

# Dupuytren's contracture: treatment beyond surgery

A report of the results from a recent UK-wide GP survey, commissioned by Pfizer Limited, on the management and treatment of Dupuytren's contracture.

**Alison Bloomer** Editor, GM

Dupuytren's disease, a medical condition of the hand and fingers, affects 2 million people in the UK.<sup>1</sup> It can gradually advance into Dupuytren's contracture (one of the potential symptoms of Dupuytren's disease), where the affected finger or fingers permanently bend inwards into the palm of the hand.<sup>2</sup> Although not life threatening, it can be life limiting. A recent survey of 200 GPs was undertaken in the UK. The 10 minute survey was conducted online and looked at respondent screening and assessment of Dupuytren's contracture as well as disease treatment/understanding, referral pathway and impact of the disease on patients.<sup>3</sup>

Amongst the key findings were:

- While awareness of Dupuytren's contracture is high, only 51% of patients are being referred to secondary care
- Surgery is perceived to be the only treatment option for the condition by about half of GPs
- More than half (55%) of those GPs questioned felt that they were less likely to refer patients with contracture to a specialist if the patient expressed a fear of surgery
- However, GPs express a high level of interest in learning more about non-surgical treatment options.

## What is Dupuytren's contracture?

The disease begins in the palm of the hand with the

appearance of nodules, composed of cells that can produce collagen. As the disease progresses, excess collagen continues to increase and may eventually form into a rope-like cord beneath the skin.<sup>2</sup> The cord extends from the palm into the finger and can gradually contract the finger permanently toward the palm; causing Dupuytren's contracture. Dupuytren's disease affects approximately 11% of the European population.<sup>4</sup> It is found more frequently in people of white northern European descent and the highest prevalence has been seen in northern Scotland, Iceland and Norway.<sup>5</sup>

The condition is more common in men who also tend to be more severely affected by Dupuytren's disease than female patients. Dupuytren's disease can affect up to 20% of men who are over 60 years of age, and 20% of women who are over 80 years of age.<sup>2</sup> This means that as the population ages, so does the incidence of Dupuytren's disease.<sup>6</sup> A small number of patients with Dupuytren's disease will go on to develop Dupuytren's contracture, which can have a significant impact in terms of patient quality of life.<sup>6</sup>

## Treatment

Currently the most common form of treatment for Dupuytren's contracture is surgery<sup>6</sup> (fasciectomy and fasciotomy), which is invasive and requires physiotherapy and significant recovery time; approximately 12,000 people undergo surgery

*Pfizer Limited sponsored this survey report and commissioned the GP survey and has reviewed this report solely to verify its factual accuracy*

## Helping you identify Dupuytren's contracture

Dupuytren's contracture is characterised by a palpable subcutaneous collagen cord, which thickens and shortens, causing flexion contractures of the joints.<sup>2</sup>

### Progression to contracture

1

A small nodule forms in the palm<sup>2</sup>



Representative progression of Dr. Arden's hand<sup>2</sup>

2

A palpable cord develops<sup>2</sup>



3

The affected finger(s) bends inward as the cord contracts<sup>2</sup>



Symptoms of Dupuytren's contracture can sometimes be confused with:

- Trigger finger<sup>2</sup>
- Rheumatoid arthritis<sup>2</sup>
- Previous hand injury<sup>2</sup>
- Signs of natural aging<sup>2</sup>

A range of surgical and non-surgical treatments are available:<sup>2,3,4</sup>

**Surgical**  
Fasciectomy<sup>2</sup>  
Limited fasciectomy<sup>2</sup>  
Dermofasciectomy<sup>2</sup>

**Non-surgical**  
Radiotherapy<sup>2</sup>  
Percutaneous needle fasciotomy<sup>2</sup>  
MMP2 collagenase clostridium histolyticum<sup>2</sup>

**Less common non-surgical therapies include:**  
Topical vitamin E<sup>2</sup>  
Splinting<sup>2</sup>  
Stretching<sup>2</sup>



