

Patient-Reported Outcomes regarding adalimumab new formulation

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BACKGROUND

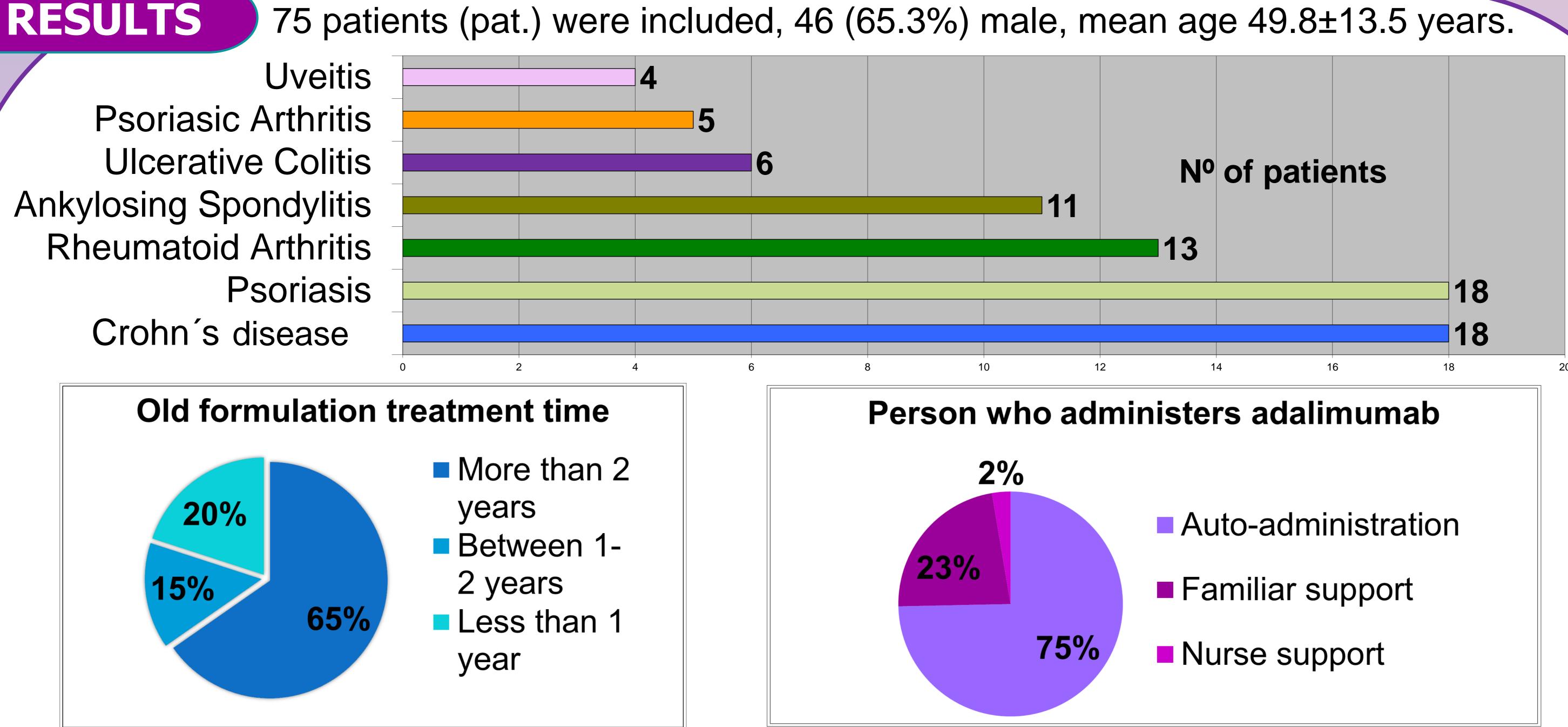
Adalimumab is currently available in a 40mg/0.4mL formulation with fewer excipients, smaller volume and gauge needle, versus 40mg/0.8mL previous formulation.

