REAL-WORLD PERSISTENCE WITH FAMPRIDINE AMONG MULTIPLE SCLEROSIS PATIENTS
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Background and Importance
Fampridine is the only pharmacological agent approved for walking impairment in multiple sclerosis. Medication persistence is an important element in determining the success of any long-term therapy and real-life utilization data are especially important to optimize resources.

Aim and Objectives
To evaluate the persistence of fampridine in multiple sclerosis patients, reasons for discontinuation and the influence of predictive factors.

Materials and Methods
Observational Retrospective Longitudinal
All adults with multiple sclerosis treated with fampridine
Start of treatment – end observation period (August 2021)

Persistence: Duration of time from initiation to discontinuation of therapy.

Sociodemographic and clinical factors were collected from medical record
- Age at the start of fampridine
- Age of diagnosis multiple sclerosis
- Phenotype
- Baseline Expanded disability status scale (EDDS)
- Treatment with disease-modifying therapies (DMTs)
- Treatment with anti-spasticity agents
- Walking support request

For the analysis of persistence a survival analysis with the Kaplan–Meier estimator was performed. Influence of covariates was evaluated according to a Cox-regression model. All statistical analyses were performed using SPSS®V24.0. Significance level was 0.05.

Results

Age mean±SD years
MS diagnosis 37.3±12.6
Start with fampridine 49.7±10.0

DM Phenotype %
Relapsing remitting 49.0
Secondary progressive 41.2
Primary progressive 9.8

DMTs %
Anti-spasticity agents 60.8
Walking support 58.8

Discontinuation reasons %
Lack of efficacy 57.9
Adverse effects 23.1
Both 14.3

Median adherence first year 98.5±4.5%
Median persistence duration 1.756 days
Median time to suspension 84 days (IQR=28-262)
Medication suspension rate on first year 31.4%
Overall medication suspension rate 13/100 patients-year (IC95% 8.1-17.9)

Predictive factors: Age of DM diagnosis
HR=1.05
(CI95% 1.01-1.07: p=0.007).

Conclusion and Relevance
A high percentage of patients discontinued treatment with fampridine, mainly due to lack of efficacy. Most discontinuations occur in the first year of treatment.

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