Dupuytren's contracture can occur in both sexes and all racial and ethnic groups across a broad age range, but is most common among patients who are:

- Male<sup>2</sup>
- Of northern European descent<sup>2</sup>
- Over 40 years of age<sup>2</sup>

Dupuytren's contracture is characterised by the presence of a palpable subcutaneous collagen cord that causes flexion contractures of the joints, which can severely limit hand function.

for the condition each year in the UK.<sup>2</sup> However, radiation therapy offers an alternative non-surgical treatment. Other non-surgical methods include splinting, topical and injected steroids, although there is currently little medical evidence to support their use.<sup>2</sup> Proprioceptive neuromuscular facilitation is also used to release the cords in multiple areas, causing the cord to break and the fingers to straighten.

A new non-surgical treatment option also became available this year when Pfizer launched Xiapex<sup>®</sup>▼ (collagenase clostridium histolyticum), an injectable treatment option for Dupuytren's contracture in adult patients with a palpable cord.<sup>7</sup>

## Outlook

Dupuytren's contracture is benign (non-cancerous). The symptoms are often mild and painless and do not require treatment. However, it

is a progressive condition that gets worse over time. If one or more fingers become permanently bent, it can make daily activities, such as buttoning up a shirt, difficult.<sup>2</sup>

Surgery can release the contracted finger. The affected tissue can be cut to relieve the tension in the finger, or the tissue can be removed completely.

In some cases, the chance of Dupuytren's contracture recurrence after surgery is as high as 50%.<sup>2</sup> However, more extensive surgery is possible if the condition returns.<sup>2</sup>

## About Xiapex (collagenase clostridium histolyticum)

Collagenase clostridium histolyticum, an injectable treatment for Dupuytren's contracture in adult patients with a palpable cord, was granted marketing authorisation by the European Commission in February 2011.<sup>8</sup> Xiapex is a combination of two purified collagenases

GPs talk about surgical approaches most often when discussing treatment with their patients while there is very little awareness or discussion of collagenase treatments.

**Awareness & Discussion of Treatments for Dupuytren's Contracture**

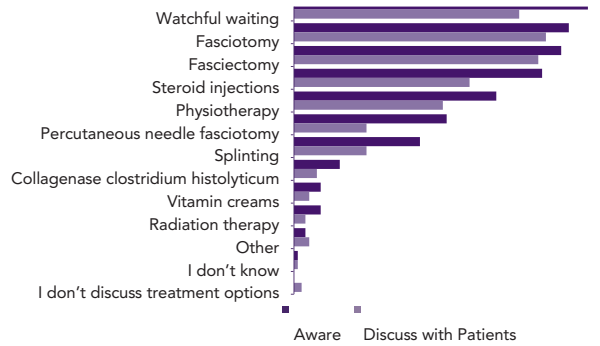


Figure 1: What treatment or management techniques are you aware of for patients with Dupuytren's contracture?

(collagenases are enzymes capable of breaking down collagen), derived from the bacterium *Clostridium histolyticum*. It must be administered by a physician appropriately trained in its correct administration.

**Survey results**

The survey comprised 22 questions and covered the following areas: understanding; role in managing Dupuytren's contracture; current practice/referral pathway and perceived impact of Dupuytren's contracture.

**Understanding**

A large number of GP respondents in the survey were aware of fasciotomy (72%) and fasciectomy (70%) for the treatment of Dupuytren's contracture with only 12% aware that collagenase clostridium histolyticum is a treatment option. "Watchful waiting" to see if symptoms progress was also thought by 77% of GPs to be an appropriate treatment response (Figure 1). In fact, there was a mixed response from GPs to the question of whether surgery is the only option for the treatment of Dupuytren's contracture with 36% somewhat agreeing with the statement and 25% somewhat disagreeing

Most GPs agree that surgical approaches are a cost effective treatment option for Dupuytren's disease, while at the same time there is a lack of consensus about the clinical effectiveness of non-surgical approaches

