Hypoparathyroidism is a rare, complex endocrine disorder that can stem from a wide range of causes [Bilezikian 2011].

Although thyroidectomy is the most common reason for transient hypoparathyroidism, low or absent levels of parathyroid hormone (PTH) can result from a wide range of causes, including autoimmune diseases, genetic syndromes, infiltrative diseases, trauma, and malignant degeneration (Bilezikian 2006).

Approximately 75% of hypoparathyroidism results in hypocalcemia [Silva 2010]. It is thought that 75% of cases are transient hypoparathyroidism, while 25% are chronic [Powers 2010].

Some lines of current thinking are that there are no formal guidelines for the treatment of hypoparathyroidism [Bilezikian 2011] and practice varies among clinicians.

The effect of cause is based on online educational design strategies to help clinicians implement strategies for more successful patient interaction related to hypoparathyroidism management was studied.

A patient-partner education module, aligned with available clinical education, was developed to improve patients’ and partner knowledge of the disease and its management.

The impact of aligned online disease and patient partner education was measured by assessing planned changes in clinician practice and patient action after participation in the initiative.

### METHODS

Educational need and clinical performance gaps related to hypoparathyroidism management informed content development.

**CLINICAL ACTIVITY**

- An online, 15-minute case-based video educational activity, in which 2 experts in endocrinology and nephrology present cases of patients with hypoparathyroidism.

- The video is designed to educate learners about the pathophysiology, target-organ involvement, treatment, and challenges for future research.

- Learning objectives: Learners will be able to:
  1. Understand the pathophysiology of hypocalcemia.
  2. Describe strategies for managing hypocalcemia.
  3. Discuss the role of parathyroid hormone in calcium and phosphorus homeostasis.

- Topics covered include the pathogenesis of hypoparathyroidism, the role of parathyroid hormone, and the management of hypocalcemia.

- Endocrinologists, n=6
  - 100% (n=6) completed 26 changes
  - 96% (n=6) reported awareness of early signs of low calcium

- Nephrologists (n = 113)
  - 71% (n=113) completed 26 changes
  - 78% (n=113) reported awareness of early signs of low calcium

- Both groups reported significant increases in awareness of early signs of low calcium.

**RESULTS**

**Figure 1.** PCA Process and Participation

**Figure 2.** PCA Results: Planned Changes

**Figure 3.** PCA Results: Actual Changes in Practice

**Figure 4.** PCA Results: Barriers to Implementing Changes in Practice

**Figure 5.** Interest

**Figure 6.** Gender

**Figure 7.** Age

**Figure 8.** Ethnicity

**Figure 9.** Change in Practice

**CONCLUSIONS**

- The needs and outcomes gap to this assessment are strong indicators that the respective educational activities prompted changes in clinical performance by clinicians and at a knowledge level of patients/care-partner pairs.

- Targeted and focused digital education has the potential to empower patients, caregivers, and patients and their care partners with information needed for self-care and conditions management.

- Aligned professional and patient partner education on developing patient/care-partner education is key to effecting changes in practice and support shared decision making.

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**References**


**Disclosures**

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NOTES

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