LETTER TO THE EDITOR

The relevance of counseling in patients with nasal polyps

L'importanza del counseling nei pazienti affetti da poliposi nasale

M. GELARDI¹, N. DE CANDIA¹, N. QUARANTA¹, C. RUSSO², P. PECORARO³, M. MANCINI⁴, P. LUPERTO⁵, G. LOMBARDO⁶, A. MACCHI⁷, C. BOCCIOLINI⁸, A. CIOFALO⁹, E. DE CORSO¹⁰, G. CIPRANDI¹¹

¹ Section of Otolaryngology, Department of Basic Medical Science, Neuroscience and Sensory Organs, University of Bari, Italy; ² U.O.C. of Otolaryngology, Ospedale Di Venere, Carbonara di Bari (BA), Italy; ³ ORL-Asp 6- Palermo, Italy; ⁴ Section of Otolaryngology, Azienda Area Vasta Romagna-Riccione, Italy; ⁵ Section of Otolaryngology, ASL BR1 Brindisi, Italy; ⁶ Section of Otolaryngology, ASP of Agrigento, Italy; ⁶ ORL Clinic University of Insubriae, Varese, Italy; ⁶ U.O.C. of Otolaryngology Hospital Maggiore of Bologna, Italy; ⁶ Department of Sensory Organs, Sapienza University of Roma, Italy; ¹¹ Otorhinolaryngology, Fondazione Policlinico A. Gemelli, Università Cattolica del Sacro Cuore, Rome, Italy; ¹¹ Department of Medicine, Istituto di Ricovero e Cura a Carattere Scientifico (I.R.C.C.S.), Azienda Ospedaliera Universitaria San Martino, Genoa, Italy

Acta Otorhinolaryngol Ital 2016;36:326-327

To the Editor,

Management of nasal polyps (NP) is based on medical and surgical strategies 1-3. At present, medical therapy might be preferable, but it may not be long-lasting. In fact, NP patients have frequent relapses after medical and/or surgical treatment, and thus there is the need for adequate follow-up. In this regard, we previously proposed a clinical-cytological grading to calculate a prognostic index of relapse ⁴. Consequently, NP patients must be carefully assessed and followed over time, using appropriate exams. Therefore, it is fundamental to approach NP patients by giving appropriate counseling, such as adequate information and communication, to manage their expectations 5. In this regard, Oscarsson and colleagues performed a long-term prospective study enrolling 33 patients with untreated NP to investigate the natural history 6. These authors concluded that occasional NP are frequently part of a chronic disorder that do not necessarily evolve into a more relevant condition over time. Thus, treatment should be decided considering both the presence of NP and severity of symptoms. This issue highlights the relevance of paying careful attention to NP patients and performing appropriate follow-up. Accordingly, we performed a multicentre survey with the aim to evaluate the grade of medical communication in 375 NP patients (206 males, mean age 46.8 years). Table I reports the questions and answers. This investigation underlines that patients were often misinformed, and consequently overall patient satisfaction grade is rather low. Accordingly, surgeons should do a better job in explaining the natural history of NP. This issue is particularly relevant as active and shared participation of the patient is fundamental to achieve optimal management. We firmly believe that medical communication is very relevant in NP management. Thus, a precise and thorough counseling is mandatory in all NP patients.

Table I. Questions and answers about NP management.

Questions	Yes	No
Did the doctor inform you that NP is a chronic disorder and that long-term follow-up is needed?	68%	32%
Did you know that NP have a high probability of relapse?	64%	36%
Did the doctor inform you that another operation might be needed because of relapse?	71%	29%
Did the doctor point out that operation is not curative and will not improve smell or taste?	70%	30%
Did you have periodical check-ups after surgery?	83%	17%
Did the doctor perform anterior rhinoscopy after surgery?	67%	33%
Did the doctor perform nasal fiber-endoscopy after surgery?	33%	67%
Did the doctor prescribe medications to prevent relapse?	83%	17%
Did you take medications to prevent relapse?	75%	25%
Is your overall satisfaction good?	26%	74%

References

- Bhattacharyya N, Harvey RJ, Rosenfeld RM. Cochrane Corner: Extracts from The Cochrane Library: Interventions for Chronic Rhinosinusitis with Polyps. Otolaryngol Head Neck Surg 2015;153:315-9.
- Martinez-Devesa P, Patiar S. WITHDRAWN: Oral steroids for nasal polyps. Cochrane Database Syst Rev 2016;4:CD005232
- ³ Kalish L, Snidvongs K, Sivasubramaniam R, et al. WITH-DRAWN: Topical steroids for nasal polyps. Cochrane Database Syst Rev 2016;4:CD006549.
- Gelardi M, Fiorella R, Fiorella ML, et al. Nasal-sinus polyposis: clinical-cytological grading and prognostic index of relapse. J Biol Reg 2009;23:181-8S.
- Contrera KJ, Ishii LE, Setzen G, et al. Accountable Care Organizations and Otolaryngology. Otolaryngol Head Neck Surg 2015;153:170-4.
- Oscarsson M, Johansson L, Bende M. What happens with untreated nasal polyps over time? A 13-year prospective study. Ann Otol Rhin Laryng 2016 May 17. pii: 0003489416649971. [Epub ahead of print].

Received: June 14, 2016 - Accepted: June 23, 2016

Address for correspondence: Giorgio Ciprandi, largo R. Benzi 10, 16132 Genoa, Italy. Tel. +39 10 35331820. Fax +39 10 3538664. E-mail: gio.cip@libero.it