**Attitudes Towards Treatments for Dupuytren's Contracture**

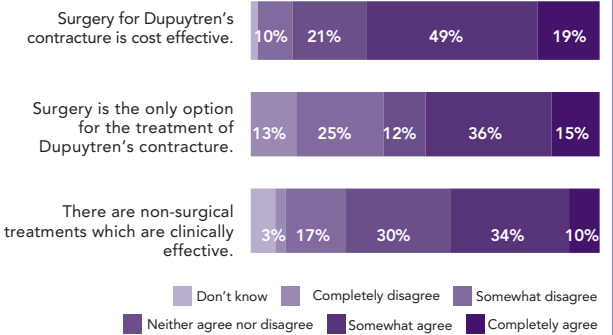


Figure 2: Is surgery for Dupuytren's contracture cost effective?

(Figure 2). Fasciectomy was perceived to be the most expensive treatment option for Dupuytren's contracture, followed by fasciotomy and then radiation therapy (Figure 3).

The research, however, found that GPs see the need for improved education and knowledge

**Fasciectomy is perceived to be the most expensive treatment option for Dupuytren's disease**

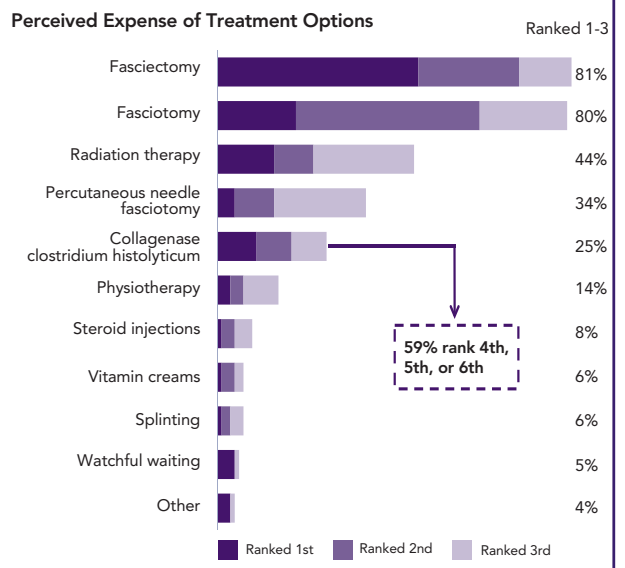


Figure 3: Please rank this list according to how expensive you think the treatments and management techniques are (including surgery, surgical staff time, physiotherapy/hand therapy)?

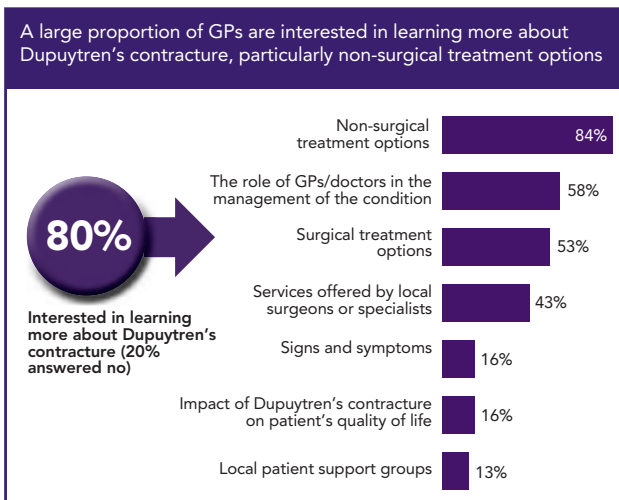


Figure 4: Are you interested in learning more about Dupuytren's contracture?

on Dupuytren's contracture. Recognising the condition and updating their knowledge ranked highly in the research (80% of respondents wanted to learn more), with 84% of these GPs specifically interested in information and training on non-surgical treatment options; 58% were interested in the role GPs play in managing Dupuytren's contracture and 43% wanted to know more on the services offered by local surgeons or specialists (Figure 4).

