

Adherence and concordance for 5asa medications

hello my name is...


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Disclosures

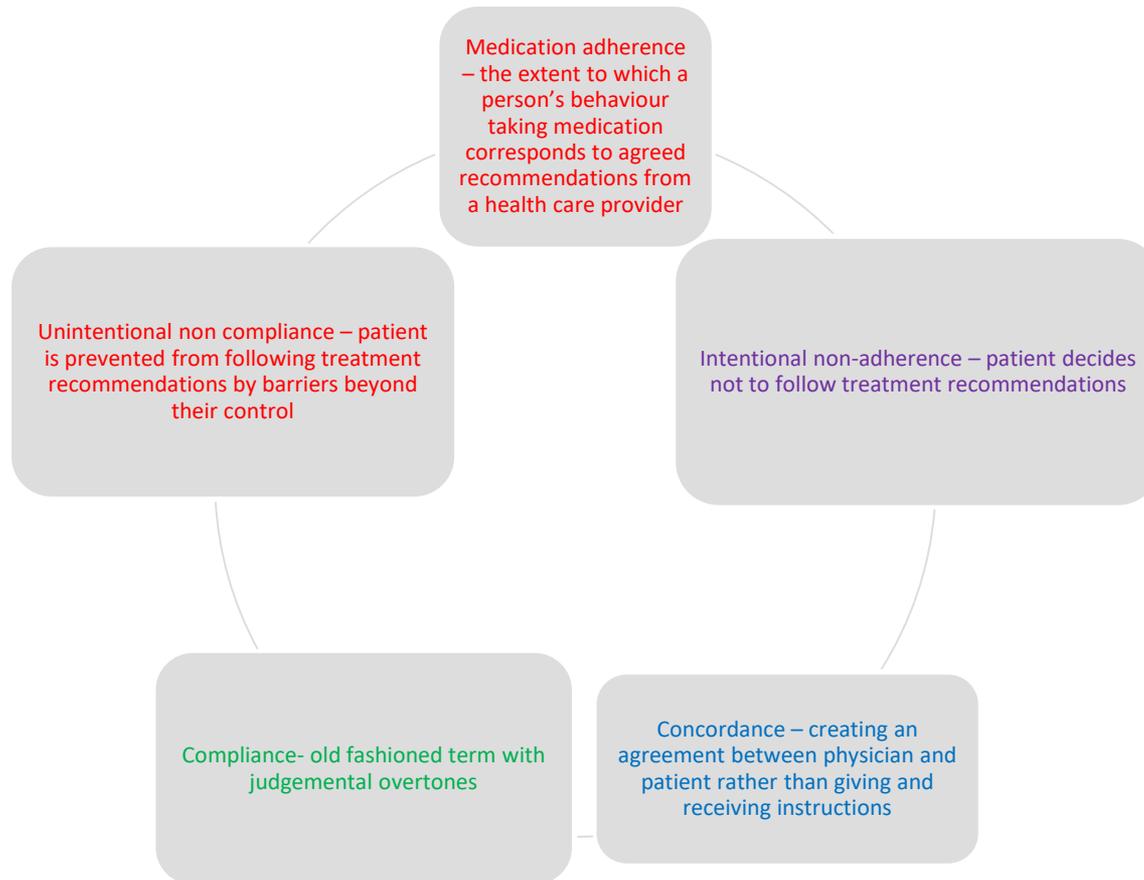
- Tillotts – nurse education/ advisory board
- RCGP – Primary care education/ regional champion

Contents

- What is adherence?
- Medication adherence in the general population
- Medication adherence in UC patients
- Adherence during disease remission
- The impact of non-adherence
- Once daily dosing
- Apps/ technology that can help?



What is adherence?



The problem of non-adherence – adherence to medications for chronic disease is low

NICE

A third to a half of all medicines for long term conditions are not taken as recommended

