

ANALYSIS OF ADHERENCE AND ASSOCIATED RISK FACTORS IN MULTIPLE SCLEROSIS PATIENTS UNDER DISEASE-MODIFYING THERAPY



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BACKGROUND AND IMPORTANCE

Multiple sclerosis (MS) is one of the most frequent causes of disability among young people. Understanding patients' adherence to treatments is of great importance to assess the effectiveness and safety of the prescribed treatments.

AIM AND OBJECTIVES

To analyze the **adherence** of patients with MS that were prescribed with disease-modifying treatment (DMT) and to identify risk factors.

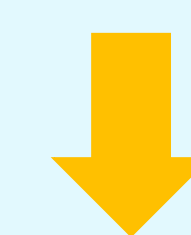
MATERIAL AND METHODS

Retrospective observational study including MS outpatients under active DMT in 2021.

Variables collected

- Gender
- Age
- Drug type
- Route of administration
- Polypharmacy (> 5 drugs / day)
- Adverse effects (AEs)
- Type of MS
- Time course
- Expanded Disability Status Scale (EDSS) score at onset of DMT
- Number of previous flares and hospitalizations
- Comorbidities

ADHERENCE
Medication Possession Ratio (MPR)



Good adherence
MPR \geq 80%

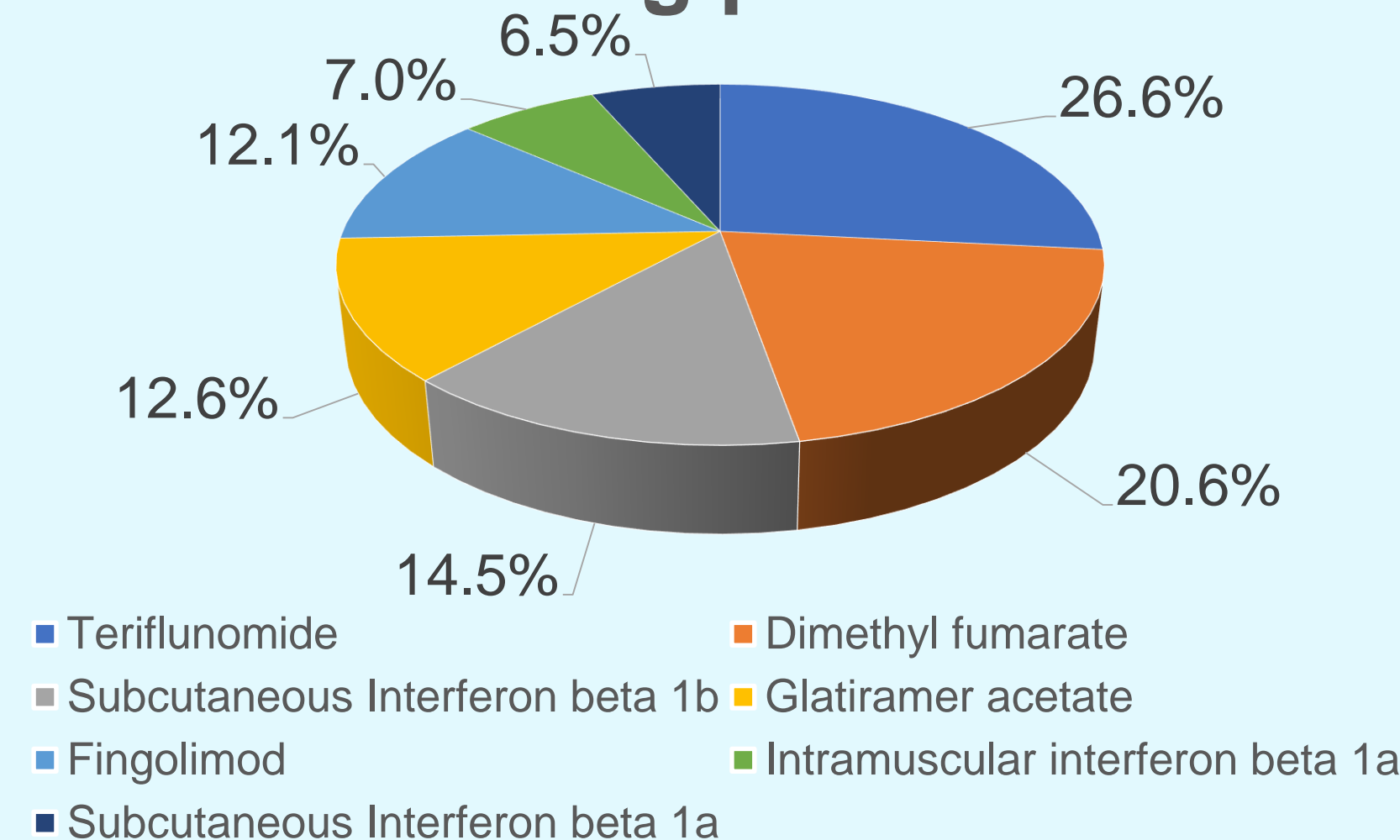
RESULTS

- ✓ **214 patients**; Mean age (SD) 43,9 (9,7) years
- ✓ 62,1 % women

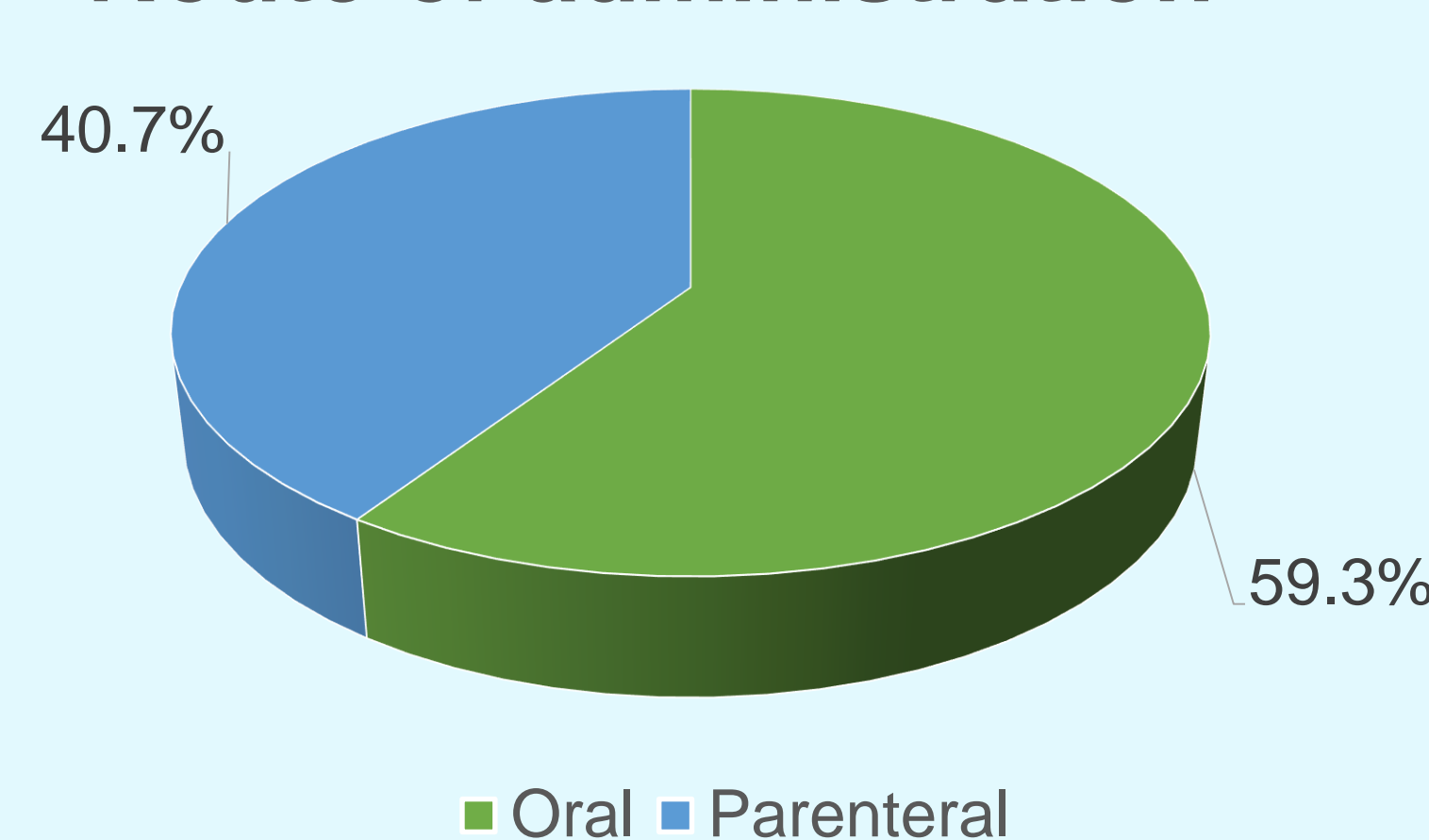
- 38.3% patients polymedicated
- 53.7% suffered AEs from DMT
- Median time with MS 11 (0.2 – 45 years)
- Median EDSS 1.5 (0 – 8)

