113 (33.6%)	0.517
Bladder Care	38 (32.5%)	79 (23.5%)	0.007
Caregiver CBI Score (median + IQR)			
Overall	43 (40-52)	22 (15-28)	
Objective	15 (12-18)	10.5 (8-14)	<0.001
Development	10 (9-13)	3 (1-6)	<0.001
Physical	10 (8-12)	4 (2-6)	<0.001
Emotional	1 (0-4)	0 (0-1)	<0.001
Social	8 (5-12)	1 (0-4)	<0.001
Patient Age (median + IQR)	10 (5-16)	9 (4-16)	0.661
Patient Gender			0.486
Patient Urologic Diagnosis (%)			0.194
Spina Bifida	109 (93.2%)	299 (89.0%)	
Other	8 (6.8%)	37 (11.0%)	
Patient NBSS Score (median + IQR)	30 (24-35)	26 (20-33)	0.042
Patient Insurance Type			0.588
Prior urologic surgery (%)			0.630
Yes	65 (55.6%)	178 (53.0%)	
No	52 (44.4%)	158 (47.0%)	

Source of Funding: (1) Grant from UCSF RAPTr Program, and (2) Grant from NIH/NIDDK K12K083021

Prostate Cancer: Localized: Surgical Therapy I

Podium 40

Sunday, May 5, 2019

7:00 AM-9:00 AM

PD40-01

18-YEAR PROSTATE CANCER-SPECIFIC MORTALITY AFTER PROSTATECTOMY, BRACHYTHERAPY, EXTERNAL BEAM RADIATION THERAPY, HORMONAL THERAPY, OR MONITORING FOR LOCALIZED PROSTATE CANCER

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INTRODUCTION AND OBJECTIVES: We provide updated comparative effectiveness based on long-term, 18-year prostate cancer-specific mortality (PCSM) among men who underwent radical prostatectomy (RP), men who received brachytherapy (BT), external-beam radiation therapy (EBRT), primary androgen deprivation therapy (PADT) or monitoring (AS/WW) for localized prostate cancer.

METHODS: Within the Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE) registry, we analyzed 9,774 men with localized prostate cancer. Prostate cancer risk was assessed using the Kattan preoperative nomogram and the Cancer of the Prostate Risk Assessment (CAPRA) score. A multivariable analysis was performed to compare PCSM by primary treatment adjusting for age and case-mix.

RESULTS: 5,235 (54%) underwent RP, 1,138 (12%) BT, 1,307 (13%) EBRT, 1,262 (13%) PADT, and 832 (9%) AS/WW. During the 18-year follow-up period, 319 men (3%) died from prostate cancer. Median months to PCSM within 18 years were 70 (IQR 42-108). Adjusting for clinical CAPRA score the hazard ratios for PCSM relative to RP for BT, EBRT, PADT and AS/WW were 1.58 (95% CI, 1.04-2.40, p=0.03), 2.08 (95% CI, 1.54-2.82, p<0.01), 3.01 (95% CI, 2.22-4.10, p<0.01), and 2.07 (95% CI, 1.33-3.21, p<0.01), respectively. Two additional analyses using 100-Kattan score and a de novo model demonstrated similar results. In low-risk patients, no treatment modality showed a significant prostate-cancer specific survival benefit.

CONCLUSIONS: In a large, prospective, multi-center cohort of men with PCa, after rigorous case-mix adjustment, risk of PCa mortality was lowest with RP. Mortality was substantially higher with EBRT and AS/WW, and highest with PADT. The greatest difference was observed for high-risk patients. Therefore, we advise an increased role for RP in high-risk disease, and for AS/WW in low-risk disease.