This may limit the benefits of medicines, resulting in deterioration in health

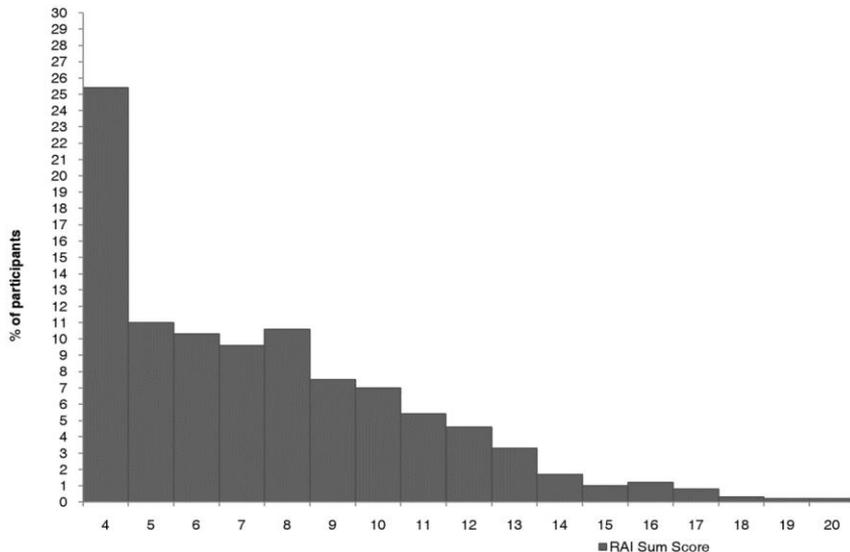
Knock on costs arise from increased demands for healthcare if health deteriorates

NICE
National Institute for
Health and Care Excellence

The WHO has identified medication non-adherence as one of the major causes of morbidity, mortality and health care costs



Medication adherence in the general population



5 point Likert scale:

1 = almost never

2 = rarely

3 = Often

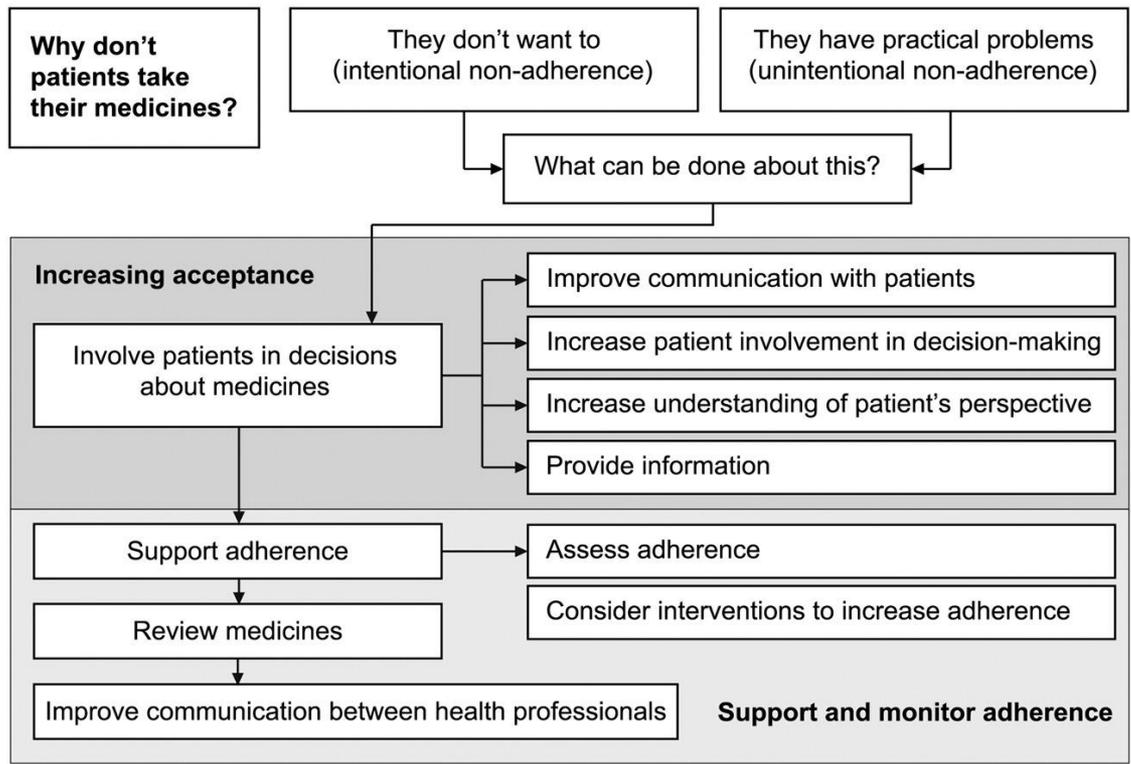
4 = Mostly

5 = almost always

- Rief Adherence Index (RAI)
- I stored or threw away medication without unwrapping it
- I changed the doses of my medication without doctor's authorisation, depending on my well being'
- I discontinued my medication earlier than the doctor recommended
- I discontinued my medication because of mild side effects

Number of
participants = 2452

Medication adherence in UC patients;



35% of respondents described themselves as fully adherent in a US internet survey with random ulcerative colitis patients (N= 1508)

Further study in 2012 (N=5664) showed decreases in persistence on the 30th and 90th day – may relate to initial prescribing supply? Overall non-adherence was 79%!