- Previous flare-ups 51.4%
- Previous hospitalizations 39.3%
- Comorbidities 79.4%

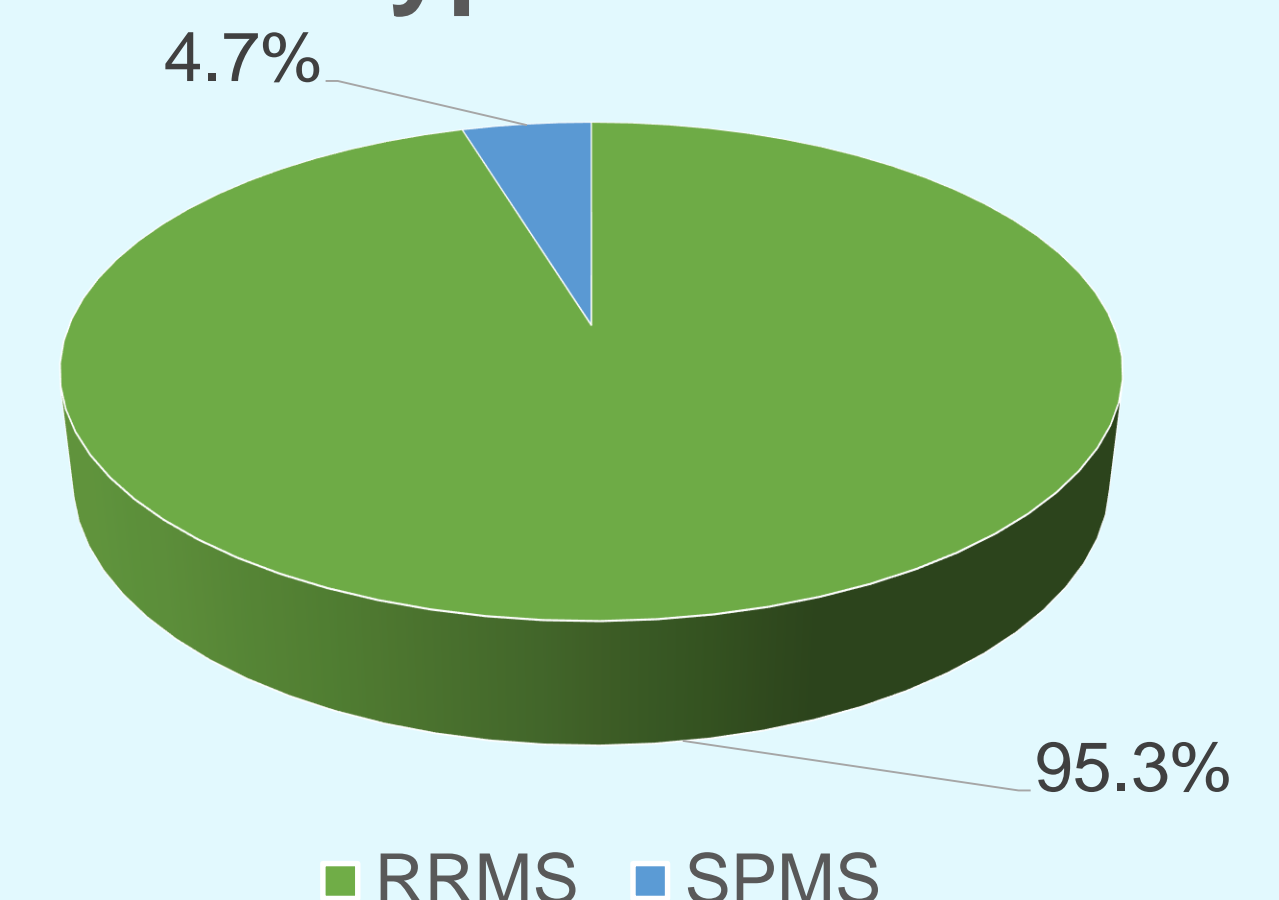
Most drug prescribed



Route of administration



Type of MS



89.7% of patients were good adherent
Median MPR 100 (19 – 100)

Variables statistically significant in adherence

Route of administration ($p = 0.024$)

Comorbidities ($p = 0.014$)

CONCLUSION AND RELEVANCE

Adherence was satisfactory in most patients. The route of administration and comorbidities were shown to significantly influence adherence.

Determining modifying factors of adherence is important to identify patients at risk of non-adherence who shall receive personalized pharmaceutical care and optimized treatment.

