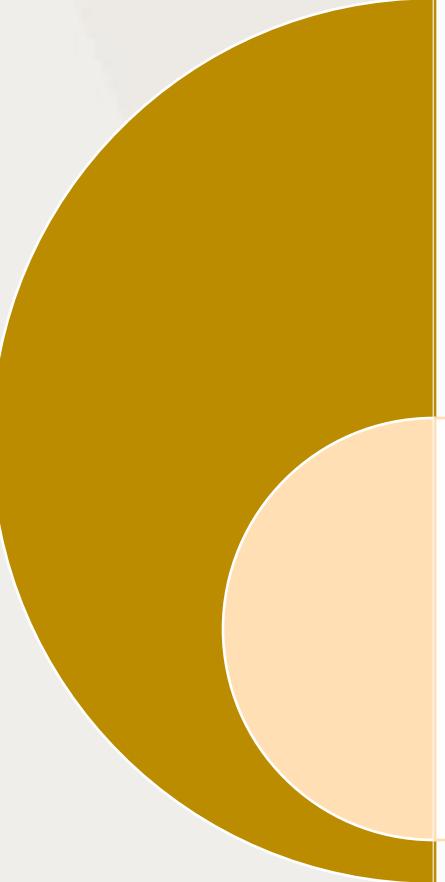


Patient-Reported Barriers to Diagnosis and Treatment in Non- Flaccid Facial Paralysis

Kelly Vittetoe, MD

VANDERBILT  UNIVERSITY
MEDICAL CENTER

Introduction



Non-flaccid facial paralysis (NFFP) is a common sequela of facial nerve injury, yet access to timely diagnosis and care remains a challenge.

Objective: characterize the NFFP patient experience regarding diagnosis, counseling, provider communication, and barriers to specialty facial nerve care.

Methods



Methods



SYNKINESIS ASSESSMENT QUESTIONNAIRE (SAQ)

Name: _____ Date: _____

Please answer the following questions regarding facial function, on a scale from 1-5, according to the following scale:

- 1 = seldom or not at all
- 2 = occasionally, or very mildly
- 3 = sometimes, or mildly
- 4 = most of the time, or moderately
- 5 = all the time, or severely

	Question	Score (1-5)
I	When I smile, my eye closes	
II	When I speak, my eye closes	
III	When I whistle or pucker my lips, my eye closes	
IV	When I smile, my neck tightens	
V	When I close my eyes, my face gets tight	
VI	When I close my eyes, the corner of my mouth moves	
VII	When I close my eyes, my neck tightens	
VIII	When I eat, my eye waters	
IX	When I move my face, my chin develops a dimpled area	
<i>Office use only</i>		Sum of Scores I-IX
<i>Office use only</i>		SAQ Total Score

Summate scores for questions 1-9 /45 x 100 = SAQ Total Score

Laryngoscope 117: 923-26, May 2007 Mehta et al.: Validation of the Synkinesis Assessment Questionnaire

Results

Facial Paralysis
History

NFFP severity
via the
Synkinesis
Assessment
Questionnaire
(SAQ).