### Role in managing Dupuytren's contracture

The perceived role of the GP in managing Dupuytren's contracture, according to respondents, is to provide information of treatment options (85%); refer to a specialist (83%) or recommend treatment options (76%). Only 36% felt it was their role to monitor for recurrence (Figure 5). In addition, only a small number of GPs felt that the nurses' role was important (6%).

### Current practice/referral pathway

The survey found that only a few Dupuytren's contracture patients are seen by GPs each year and of those less than a third return following treatment. An average number of 11 patients with Dupuytren's contracture are seen per year and 29% is the average proportion of patients who return to GPs following treatment. Reasons for returning include (Figure 6): recurrence in the treated finger

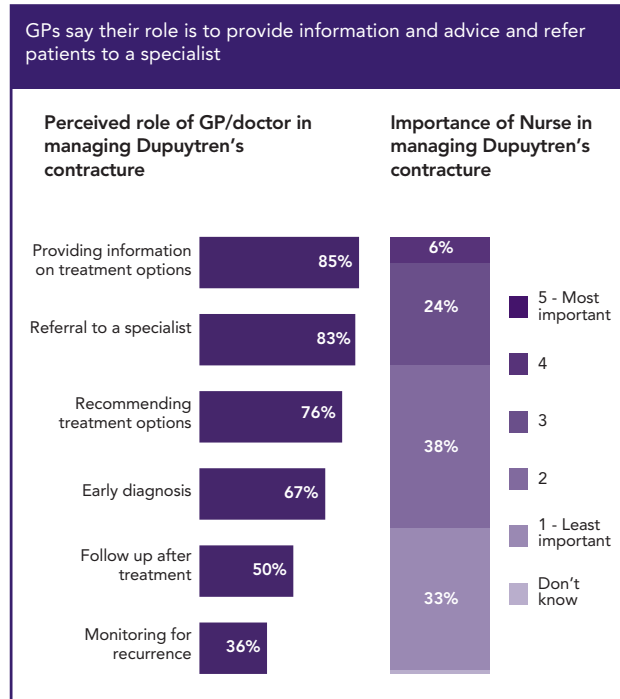


Figure 5: What do you see as a GP's role in Dupuytren's contracture management and how important is the role of a nurse (based in the primary care setting) in the management of Dupuytren's contracture?

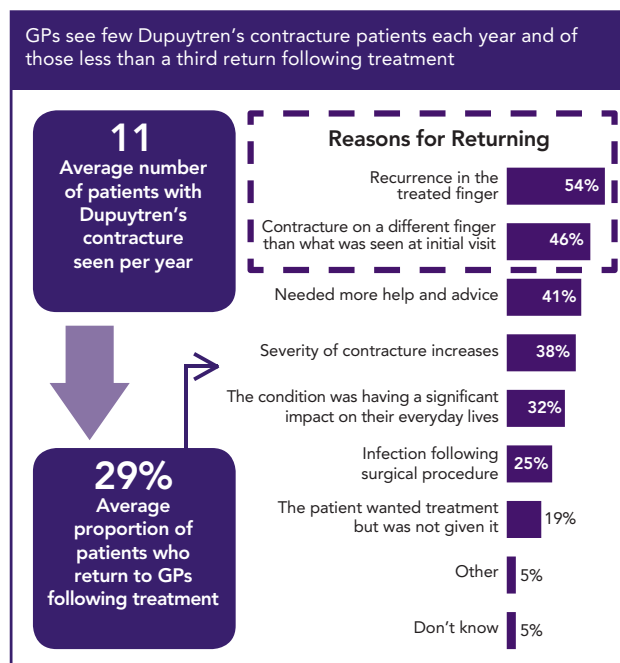


Figure 6: How many patients with Dupuytren's contracture do you see on average per year; approximately what percentage of patients return to you following treatment and of those patients who return, what are the reasons for them returning?

