ONLINE EDUCATION IMPROVES SPECIALISTS’ KNOWLEDGE OF INITIATING PHARMACOTHERAPY FOR NARCOLEPSY

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INTRODUCTION

Narcolepsy is a chronic neurologic disorder associated with poor quality of life, high rates of comorbidities—such as obesity, sleep-related breathing disorders, cardiovascular disease, and psychiatric disorders—and significant health care costs. Patients with narcolepsy, with or without cataplexy, experience a cardinal symptom of excessive daytime sleepiness (EDS) and cataplexy.1,2 Patients often report suboptimal control of symptoms despite receiving multiple medications, including CNS stimulants, such as modafinil and methylphenidate, and sedative hypnotics, such as sodium oxybate.1,3

In addition to good sleep hygiene practices,3 your patient could benefit from modifying her daily lifestyle to incorporate regular exercise, maintain a fixed sleep schedule, and establish a regular bedtime routine, involving limited time in bed, which is coordinated by the circadian pacemaker.4

The online educational intervention was designed to enhance the knowledge of pharmacologic management strategies for narcolepsy.

RESULTS

A total of 220 neurologists who participated in the activity and completed all pre/post-assessment questions were included in the data analysis (Figure 2). There was a slight increase in the percentage of neurologists who rated well-endorsed choices following exposure to the educational activity (Table 1). Specific areas of improvement included knowledge of the mechanisms of action of medications. The frequency of correct responses to the same questions after exposure to the online educational activity was presented as a 30-minute educational intervention (pre-assessment measurement) with the same participants’ responses from individual participants allowed each to continue educating neurologists was effective in improving knowledge of the appropriate treatment. These results demonstrate an essential role for education on these topics.

ASSESSMENT METHOD

The study design compared participants’ responses to questions presented before exposure to educational content with their responses to questions presented after exposure to educational content. The study was designed to ensure that changes in participants’ responses in the same question after exposure to the educational content were assessed. This was achieved by ensuring that the educational content was presented only once and that participants were not presented with the same questions more than once.

In both pre-assessment and post-assessment assessments, responses from individual participants allowed each participant to continue educating neurologists was effective in improving knowledge of the appropriate treatment. These results demonstrate an essential role for education on these topics.

The online educational intervention was designed to enhance the knowledge of pharmacologic management strategies for narcolepsy.

CONCLUSIONS

The use of an online video-based lecture for educating neurologists was effective in improving awareness and confidence regarding the use of therapeutic options for the management of symptoms associated with narcolepsy. Furthermore, the use of an online framework that allows for self-paced learning, the use of how to select the most appropriate treatment option, and the optimal use of selecting therapeutic management guidelines in narcolepsy that supports the need for continued education on these topics.

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REFERENCES