

NON-ADHERENCE IN RHEUMATOLOGICAL IMMUNE MEDIATED DISEASES

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Background and importance

Patient adherence is a key determinant of treatment success in rheumatologic immune-mediated diseases. Available data about adherence to biological treatments and factors associated to non-adherence is limited in Spain. Moreover, no studies compare adherence between subcutaneous and oral drugs.

Aim and objectives

To evaluate non-adherence to prescribed subcutaneous biologicals and oral drugs in patients with rheumatologic immune-mediated diseases and to assess possible predictor factors associated to treatment non-adherence.

Material and methods

Retrospective observational study including all patients with oral and subcutaneous treatment for rheumatologic immune-mediated diseases from 2017 to 2019 in the outpatient pharmaceutical care area from a tertiary university hospital. Non-adherence was evaluated by reviewing all scheduled drug dispensing visits in the computerized application. We considered non-adherent every time that a patient missed at least one drug administration.

Data collected: demographic, total patients and patient-treatments, total dispensing visits and route of administration for drug dispensed in every visit.

Non-adherent group: number of dispensing visits, reasons for non-adherence, number of missed administrations per patient and drug and predictor factors for non-adherence.

Results

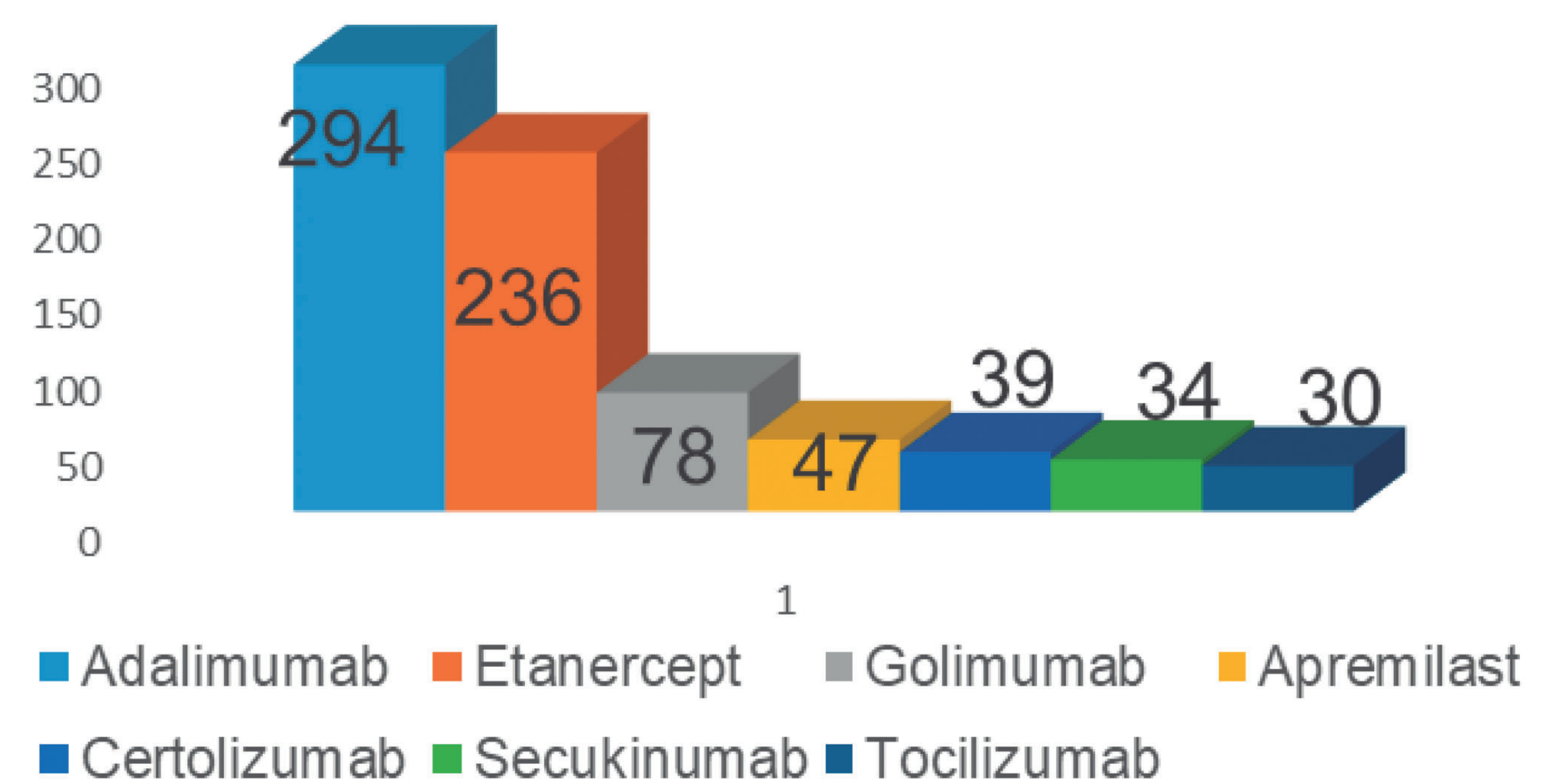
N=783 patients

Demographic: 52.4 (\pm 13.7) years, 427 (54.5%) female, 164 (20.9%) smokers, 697 (89%) caucasian.

