QUALITY OF LIFE IN MULTIPLE SCLEROSIS PATIENTS: EXPERIENCE IN A UNIVERSITY HOSPITAL OUTPATIENT PHARMACY

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BACKGROUND

Multiple Sclerosis (MS) is a chronic demyelinating central nervous disease (CNS) that negatively affects patient quality of life (QoL). Hospital Pharmacist dispenses MS disease modifying therapies (DMT) at the outpatient pharmacy.

PURPOSE

To analyze QoL in MS patients who collect first line DMT at the outpatient pharmacy.

MATERIAL AND METHODS

- A prospective study was performed from March to September 2016.
- QoL was assessed according to an internal questionnaire.
- It was designed by pharmacist and included: demographic characteristics, employment status, home adaptations, mobility, need for support with everyday activities, vacation and leisure habits and MS medical history during the last year. An excel database was designed to analyse results.
- All MS patients were asked to complete a questionnaire at the outpatient pharmacy when collecting DMT.
- First line DMT included were: parenteral drugs (interferon beta-1A and 1B, glatiramer-acetate) and oral drugs (dimethylfumarate, teryflunomide).

RESULTS

100 out of 107 MS patients completed the questionnaire

**MS PATIENTS CHARACTERISTICS**

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<th>Mean age 44.83 years (±11.08). 73% women and 91% lived with relatives. 16% were treated with first line oral DMT. Nearly half of MS patients (45%) were occupationally active.</th>
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Home adaptations were reported by 13% of patients.
55% did not require support for everyday activities and 79% could move normally. 36% of patients had changed their holiday habits and 58% their leisure activities because of MS.

**CLINICAL HISTORY DURING THE LAST YEAR**

7% of MS patients have had a relapse and were admitted to hospital 51% reported daily activities disturbances because of MS (mean lost days per year: 57). The average number of visits per patient to the Neurologist during the last year was 2.

CONCLUSION

- Most patients included in this study were young active women living with relatives.
- A high percentage of patients reported an acceptable QoL related to mobility, home adaptations and independence with routine abilities, which could be explained by early DMT treatment according to Clinical Guidelines.

Assessing QoL in MS patients is not common in everyday clinical practice. As part of clinical practice, it has the potential to improve communication between patient and pharmacist, identify frequently overlooked problems and detect those patients most in need of pharmaceutical care.

NO CONFLICT OF INTEREST