

Nurse Practitioner Knowledge and Treatment Choices for Chronic Unexplained Orchialgia

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ABSTRACT

Chronic pain, men's urology, and men's genital health issues are traditionally unrepresented in nurse practitioner (NP) curricula. This descriptive study compared 2 groups of NPs and their knowledge and treatment choices for an understudied male chronic pain condition: chronic unexplained orchialgia. The characteristics of the study population ($n = 396$) mirrored the NP population as a whole, and treatment and referral patterns mirrored suspected causes for both groups. The study findings reflect the growing specialization of NPs, suggesting that a urology focus and longer time in practice contributes to a more contemporary approach to identification and management of this condition.

Keywords: chronic pain, chronic testicular pain, genital pain, men's health, urology

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INTRODUCTION

Chronic unexplained orchialgia (CUO) is “a subjective negative experience of adult men, perceived as intermittent or continuous pain of variable intensity, present at least 3 months, localizing to the testis(es) in the absence of objective organic findings, that interferes with quality of life.”^{1(p8)} CUO is a chronic pain condition with an evaluation and treatment algorithm from a urologic perspective² but not a chronic pain perspective, and has been the subject of little high-quality research.³ These factors contribute to men with CUO seeking repeated evaluation and treatment in both primary care and specialty clinic settings.

As the Affordable Care Act⁴ continues to expand the number of people seeking care, providers are tasked with maintaining and improving the quality of that care. There will continue to be a need for providers of all disciplines to become familiar with complaints that are unique to men, and men's sexual and reproductive health needs, such as CUO. Nurse practitioners (NPs) may not be aware that CUO is a distinct clinical entity, and may be unsure about its etiology and treatment, representing a knowledge gap regarding a subgroup of men with chronic genital pain.

Urology and pain management topics receive sporadic attention in NP curricula⁵; practicing NPs may have gaps in their knowledge concerning trends and recommendations for management of conditions unique to these areas. The treatment of chronic nonmalignant pain and pain of unknown etiology can be challenging, and there may be uncertainty, because, as NPs, as they care for men with specific urologic or male genital pain complaints. The Institute of Medicine (IOM)⁶ and Healthy People 2020 both aim to improve the “impact health status has on quality of life” and increasing “the safe and effective treatment of pain.”⁷ Furthermore, there is an IOM document that includes specific recommendations for assessment of chronic pain and for education of providers at all levels, as chronic pain is recognized as a public health challenge.⁶

BACKGROUND

Chronic unexplained orchialgia represents a difficult clinical entity for providers to evaluate and manage due to its potential varying etiology. Men with CUO are frequently evaluated by multiple providers from different disciplines, in an attempt to uncover an explanation and treatment for their pain.⁸⁻¹¹ This pattern of repeat clinic visits is congruent with the

health-seeking behaviors of other chronic pain populations, such as chronic low back pain, fibromyalgia, and interstitial cystitis.^{6,12,13}

Investigators have speculated that men with CUO experience loss of economic productivity,¹⁴ suffer alterations in social and family roles,^{15,16} and have documented compromises to sexual function.¹⁷ No precise incidence for CUO has been reported, in part due to the various terms in the literature used to describe it and the lack of a specific International Classification of Diseases (ICD) code.¹

Management of CUO by NPs is impacted by the fact that urology topics are often absent from NP curricula, representing subject matter that NPs need to actively seek out after graduation. Albaugh reported on the variety of educational backgrounds represented worldwide by the title “urology APN” (advance practice nurse), highlighting the lack of standardized curricula requirements for urology education globally.¹⁸ Albaugh also reported that APNs identified a lack of urology-specific training as a barrier to practice in urology environments. This lack of urology-specific education was emphasized in an opinion piece by Crowe, who addressed the rapid expansion of APNs into the urology field, without parallel changes to nursing curricula.⁵

Didactic components relative to men’s genital complaints, beyond sexually transmitted infections, are frequently missing from NP curricula. Men’s health is not a traditional focus within NP curricula; Auerbach et al. acknowledged that “men’s SRH [sexual and reproductive health] ... is largely absent from APRN curricula and clinical training plans.”^{19(p41)} There is an inadequate body of literature addressing NP education in men’s sexual and reproductive health, and available literature focuses on men with previously diagnosed conditions (eg, prostate cancer and erectile dysfunction).

The IOM report specifically acknowledges the lack of pain management training in *all* health care provider curricula.⁶ The current body of literature demonstrates little attention to pain management practices in primary care settings, and even less that focuses on the pain management prescribing habits of NPs, including prescribing patterns for chronic nonmalignant pain. Investigators have reported that prescribing habits are influenced by the facility in NPs

work,²⁰ that NPs intend to treat based on the cause of pain,²¹ and that NPs believe there should be improvements to curricula regarding pain management.²² A 2013 presentation at the National Organization of Nurse Practitioner Faculty conference reporting on a national survey of NPs indicated that chronic pain topics were absent from both formal NP curricula and advanced pharmacology courses.²³ Mongoven and colleagues reported that pain management “is inconsistently incorporated into curricula for both nursing and medicine.”^{24(pS38)}

Sampling NPs regarding their knowledge and treatment choices for CUO offers a clinically rich cross-sectional sample, as NPs are employed as both primary and specialty health care providers who may serve as the initial point of contact for many men.

Research Question

The aim of this study was to compare knowledge, treatment choices, and referral patterns between 2 groups of NPs treating men with chronic unexplained orchialgia.

METHODS

Design

This study employed a descriptive survey design, based on a convenience sample of NPs attending national conferences.

Participants

A convenience sample of NPs was obtained using 3 strategies. Data were collected from urology-focused NPs attending the Society of Urologic Nurses and Associates (SUNA) annual conference in 2013. After the event, an emailed link to the survey was sent to the SUNA Advance Practice Registered Nurse (APRN) discussion group, with an aim to increase the total number of NP respondents with a urology focus. Permission for data collection from attendees at the 2014 American Association of Nurse Practitioners (AANP) annual conference was sought and granted, for a comparison group of “generalist” NPs (those who did not report a urology focus).

Ethics

This study was exempted by the Health Sciences and Behavioral Sciences Institutional Review Board.

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