

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)

1 Medication adherence measure

- Self-report structured closed-ended questionnaire from the validated Girerd[®] Medication Adherence Scale: **Girerd Score = 6 → Adherent**
Girerd Score ≤ 5 → Non-adherent
- The Medication Possession ratio (MPR): **MPR ≥ 0.80 → Adherent**
MPR < 0.80 → Non-adherent

2 Satisfaction measure

- Treatment Satisfaction with Medicines Questionnaire SATMED-Q[®]: **SATMED-Q > 0.70 → High satisfaction**
SATMED-Q ≤ 0.70 → Low satisfaction

3 Importance attached to each drug class by patients

- Patients' opinion about the convenience of antimyeloma treatment and supportive care (anti-infectious, antithrombotic, analgic, and medications for digestive disorders) was assessed with a score from 0 (no importance) to 10 (highest importance)

Results

143 patients potentially eligible:

- ✗ 27 excluded
- ✗ 15 non-respondents
- ✓ **101 questionnaires completed**
 - 71 y/o (median)
 - Sex ratio M/F: 1,2
 - 28% live alone
 - 79% ECOG-PS 0-1

- 83 % Lenalidomide
- 62 % reduced dose
- 56 % all exclusive oral regimen

- 43 % 1st line of treatment
- 45 % autologous stem cell transplant
- Median treatment length = 11 months

- 60 % 1-2 comorbidities
- 6 medications per day
- Medication Regimen Complex Index = 36

- 74 % undesirable side effects
- 64 % pharmaceutical counselling session
- 47 % tools : pillbox, alarm, calendar

1 Medication adherence measure

- 51,5% adherent (Girerd[®])
- 96% adherent (MPR)
- 50,5% adherent (both methods combined)

2 Satisfaction measure

- The main global satisfaction score was 71% ± 15

Risk factor for non-adherence	Description	Odds Ratio	95% CI	p-value
ECOG-PS	2+ vs 0-1	4.56	[1.52-13.68]	0.007
Global satisfaction	High vs low	0.36	[0.16-0.81]	0.01

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

3 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 analgics and prevention of digestive toxicities are mitigated and dependent on clinical symptoms

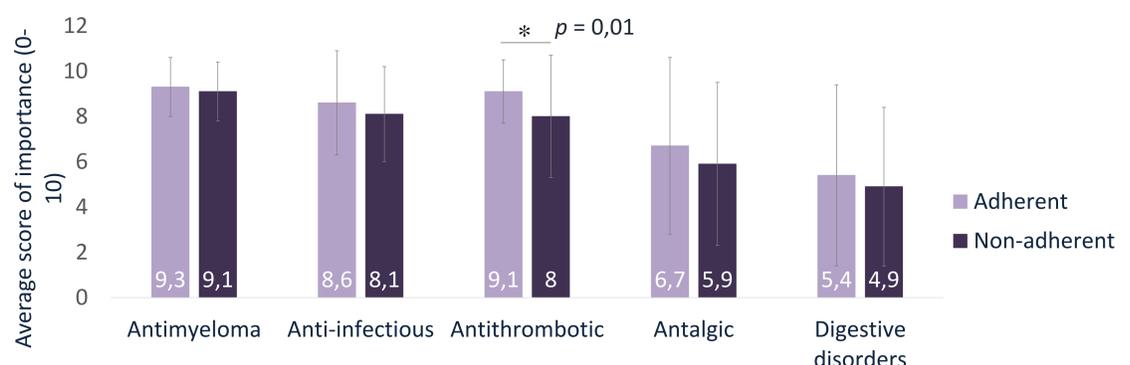


Fig. 1. Importance attached to drug by patients

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.**