The riddle of adherence

Factors important for medical adherence in rheumatic diseases

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Factors important for medical adherence in rheumatic diseases. Disease-modifying antirheumatic drugs (DMARDs) are the cornerstone for the treatment of inflammatory arthritis and fundamental to prevent radiologic progression in patients with rheumatoid/pсорiatric arthritis. However, the full benefit of DMARDs can only be achieved if patients follow prescribed treatment regimens. Adherence, or the extent to which patients take medications as prescribed, is however low in chronic medical conditions: approximately 50% of all people with chronic medical conditions do not adhere to their prescribed medication regimens [1,2]. Previous research in patients with rheumatic diseases vary from 30% to 107%, depending on the used measurement method [7]. Thus, improving adherence to DMARDs could dramatically improve the efficacy of drug therapy in rheumatic diseases and reduce costs. However, so far, interventions designed to improve medication adherence are only partly effective in changing medication-taking behaviour [2-5]. To be able to improve adherence, factors should be known that are associated with medication adherence in RA. This will help us to target non-adherent patients and design interventions to improve adherence. Although several studies have examined factors associated with adherence to treatment with DMARDs, hardly any variable was found to be consistently and strongly related to adherence. [6-7]. Despite this, there is evidence that especially patient’s need to take medication, prior DMARD use, patient’s self-efficacy and information delivered to the patient might be associated with medication adherence. Overall, two types of non-adherent behaviour are commonly observed: unintentional (due to forgetfulness, regimen complexity or physical problems) and intentional (when the patient decides not to take the treatment as instructed). In case of intentional non-adherence, the decision to take medication is based on a cost-benefit analysis weighing the costs/risks of the treatment against the perceived benefits. This implicates that health care professionals should individually assess patient’s (un)intentional barriers to take medication and target medication adherence interventions on patient’s individual barriers. Thus, besides tackling (un)intentional practical barriers, such as forgetfulness (for example reminder services), clinicians should also be sensitive to patient’s personal beliefs that might impact medication adherence, and should discuss with their patient any concerns that they raise about prescribed medications. This lecture will give insight in the latest insights in the research of factors important for medication adherence and their practical consequences for adherence improving interventions in clinical practice.

REFERENCE:

Disclosure of Interests: Bart van den Bemt Grant/research support from: UCB, Pfizer, Abbvie; Speakers bureau: Pfizer, AbbVie, UCB, Biogen, Sandoz, Consultant for: UCB, Novartis and Pfizer


Advances in understanding and treating of SLE

WIN: DE-CONVOLUTING THE COMPLEXITIES OF SLE – RECENT INSIGHTS INTO THE PATHOGENESIS

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Background: SLE remains one of the most complex diseases in medicine, with protean alterations in immune system function contributing to autoimmunity, tissue inflammation and damage, and diverse clinical manifestations. While considerable advances in understanding the molecular pathways and mediators involved in SLE have led to identification of rational therapeutic targets, a full understanding of the upstream etiologic drivers of the disease and how genetic and environmental stimuli shape the evolution of the disease and its clinical heterogeneity requires continued investigation.

Objectives: To review recent literature relevant to the etiology, pathogenesis and heterogeneity of SLE.

Methods: Review and synthesis of recent literature.

Results: Recent advances in characterizing the mechanisms of regulation and degradation of endogenous nucleic acids, particularly insights derived from disorders based on a variety of single gene mutations that result in production of type I interferon, suggest potential drivers of type I interferon production in SLE. The functional alterations in many aspects of T and B cell function in patients with SLE; some attributable to type I interferon, continue to be identified. Potential contributions of the microbiome expand our view of candidate disease-enhancing factors. Interest in defining patients at risk for evolving from pre-clinical to clinical disease...