Patients on once daily dosing regimen had the lowest non-adherence

Data from a UK study.....



34% patients **non adherent**
according to self-report
(n=169)



40% patients **non adherent**
according to urine analysis
(n=151)



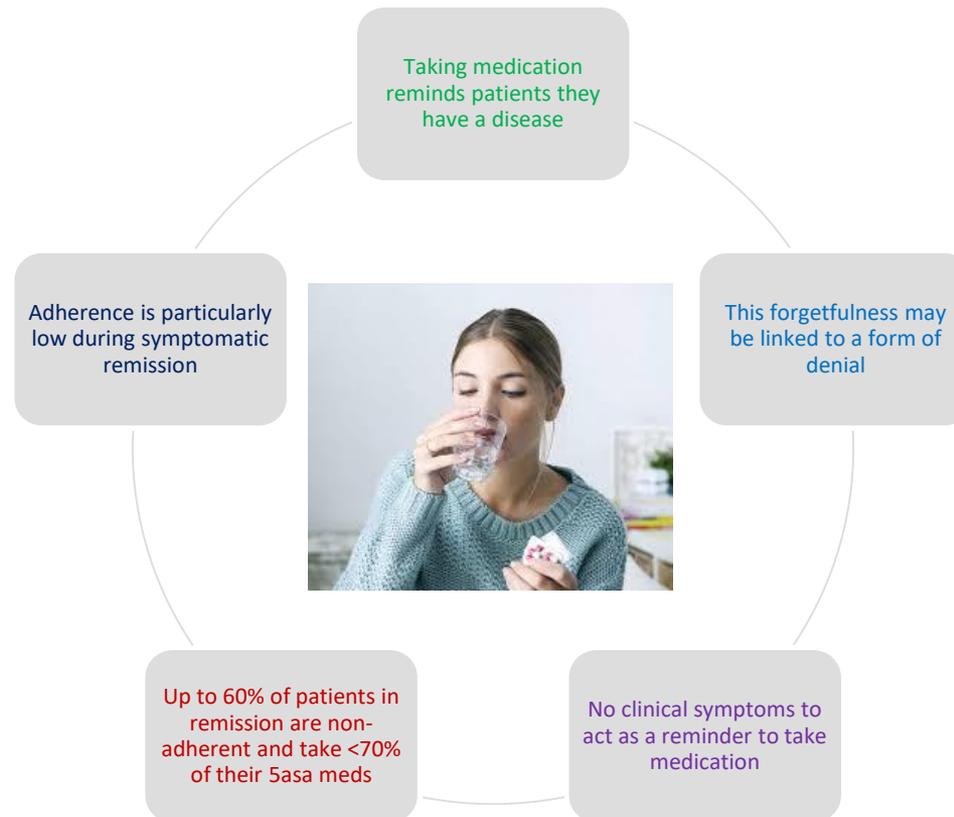
non adherent



adherent

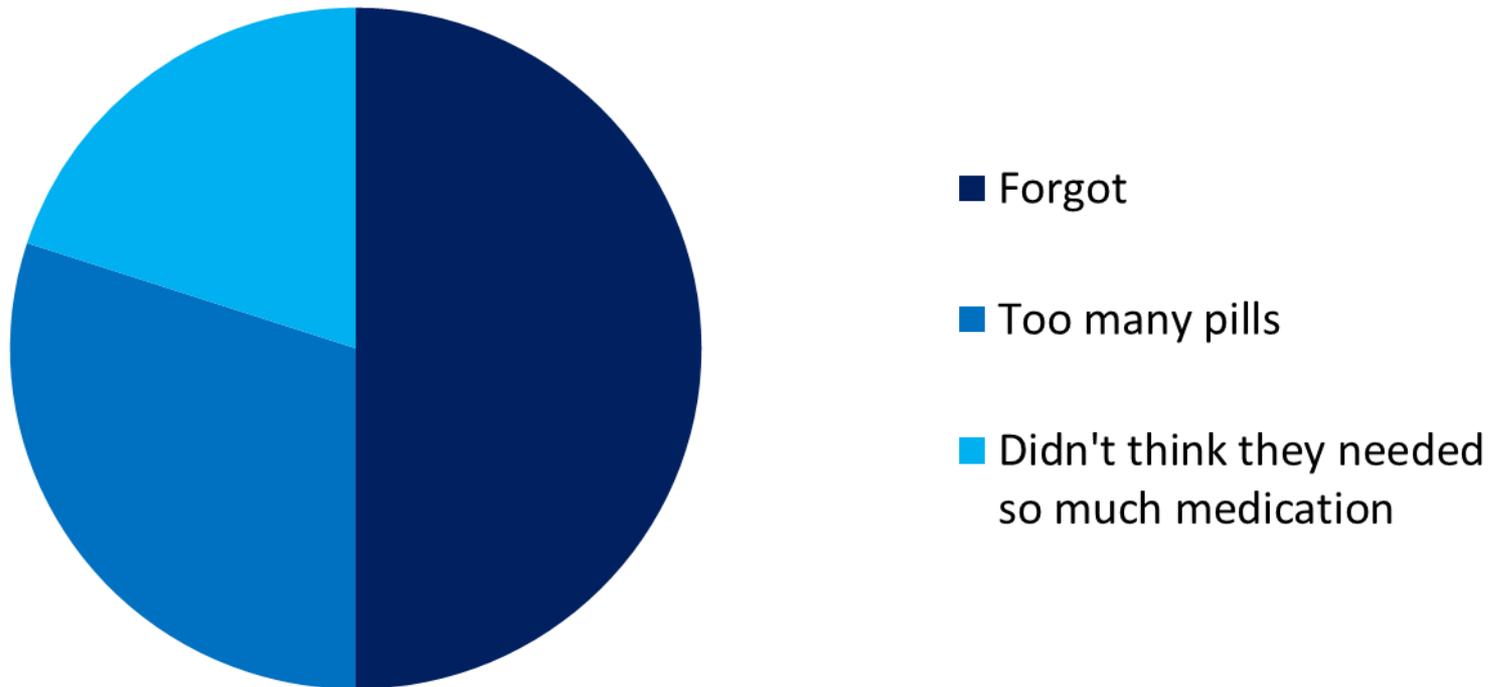
‘Analysis of data for the two measures identified a lack of correlation.’

Adherence during disease remission



Impact of 5-ASA non-adherence

When asked why the medication wasn't taken



Increased risk of flare!

Non-adherent patients have >5 fold increased risk of disease relapse

Non-adherence can significantly increase the risk of disease relapse in quiescent colitis ($P < 0.001$) – small study where there was 18% disease recurrence in adherent patients and 62% recurrence in non-adherent patients



