



MAKING SENSE OF NON-ADHERENCE

UNDERSTANDING THE PATIENT-RELATED, THERAPY-RELATED AND HEALTHCARE PROVIDER-RELATED FACTORS THAT CONTRIBUTE TO LOW ADHERENCE IN THE REAL WORLD

THE CHALLENGE

With limited data available on the real world adherence to multiple sclerosis (MS) therapies, a leading global pharmaceutical company wanted to determine the key patient-related, therapy-related and healthcare provider-related factors that contribute to low medication adherence in the real world. In addition, the company wanted to evaluate patient adherence rates for the approved disease modifying-therapies (DMTs) for relapsing-remitting MS (RRMS).

The company engaged Kantar Health, a leader in patient centricity and global innovation that's providing robust data, unique insight and real-world answers to some of the healthcare industry's toughest questions.

THE KANTAR HEALTH DIFFERENCE

Through the Global Adherence Project (GAP) – "A Multicenter Observational Study on Adherence to Disease-Modifying Therapies in Patients Suffering From Relapsing-Remitting Multiple Sclerosis" – 2,600 patients at 170 sites in 22 countries were profiled using electronic data capture and paper-based surveys.

WHY KANTAR HEALTH?

Kantar Health is a leading global healthcare consulting firm and trusted advisor to many of the world's leading pharmaceutical, biotech and medical device and diagnostic companies. It combines evidence-based research capabilities with deep scientific, therapeutic and clinical knowledge, commercial development know-how, and brand and marketing expertise to help clients evaluate opportunities, launch products and maintain brand and market leadership. Our advisory services span three areas critical to bringing new medicines and pharmaceutical products to market – commercial development, clinical strategies and marketing effectiveness.

Kantar Health conducted a Physician Survey, which enabled insight and information about infrastructure, the role of nurses, treatment paradigms and multiple patient adherence factors, as well as a Patient Survey, which gathered valuable information about demographics, social support structures, education on MS and DMTs, and personal views on medical management, quality of life, reasons for non-adherence and complications.

Results indicated that half of patients were "forgetting to administer injections" and this was the most commonly cited reason for non-adherence. "Forgetting to administer injections" is related to the complexity of treatment regimens or lower cognitive function in non-adherent patients. In addition, 32 percent of non-adherent patients reported at least one of the following injection-related reasons for non-adherence: being tired of taking injections, pain at injection site, injection anxiety, skin reaction, not feeling need for injection, and not having someone available to administer injection.

The findings confirmed that medication adherence is an issue in MS, and that there are therapy-related factors that physicians and patients should consider when selecting a therapy to facilitate adherence.

AT A GLANCE

They say that what you don't know can't hurt you. But in medicine what you don't take can't help you.

In the age of patient centricity, this is especially troubling, as poor medication adherence is severely compromising the benefits of medicine – with only 50 percent of patients with chronic diseases in developed countries adhering to recommended treatments.

FOR MORE INFORMATION, PLEASE CONTACT
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