PURPOSE

To evaluate injection site-related pain (ISRP) and satisfaction of new adalimumab formulation in comparison with previous one.

MATERIALS AND METHODS

Observational, prospective, analytical study (April-September 2017) in Outpatient Pharmacy Departments of two General Hospitals. We selected patients on adalimumab treatment who changed old formulation to new formulation, and had been with new one at least two months. Data collection interview comprised: sex, age, immune disease, old formulation treatment time, and a questionnaire about the person who administers adalimumab, injection sites, warm up drug before administration moment, ISRP with Visual Analogue Scale (VAS) and satisfaction with adalimumab new formulation. Data were analyzed with SPSS® v.21.



Injection sites	N (%)
Abdomen	32 (42.7)
Thighs	22 (23.3)
Arms	8 (10.7)
Abdomen and thighs	12 (16)
Abdomen, arms, thighs	1 (1.3)

Patients who warm up drug before administration		
Always	Sometimes	Never
50 (66,7%)	11 (14,7%)	14 (18,7%)

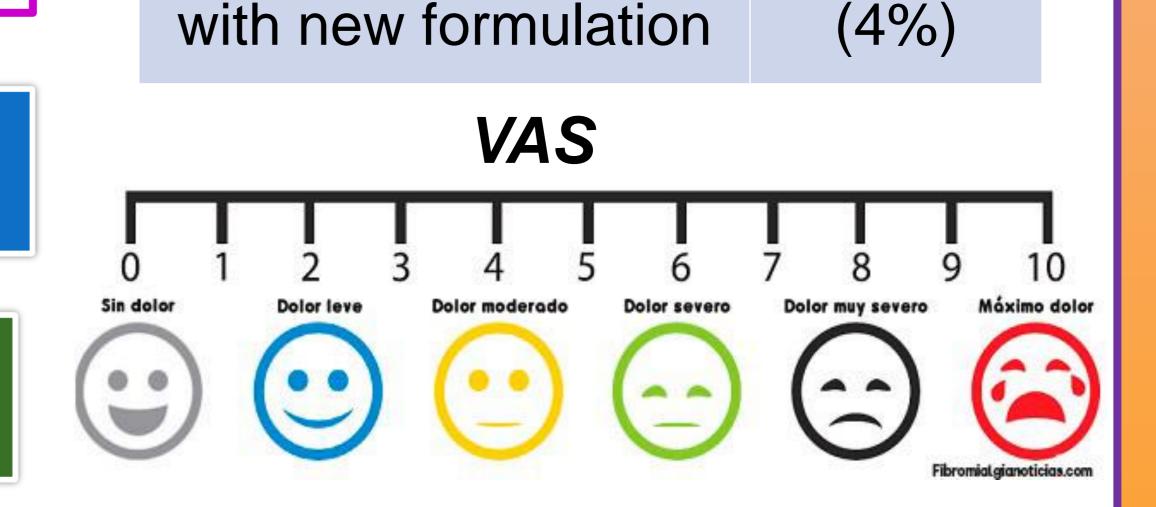
Chi-square test did not show statistically significant differences between:

- ISRP absence and autoadministration (p=0.567)
- Warm up and ISRP absence (p=0.404)
- Satisfaction and ISRP absence (p=0.673).

70 pat. (93.3%) considered formulation improvement.

72 pat. (96%) are totally satisfied with new formulation.

52 pat. (69,3 %) without ISRP Mean $VAS = 2 \pm 1.7$ Less ISRP 65 pat. with new formulation (86,7%)The same ISRP 7 pat. with both formulations (9,3%)More ISRP 3 pat.



with new formulation

CONCLUSIONS

- New adalimumab formulation was well tolerated and associated with less ISRP than the old formulation, therefore we expect better adherence, and persistence could also improve.
- We must develope new studies to evaluate these aspects.