Non adherence and the risk of colorectal cancer

The lifetime risk of colorectal cancer in UC patients is 20%

5-ASA use is associated with a 50% reduction in the risk of colorectal neoplasia in UC patients

Non-adherence to 5-ASA medication may significantly increase a patients risk of colorectal cancer

Increased healthcare costs/ impact of non-adherence

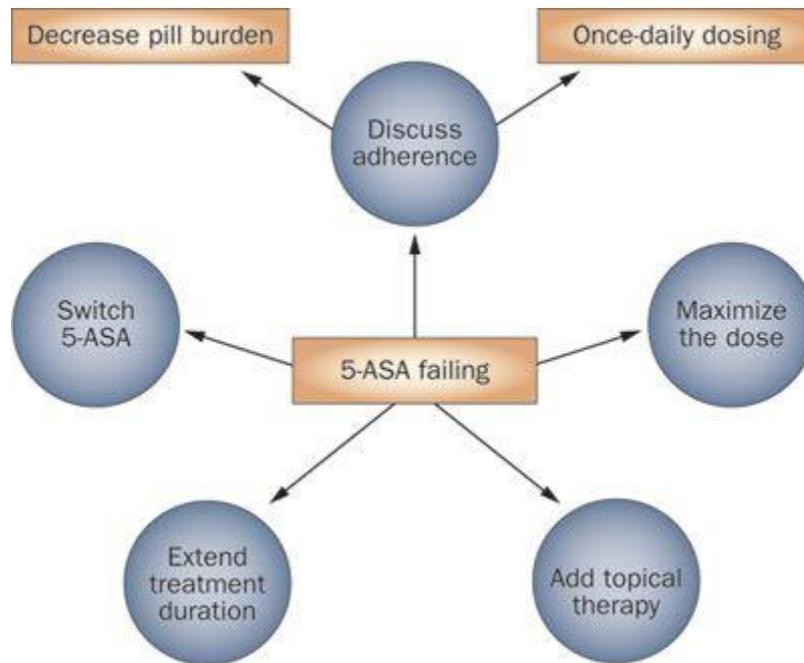
- The cost of care of IBD in 2010 was estimated to be £1 billion with an average cost of £3000 per patient per year*
- While only 14% of IBD patients required hospitalisation, they accounted for 49% of the total secondary care costs ~



2 to 3 fold increase in costs for non-hospitalised cases

20 fold increase in costs for hospitalised cases

Once daily dosing? Does it improve adherence?