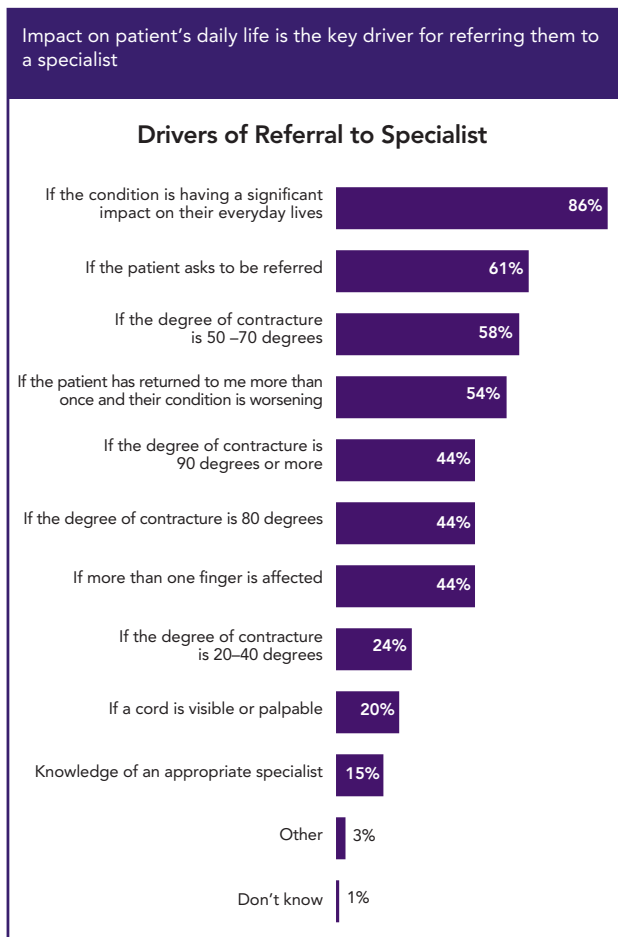


Figure 7: What would prompt you to refer a patient with Dupuytren's contracture to a specialist?

(54%); contracture on a different finger than seen at initial visit (46%); needed more help and advice (41%); severity of contracture increases (38%) and the condition was having a significant impact on their everyday lives (32%).

The research found that the impact on patients' daily life is the key driver for referring them to a specialist (86%). Figure 7 shows that other reasons included: if the patient asks to be referred (61%); if the degree of contracture is 50–70 degrees (58%); or if the patient has returned to me more than once and their condition is worsening (54%). Conversely, if the condition is not a burden, GPs are less likely to refer to a specialist.

Figure 8 shows that 51% of patients with Dupuytren's contracture seen by a GP are referred to a specialist, which is most frequently a hand surgeon (83%). On average patients are seen by GPs twice before referral to a specialist.

### Perceived impact of Dupuytren's

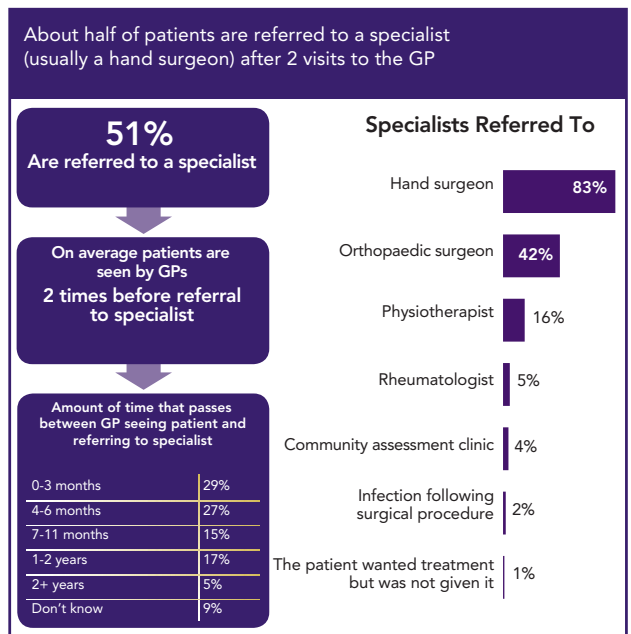


Figure 8: Who would you refer a patient with Dupuytren's contracture to; how many times do you see a patient before referring them onto a specialist?

