BARRIERS TO ADHERENCE WITH PRESCRIBED TREATMENTS IN MULTIPLE SCLEROSIS PATIENTS

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**Background**

Chronic progressive disease

Disease-modifying therapies (DMTs) have tolerability and safety issues

Multiple sclerosis (MS)

One of the main causes of invalidity

Adherence may be difficult

**Methods**

- Retrospective study, January 2017 - January 2019
- Demographic (age, sex) and treatment information collected

**Results**

<table>
<thead>
<tr>
<th>Patients characteristics</th>
<th>Number of patients</th>
<th>Average age</th>
<th>Mean treatment exposure</th>
<th>Adherence reported</th>
<th>MDR</th>
<th>Barriers in taking medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>60 (44F)</td>
<td>40.47</td>
<td>6.38</td>
<td>High</td>
<td>&gt;0 (11 had missed 1 or more doses in the last month)</td>
<td></td>
</tr>
</tbody>
</table>

**DMT score are described in the table:**

<table>
<thead>
<tr>
<th>MS-TAQ subscale</th>
<th>Number of items</th>
<th>SCORE Mean</th>
<th>Range</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMT-barriers</td>
<td>13</td>
<td>2.18(^1)</td>
<td>0-39</td>
<td>63% of patients reported no barriers (score 0)</td>
</tr>
<tr>
<td>DMT-side effects</td>
<td>10</td>
<td>9.30(^2)</td>
<td>0-40</td>
<td>Only 11.6% reported no SE (score 0)</td>
</tr>
<tr>
<td>DMT-coping strategies</td>
<td>7</td>
<td>1.22(^2)</td>
<td>0-7</td>
<td>36.6% don't use coping strategies</td>
</tr>
</tbody>
</table>

\(^1\)most common barriers was forgetting to administer DMT(58%), not “in the mood" to take DMT(22%), feeling tired of taking DMT(16%)

\(^2\)88.4% patients reported SE like: injection phobia, injection site reaction, tolerability concerns.

\(^3\)a number of 15 patients reported SE but no coping strategies in place, maybe because of unknowing.

**Conclusion**

Overall, adherence reported was high even if some barriers in adherence exist.

SE and long duration of treatment could affecting adherence, that why is important to detect and try to overcome BARRIERS using such questionnaires, to identify in time non-adherent patients and counsel them appropriately for using more coping strategies.