Once daily

- 81.5% easy to remember
- 16.3% fairly easy
- 2.2% Fairly difficult

Three times daily

- 34% very easy
- 39.4% fairly easy
- 21.3% fairly difficult
- 5.3% very difficult

'How easy was it to remember to take the medication?'

- Figures based on an adherence sub-study of an investigator blind randomised trial

Once daily dosing: mucosal healing

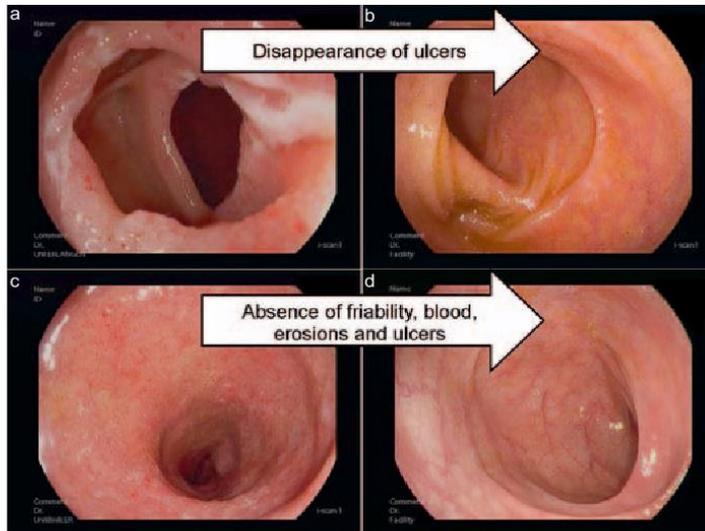


Fig 1 Endoscopic images of a Crohn's disease patient with mucosal ulcers

Mucosal healing correlates with long term disease remission, reduced risk of colorectal cancer and improved quality of life

92% of patients on once daily dosing had improved UC-DAI score
79% of patients on twice daily dosing had an improved UC-DAI score

Mucosal healing defined as UC-DAI endoscopic sub score <1 mild to mod UC patients with active disease treated OD or BD for 8 weeks/ 5-ASA

Tech/ Apps that can help.....

MyTherapy App – reminders for medications, tracker for weight,diet,symptoms and bowel movements

MyIBD App

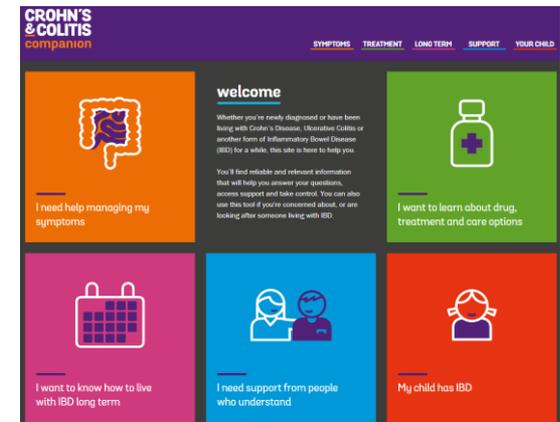
GI Monitor

MyIBD manager

In My Shoes – Crohns and colitis UK**

MyColitis

Oshi IBD tracker are all similar



Case study.....

- Male 24yr old with no other medical history, new diagnosis in 2014 of Colitis under the surgeons (Pancolitis)
- Given 1 month meds post colonoscopy
- Next reviewed by surgeons in 2016 on no meds – flaring (Pred rescue)
- Referred to Gastro and seen Dec 2016 by Cons, re-scoped and meds restarted, Mesalazine 2.4g daily
- Only saw IBD nurse in Jan 2019 when flared again as on no meds
- IBD nurse talked through condition/ meds as not had any education on Colitis before and issued prescription for 3.2g Mesalazine – patient asked about reducing pills to make more manageable

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