### contracture

About half of GPs say Dupuytren's contracture has a significant impact on quality of life, mostly on working life.

The survey also found that 90% of GPs ask patients about the impact on their quality of life. If the patient reported an inability to perform everyday tasks such as buttoning a shirt or putting hands in their pockets, 49% of respondents would refer them to a specialist, with 35% stating that they would refer a patient if they reported an impact on performing their work effectively (Figure 9).

The activities patients most commonly say they are unable to do because of Dupuytren's contracture, according to the doctors surveyed, include everyday tasks such as buttoning a shirt or putting hands in their pockets (69%), work (56%), playing sports, leisure activities, or hobbies (38%), housework (29%) and shaking or holding hands with others (20%) (Figure 10).

### For further information

Available online, the Dupuytren's Resource Centre, ([www.doctors.net.uk/dupuytrenresourcecentre](http://www.doctors.net.uk/dupuytrenresourcecentre))

A large proportion of GPs ask patients about the impact on their quality of life; an inability to perform everyday tasks prompts referral

#### Negative Impacts That Would Most Influence Referral to Specialist

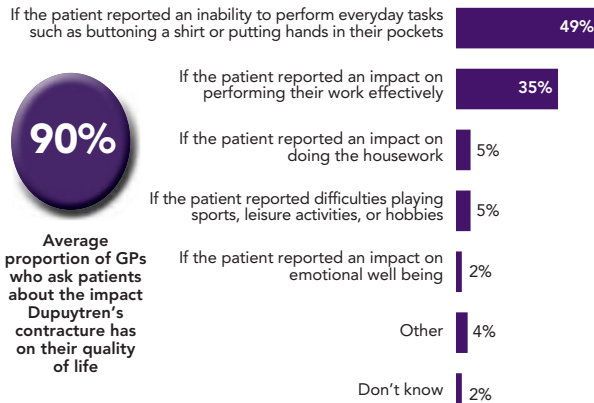


Figure 9: Do you ask patients about the impact their Dupuytren's contracture has on their quality of life and what would most influence your decision to refer a Dupuytren's contracture patient onto a specialist?

Everyday tasks and ability to work are the activities patients most commonly say they are unable to do

#### Activities Patients Most Commonly Say They are Unable to Do Because of Dupuytren's Contracture

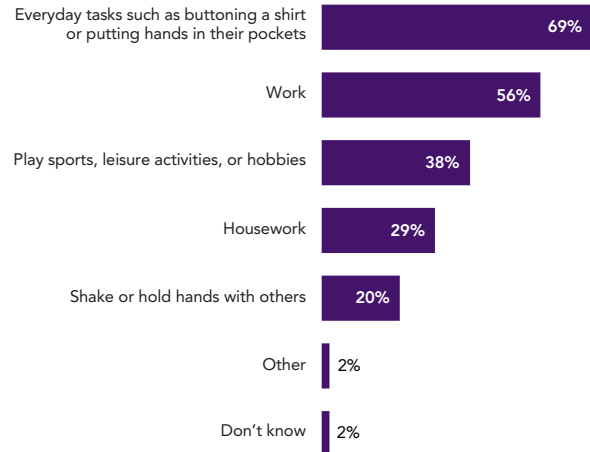


Figure 10: What are the activities that patients most commonly say they are unable to do because of their Dupuytren's contracture?

provides guidance on patient identification and diagnosis; information on referral from primary to secondary care; and details of treatment options available including updates on new treatments. The resource also offers GPs the opportunity to download supporting materials for use during consultations within the surgery or between their peers. The Dupuytren's Resource Centre is available through Doctors.net.uk and funded by Pfizer Limited.

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