

Adherence issues in Osteoarthritis: How can Acceptance Measurement Help Understanding Patients' Concerns and Working on Solutions?



Wiederkehr Sandra¹, PhD, de Bock Elodie¹, PhD, Chekroun Michael², Arnould Benoit¹, PhD
¹Patient-Centered Outcomes, Mapi, Lyon, France,
²Carenity, Paris, France

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 their complex evaluation of the risk-benefit ratio of their treatment.
- Measuring patients' acceptance of their medication can help better understand and predict patients' behaviour towards treatment.

Objectives

This study aimed at evaluating the level of acceptance to medication in patients with osteoarthritis (OST) in real life; to identify issues and to define priorities for action.

Methods

Study design

- An observational, cross-sectional study was conducted through the French, English, German, Spanish and Italian Carenity platforms between Oct 2015 and Feb 2016.
- CARENITY is an international online patient community devoted to people with chronic diseases. It enables patients and caregivers to share their experience as well as information, follow the course of their disease and contribute to medical research by generating real-world patient insights through online surveys.
- Patients included in this analysis were adults with OST and currently receiving treatment.

Assessments

All patients connecting to the Carenity platforms were invited to complete an online questionnaire including:

- Questions on demographics, chronic disease and medication.
- The ACCEPtance by the Patients of their Treatment (ACCEPt®) questionnaire^{1,2}:
 - 25 items covering six dimensions corresponding to one general acceptance dimension and five multi-item treatment-attributes dimensions.
 - Scores range from 0 to 100 with higher score indicating greater acceptance.

Statistical analysis

- Descriptive statistics were used to describe the patient population and the ACCEPt® score.
- The distribution of acceptance score across OST treatments was analysed.
- Pearson correlations between the Acceptance/General score and ACCEPt treatment-attributes scores were calculated.

Results

Population (Figure 1 and Table 1)

- Among the 218 patients with OST included in the analysis, 97 took anti-inflammatory/antirheumatic products, non-steroid, 79 took opioids and 42 took other OST treatments.

Figure 1 : Patient disposition

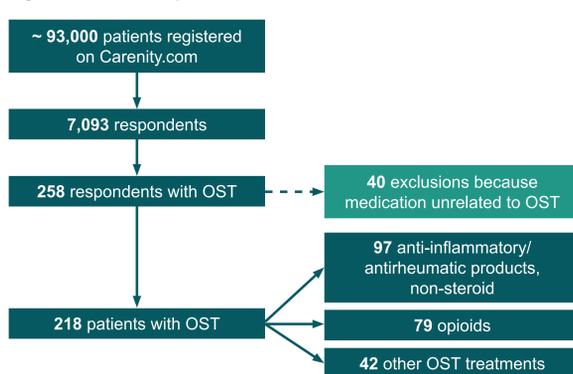


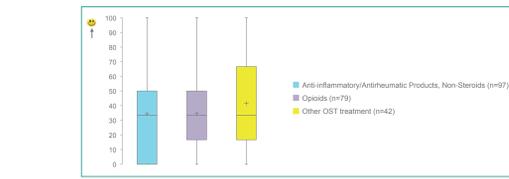
Table 1: Description of the population (N=218)

	Anti-inflammatory/ Antirheumatic Products, Non-Steroids (N=97)	Opioids (N=79)	Other OST treatments (N=42)	Total (N=218)
Gender, Male - n (%)	24 (25%)	16 (20%)	10 (24%)	50 (23%)
Age, years - mean (sd)	57.9 (8.7)	58.8 (8.2)	57.8 (10.4)	58.2 (9.2)
< 5 years since diagnosis - n (%)	47 (48%)	23 (29%)	19 (45%)	89 (41%)
Employed, professional status - n (%)	50 (52%)	24 (30%)	19 (45%)	93 (43%)

ACCEPt – General Acceptance Key Findings (Figure 2)

- General Acceptance was low (mean less than 50)

Figure 2: ACCEPt General score per treatment class (N=218)

