Adherence issues in Rheumatoid Arthritis Treatment: How can Acceptance Measurement Help Understanding Patients’ Concerns and Working on Solutions?

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BACKGROUND
• Management of most chronic conditions requires the patients to take long-term treatments.
• Lack of adherence and persistence are major barriers to treatment efficacy.
• Patients’ behaviour and attitude toward their treatment are hypothesised to result from a complex evaluation of the benefits and risks of their treatment by the patients themselves.
• Measuring patients’ acceptance of their medication can help better understand and predict patients’ behaviour towards treatment.

OBJECTIVES
This study aimed at evaluating the levels of acceptance and adherence of patients with rheumatoid arthritis (RA) in real life using a European patient online community.

METHODS
Study design
• An observational, cross-sectional study conducted through the French, English, German, Spanish and Italian Carenity platforms between Oct 2015 and Feb 2016.
• The Carenity platform is a global online patient community in which both patients and carers, concerned by a chronic condition, can share their experience, find basic tools for health follow-up and contribute to medical research by participating in online RWE studies.

Assessments
All patients connecting to the Carenity platform were invited to complete an online questionnaire including:
• Questions on demographics, chronic disease and medication.
• The Acceptance by the Patients of their Treatment (ACCEPT®) questionnaire²:
  - 8-item scale with a score ranging from 0 to 8 with the following interpretation: 0 to <6 (low adherence), 6 to <8 (moderate adherence), 8 (high adherence).
• The Morisky Medication Adherence Scale (MMAS-8)³:
  - 8-item scale with a score ranging from 0 to 8 with the following interpretation: 0 to <5 (low adherence), 6 to <8 (moderate adherence) and 8 (high adherence).

Statistical analysis
• Descriptive statistics were used to describe the patient population and the ACCEPT® and MMAS-8® scores.
• Pearson correlations between the Acceptance General score, MMAS-8® adherence score and ACCEPT® treatment-attributes scores were calculated.

RESULTS
Population (Figure 1 and Table 1)
• 215 RA patients were included in the analysis; 179 took immuno-suppressants and 36 took other RA treatments.

Table 1: Description of the population (N=215)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Immuno-suppressants</th>
<th>Other RA treatments</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender, Female vs Male (%)</td>
<td>124 (67.9)</td>
<td>75 (65.9)</td>
<td>199 (62.8)</td>
</tr>
<tr>
<td>Age, years, mean (SD)</td>
<td>59.0 (9.8)</td>
<td>55.5 (9.3)</td>
<td>57.2 (9.7)</td>
</tr>
<tr>
<td>≥ 65 years, n (%)</td>
<td>92 (51.4)</td>
<td>67 (56.5)</td>
<td>159 (52.2)</td>
</tr>
<tr>
<td>≤ 18 years, n (%)</td>
<td>98 (53.1)</td>
<td>79 (67.7)</td>
<td>177 (58.6)</td>
</tr>
<tr>
<td>Employed, employed status, n (%)</td>
<td>86 (48.9)</td>
<td>81 (70.2)</td>
<td>167 (56.5)</td>
</tr>
</tbody>
</table>

Level of adherence (Figure 2)
• Mean MMAS adherence score was between 6 and 7, indicating that these patients were moderately adherent to their treatment.

* There was no significant difference in adherence score between treatment classes.

ACCEPT – General Acceptance-Key findings (Figure 3)
• General Acceptance was low (less than 50 or around 50 in mean), whatever the treatment received.

ACCEPT – Treatment-attributes-Key findings (Figure 4)
• The domain where patients reported highest mean score was Acceptance/Effectiveness. Patients taking immunosuppressants having a practically significant lower score (74.4%) than patients taking other RA treatments (93.6%).
• The domain where patients reported lowest mean score was Acceptance/Side effects.

CONCLUSIONS
• General Acceptance was low and far from ideal whatever the treatment (immunosuppressants or other RA treatments).
• Adherence scores were moderate whatever the treatment (immunosuppressants or other RA treatments).
• Patients treated with other RA treatment had better scores than immunosuppressant-treated patients in Acceptance/Medication inconvenience.
• Acceptance and Adherence are two related but different constructs.

REFERENCES
1. de Bock E et al. ISPOR 19th Annual European Congress. 2016

Acknowledgements
The authors thank all patients who participated in this study.