# ADHERENCE TO DISEASE-MODIFYING THERAPIES IN SPANISH PATIENTS WITH MULTIPLE SCLEROSIS

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#### **OBJECTIVES**

•Evaluate the adherence to MS treatment in Spanish patients. •Find out variables that could influence the adherence to treatment. •Determine the degree of patient satisfaction with the treatment.

### **METHODS**

National, Cross-sectional study.

22 JUN - 20 SEPT 2017

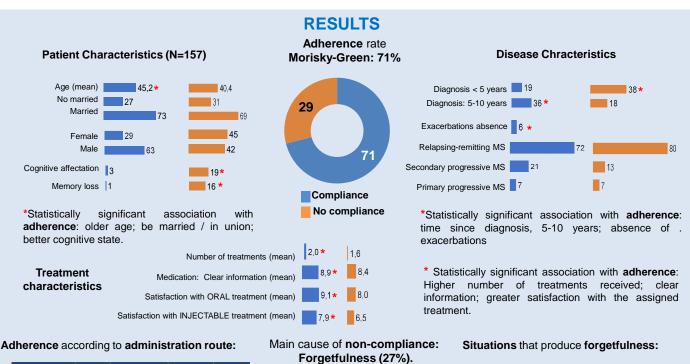
Herapies Patients with MS receiving disease-modifying therapies (≥1 year before the inclusion)

#### Questionnaire of factors associated with adherence:



Demographic/disease characteristics

- Global perception of pathology/treatment
- Treatment satisfaction
- Impact of medication on patient life



|           | Oral | Injectable | (IV) | (SC) |
|-----------|------|------------|------|------|
| Adherence | 63%  | 77%        | 100% | 68%  |
|           |      |            |      |      |

IV=intravenous; SC=subcutaneous

Injectable: higher adherence than oral (p=0,064)

IV: significantly higher adherent than SC (p=0,003) and oral.

Telephonic survey (15-20 minutes)

MORISKY-GREEN (MG) test → ADHERENCE evaluation



## DISCUSSION AND CONCLUSIONS

•The adherence rate (71%) is low but standard in comparison with other chronic diseases.

•Patients gave high importance to their disease and showed a reasonable level of satisfaction with their treatment.

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•Better cognitive status and family support are relevant variables for the adherence to treatment.

•Injectable route shows higher adherence than the oral route, although the oral shows the highest patient satisfaction.

•The main cause of non-compliance is Forgetfulness. There are a wide range of factor associated to forgetfulness that mast be taken into consideration for drug selection.

 A deep understanding of adherence rates is necessary to improve clinical results and to reduce non-pharmacological costs. Acknowledgements: Study supported by Roche, Spain. We gratefully acknowledge AMBER for its contribution (data collection/statistical analysis).