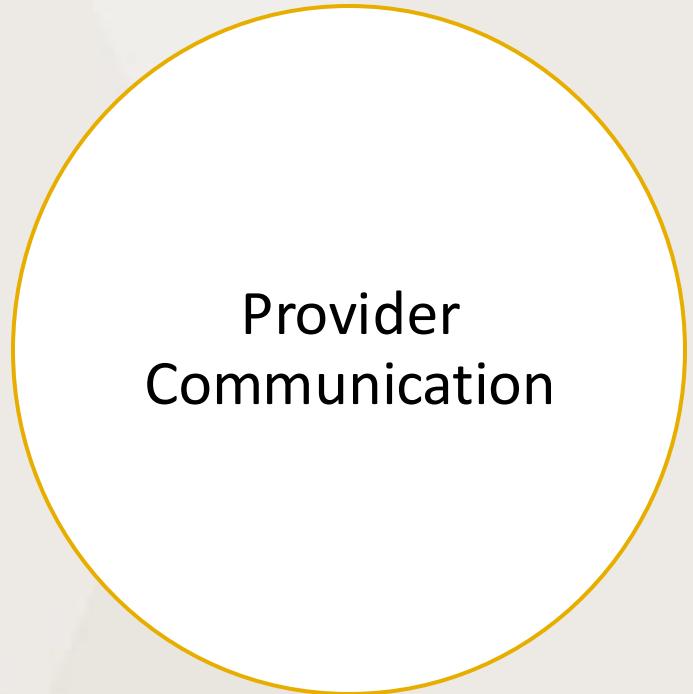
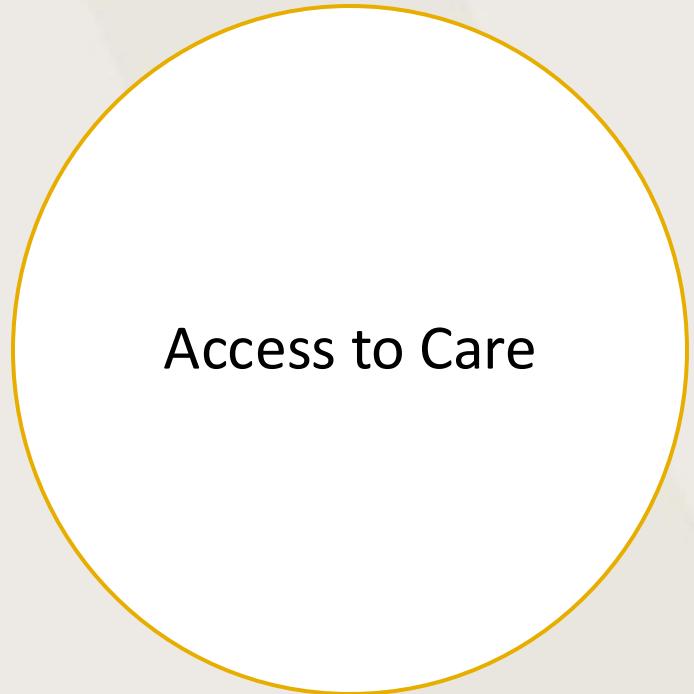
Results



N=157
(60% response rate)

Age (median)	53 years	Etiology Bell's Lyme Post-procedural Ramsay Hunt Trauma	84 5 9 20 12
Gender			
Female	137		
Male	20		
Race			
Asian	1		
Black or African American	20		
White	125		
Ethnicity		Synkinesis Assessment Questionnaire Score (median [range])	24 [9-44]
Hispanic	7		
Non-Hispanic	150		

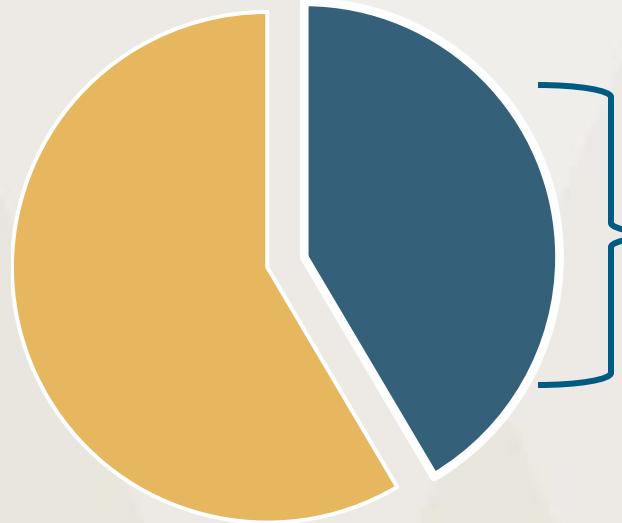
Results



Results

On average, patients lived with NFFP for **4.25** years before receiving treatment.

50% of patients told there was “nothing else to do”



Only 41.5% of patients recall being warned about the potential for NFFP during recovery.



Patients told there was no treatment for NFFP had significantly higher SAQ scores (27 vs 22, $p=0.006$)

Results



19.5% first learned about NFFP treatment online



89.6% traveled over 2 hours for specialty care



92.6% of patients are willing to pursue long-term treatment



56.3% would pay out of pocket for chemodenervation therapy

Limitations & Future Directions

Limitations	Selection bias (single large institution in southeastern US)
	Response bias
Future Directions	Seek additional patient input on best counseling and referral practices
	Implement survey results into outreach for non-facial nerve specialists

Conclusion

Delays in diagnosis and care, limited counseling/guidance from non-specialists.

Patients are motivated to pursue treatment and report improvement once they reach specialized care.

Need for greater investment in outreach & awareness for non-flaccid facial paralysis



Alexander Barna, MPH

VANDERBILT  UNIVERSITY
MEDICAL CENTER