ADHERENCE TO IMMUNOMODULATORY DRUGS IN PATIENTS WITH MULTIPLE MYELOMA.

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1 BACKGROUND

Thalidomide, lenalidomide and pomalidomide belong to the immunomodulatory drug family (IMIDs). Data on IMIDs adherence are lacking.

2 PURPOSE

⇒ to evaluate the adherence to IMIDs in patients with multiple myeloma.

3 MATERIAL and METHODS

All patients managed in our teaching hospital for a multiple myeloma who had at least two successive dispensions of IMIDs were included in a prospective study between 2016, March 1 and 2016, May 15.

We used a cancer-specific questionnaire to measure patient adherence to IMIDs1 (10 questions; 10 points).

A non-adherence was defined for a score below 8 points.

The medication possession ratio (MPR) was also calculated to evaluate IMIDs adherence.

The threshold of 90% was used to define two patient categories: MPR< 90%, non-adherent patients; MPR≥ 90%: adherent patients1.

Clinical and dispensation data were obtained from medical and pharmaceutical softwares of our hospital.

4 RESULTS

⇒ 63 adult patients were included

The mean patient age was 68.2±10.4 years; 67% were men. The median time since diagnosis was 2.8 years [range 0.2-17.1].

Patients received:

- lenalidomide (54%)
- pomalidomide (25%)
- thalidomide (21%)

More than half of the patients used tools to help them with their medication.

The mean questionnaire score was 8.2 ± 1.2 [range 4-10].

The mean time to fulfill the questionnaire was 9.2 ± 4.7 minutes.

41% of the patients had ever taken their medicine too late in comparison with usual time.
57% of the patients thought they took too many medicines.
43% of the patients did not know the name of their medicines.

We observed a mean MPR of 0.95 ± 0.10 [range 0.67 - 1.20].

A total of 76% of patients were considered as adherent using the questionnaire and 72% using the MPR.

5 CONCLUSION

Adherence to IMIDs is not optimal in our population. The use of adherence questionnaire and/or MPR may help the pharmacist to detect non-adherent patients. In these patients, pharmaceutical interventions may be of major interest.

6 REFERENCES and/or ACKNOWLEDGEMENTS