ORAL THERAPY ADHERENCE AND SATISFACTION IN PATIENTS WITH MULTIPLE MYELOMA

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Background

Multiple myeloma (MM):
- 2nd haematological malignancy
- Complexity of drug combinations
- Particular schedule
- Additional medications as supportive care
- Most of the population > 65 years of age with additional comorbidities

Objectives

The transition to oral therapies in patients with MM offers potential benefits to patients, however they must self-manage their medication and adherence play an important role in patient care.

➢ To estimate adherence rate of oral antimyeloma therapies and to identify risk factors for medication non-adherence by investigating the link between patients’ satisfaction with their treatment and treatment adherence.

Materials and Methods

Cross-sectional, observational, prospective, and multi-centric study from March to July 2020

Inclusion criteria

- MM patients aged 18 years and over
- Treatment regimen with at least one oral therapy
- Prescribed for at least 3 months

Exclusion criteria

- Patients who did not speak French
- Patients with cognitive disorders

Statistical analysis

- Qualitative variables: Chi² or Fisher test
- Quantitative variables: T test (mean ± SD) or Mann-Whitney (median [IQR])
- All tests were two-tailed and considered significant at an alpha threshold of 5% (p)

Girerd Score = 6 → Adherent
Girerd Score ≤ 5 → Non-adherent

MPR ≥ 0.80 → Adherent
MPR < 0.80 → Non-adherent

SATMED-Q > 0.70 → High satisfaction
SATMED-Q ≤ 0.70 → Low satisfaction

Results

Satisfaction measure

- The main global satisfaction score was 71% ± 15

Risk factor for non-adherence

<table>
<thead>
<tr>
<th>Description</th>
<th>Odds Ratio</th>
<th>95% CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECOG-PS</td>
<td>2+ vs 0-1</td>
<td>4.56 [1.52-13.68]</td>
<td>0.007</td>
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<tr>
<td>Global satisfaction</td>
<td>High vs low</td>
<td>0.36 [0.16-0.81]</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Table 1. Univariate analysis of potential risk factors for non-adherence to oral antimyeloma therapy

Importance attached to each drug class by patients

- Patients attached more importance to antimyeloma drugs
- Importance attached to antithrombotics are significantly different between adherent and non-adherent patients
- Importance given to antilolics and prevention of digestive toxicities are mitigated and dependent on clinical symptoms

Discussion - Conclusion

➢ One risk factor for medication non-adherence was identified: Eastern Cooperative Oncology Group Performance Status (ECOG-PS) > 2
➢ One predictive factor for high medication adherence was identified: high satisfaction with treatment

Results from medication adherence measure are close to those estimated in international literature which is approximately 50% according to the World Health Organisation. This is a major challenge for multiple myeloma therapy as its treatment is usually given orally.

Identifying patients at higher risk for non-adherence allows clinical pharmacists to personalise therapeutic information and education, and to improve the quality of healthcare overall.