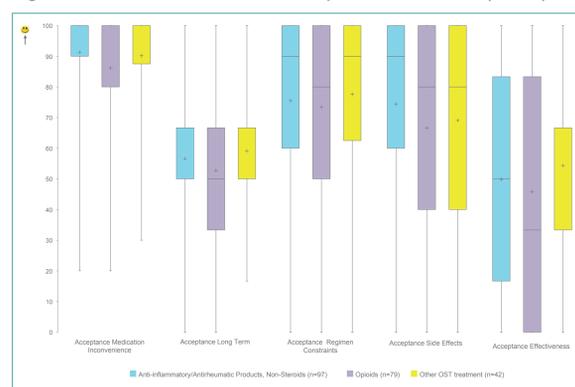


Box = Interquartile (Q3-Q1); + = mean; middle bar = median; upper and lower bars = observed min and max values.

ACCEPt – Treatment-Attributes Key Findings (Figure 3)

- The domain where patients reported the highest mean score was Acceptance/Medication Inconvenience whatever the treatment group (91.3 for anti-inflammatory/antirheumatic products, non-steroids, 86.2 for opioids and 90.2 for other OST treatments).
- The domain where patients reported lowest mean score was Acceptance/Effectiveness whatever the treatment group (49.8 for anti-inflammatory/antirheumatic products, non-steroids, 45.8 for opioids and 54.4 for other OST treatments).

Figure 3: ACCEPt treatment-attributes per treatment class (N=218)

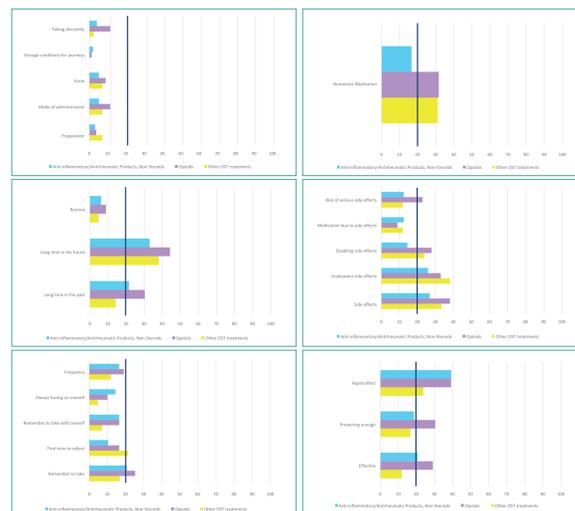


Box = Interquartile (Q3-Q1); + = mean; middle bar = median; upper and lower bars = observed min and max values.

Acceptance in more detail (Figure 4)

- Exploring ACCEPt at the item level:

Figure 4: Percentage of answer (not easy to accept) for each item of ACCEPt questionnaire per treatment class (N=218)



Link between general acceptance and ACCEPt treatment-attributes (Table 2)

- General Acceptance was primarily correlated with Acceptance/Effectiveness (r=0.53), and somewhat with the practical attributes of treatment (r=0.11 to 0.23).

Table 2: Key Pearson correlation coefficients (N=218)

Acceptance/ General Score	Acceptance/Medication Inconvenience	Acceptance/ Long term	Acceptance/Regimen Constraints	Acceptance/ Side Effects	Acceptance/ Effectiveness
	R = 0.11 P=0.12	R = 0.23 P<0.001	R = 0.18 P=0.008	R = 0.18 P=0.009	R = 0.53 P<0.001

R=Pearson correlation coefficient. Legend: Blue = Correlation between 0 and 0.2, Orange = Correlation between 0.2 and 0.4, Red = Correlation between 0.4 and 0.7

Conclusions

- General Acceptance was low and far from ideal whatever the treatment.
- Long-term duration seems to be a major issue for patients with OST, whatever the treatment received.
- In OST, major unmet needs are side effects (unpleasant, disabling, threat), effectiveness and number of medications whatever the treatment received.
- In OST, general acceptance was primarily driven by Acceptance of limitations in Efficiency; secondarily by Acceptance of Long-term.

References

1. Marant C et al. Patient. 2012;5:239-249.
2. Arnould B et al. Patient. 2017;10(1):81-92

Acknowledgements

The authors thank all patients who participated in this study.

For more information, please contact

Elodie de Bock, edebock@mapigroup.com,
www.mapigroup.com