Non-adherence analysis	
Dispensing visits, N (%)	2417 (26.3)
Number of missed administration/patient treatment, mean (SD)	2.5 (12.9)
Missed at least one administration, N (%)	675 (77.7)
Number of missed administrations/drug, mean (SD)	Baricitinib 9.9 (20.8) Tofacitinib 15.8 (31.2) Apremilast 25.4 (53.2)
Reasons for non-adherence/dispensing visits, N (%)	Unjustified 92 (97.5) Infection 33 (1.4) Surgery 18 (0.7) Pregnancy 3 (0.1) Others 6 (0.3)

Predictor factors for non-adherence: Ethnicity ($p=0.015$), treatment with golimumab ($p=0.006$), treatment with tocilizumab ($p=0.036$), age ($p=0.072$)

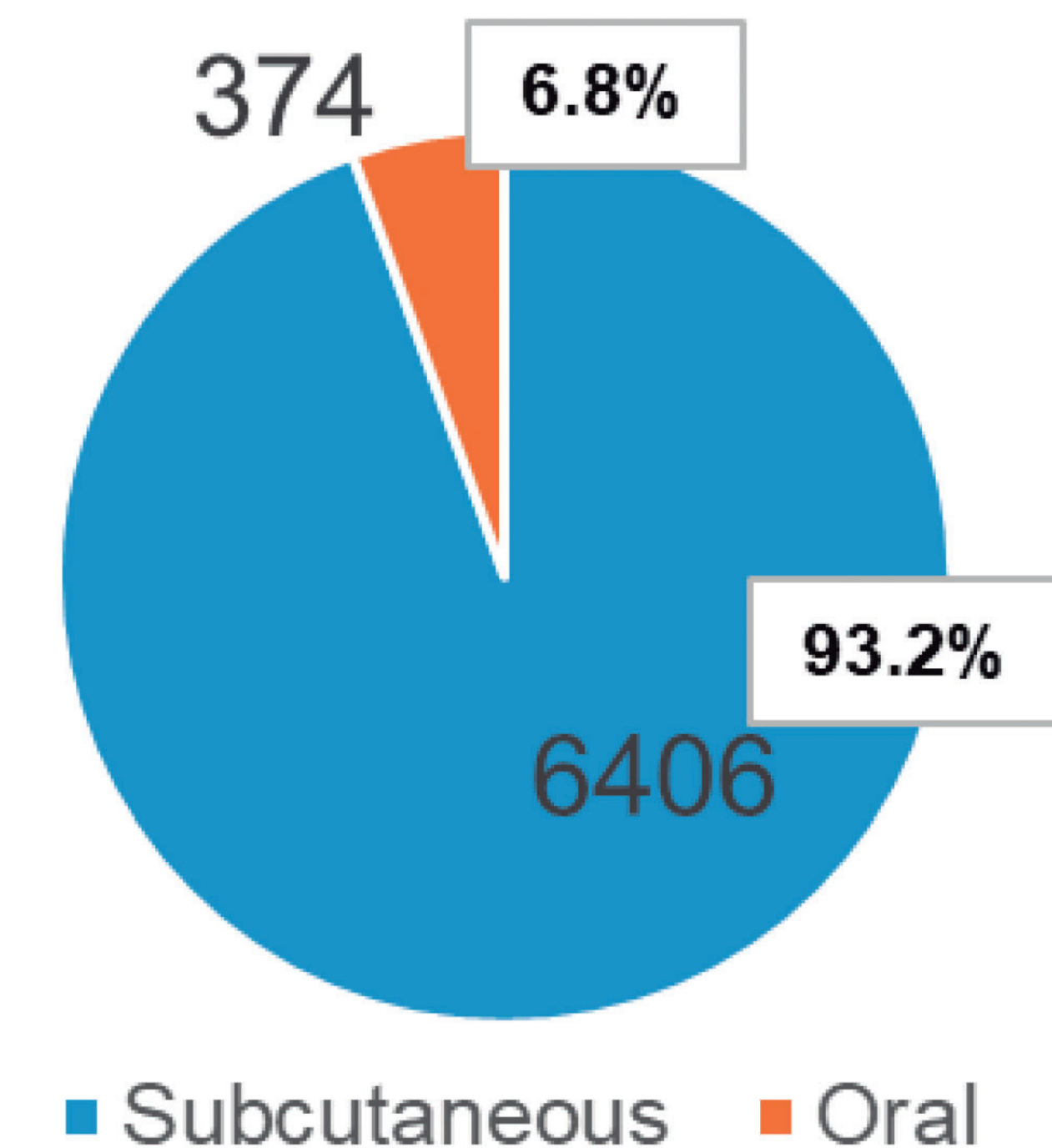
Patients-treatment (N=869)



Number of patients per treatment

79 patients (10.1%) received more than one treatment

Route of administration (9197 dispensing visits)



Route of administration (%) per dispensing visit

Conclusions and relevance

- Non-adherence to the prescribed drug occurred in 77.7% of patients with rheumatological immune-mediated diseases.
- Demographic factors such as ethnicity as well as golimumab and tocilizumab treatment, despite their different frequency of administration, were predictors for non-adherence.
- Route of administration did not influence non-adherence.