Inflammatory Bowel Disease Patients’ Adherence to and Satisfaction with Treatment

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Abstract

Purpose To assess patient compliance and satisfaction with treatments for inflammatory bowel disease (IBD), including Crohn’s disease (CD) and ulcerative colitis (UC).

Methods Data were collected as part of the National Health and Wellness Survey (NHWS) during Q1-Q3 2007. Invitations were sent to a sample of Internet panel participants age 18 and above, and were stratified by gender, age and race. Respondents were given a four-question standardized scale to measure adherence to prescribed treatment regimens. Satisfaction with treatment was rated on a seven-point Likert scale (where 1 = Extremely dissatisfied and 7 = Extremely satisfied).

Results: The NHWS survey was completed by 63,012 people, of whom a total of 776 were self-identified as being diagnosed with CD (n = 330; 45% female; average age = 46.8 years) or UC (n = 446; 59% female; average age = 51.5 years). Use of the following medications was reported: aminosalycilates (5ASAs, n = 298), steroids (n = 85), immunomodulators (IMMs, n = 61), antibiotics (n = 45), infliximab (n = 28) and other anti-tumor necrosis factor agents (anti-TNFs, n = 7).

Conclusions: Patient reported adherence to treatment regimens was higher among infliximab users, and notably higher than adherence to other treatment interventions. Satisfaction with infliximab was also rated high. Optimizing compliance rates across treatments may help improve patient outcomes. Further studies are needed to understand the interaction of compliance rates and patient satisfaction in this patient population.

Introduction

Inflammatory disorders are characterized by an excessive or inappropriate immune response and can cause varying levels of inflammation to any organ in the body.1,2 Some of the diseases included in this category are rheumatoid arthritis, Crohn’s disease (CD), ulcerative colitis (UC), psoriasis, ankylosing spondylitis and psoriatic arthritis.3 Prevalence rates of inflammatory disorders in the United States have been estimated to be between two and seven percent.1

Medication therapy represents a cornerstone of modern treatment strategies for inflammatory bowel diseases (IBD). Appropriate medication use can help patients to achieve and maintain remission over time.4,5 However, medication costs and poor patient compliance often result in less than optimal adherence to treatment regimens and can result in poor outcomes for disease management. Poor medication adherence can be associated with a variety of disease states including IBD. It is important to identify factors that contribute to poor medication adherence in IBD.

Purpose

To better understand issues involved in patient compliance and satisfaction with treatments for IBD, including CD and UC.

Methods

The Consumer Health Sciences group utilized the National Health and Wellness Survey (NHWS), an internet based survey, to capture self-reported health and wellness information. Surveys captured information about various health conditions from January 2007–September 2007.

Participants included patients aged 18 years and older who responded to an internet invitation and data were stratified by patient gender, age and race.

Adherence was measured in terms of a 0 to 4 scale, which comprised the number of "yes/no" responses to four standardized questions6

— Do you ever forget to take your medications?
— Are you careless at times about taking your medicine?
— When you feel better, do you sometimes stop taking your medicine?
— Sometimes if you feel worse when you take the medicine, do you stop taking it?

Patients that reported complete compliance answered "no" to all 4 questions. Good to complete compliance was measured by 3 “no” responses.

Satisfaction with treatment was rated on a seven-point Likert scale (where 1 = extremely dissatisfied and 7 = extremely satisfied).

Table 1. Self-identified diagnosis with IBD

<table>
<thead>
<tr>
<th>Crohn’s Disease</th>
<th>Ulcerative Colitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>330</td>
</tr>
<tr>
<td>Female, %</td>
<td>45</td>
</tr>
<tr>
<td>Mean Age, years</td>
<td>46.8</td>
</tr>
<tr>
<td></td>
<td>446</td>
</tr>
<tr>
<td></td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>61.5</td>
</tr>
</tbody>
</table>

The NHWS survey provided outcomes and treatment data for 63,012 respondents.

776 patients were self-identified as being diagnosed with IBD, either CD (n = 330; 45% female; average age = 46.8 years) or UC (n = 446; 59% female; average age = 51.5 years).

Use of the following medications was reported: aminosalycilates (5ASAs, n = 298), steroids (n = 85), immunomodulators (IMMs, n = 61), antibiotics (n = 45), infliximab (n = 28) and other anti-tumor necrosis factor agents (anti-TNFs, n = 7).

Approximately half (45%) of IBD patients reported complete compliance with their medication while an additional 20% reported good compliance.

Figure 1. Factors contributing to non-compliance

<table>
<thead>
<tr>
<th>Reason for Non-compliance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forget to take IBD medication</td>
<td>42.9%</td>
</tr>
<tr>
<td>Careless about taking IBD medication</td>
<td>28.4%</td>
</tr>
<tr>
<td>Stop taking IBD medication when feeling better</td>
<td>26.8%</td>
</tr>
<tr>
<td>Stop taking IBD medication when feeling worse</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

A greater percentage of respondents indicated complete or good compliance with infliximab (75%) compared with other medications, including steroids (69%), IMMs (72%), 5ASAs (63%) and antibiotics (47%).

On average, slightly less than half of respondents (48%) reported being satisfied with their IBD medication.

75% of infliximab-treated respondents indicated being extremely or very satisfied with treatment, as compared with 55% using 5ASAs, 49% taking antibiotics, 41% taking IMMs and 32% taking steroids.

Conclusions

Patient reported adherence to treatment regimens was high among infliximab users, and notably higher than adherence to other treatment interventions.

Satisfaction with infliximab was also rated high.

Optimizing compliance rates for IBD treatments may help improve patient outcomes.

Further studies are needed to understand the interaction of compliance rates and patient satisfaction in this patient population.

Table 2. Patient compliance and satisfaction

<table>
<thead>
<tr>
<th>Medication</th>
<th>Patient Compliance</th>
<th>Patient Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infliximab</td>
<td>28</td>
<td>75%</td>
</tr>
<tr>
<td>Steroids</td>
<td>85</td>
<td>69%</td>
</tr>
<tr>
<td>IMMs</td>
<td>61</td>
<td>72%</td>
</tr>
<tr>
<td>5ASAs</td>
<td>298</td>
<td>63%</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>45</td>
<td>47%</td>
</tr>
</tbody>
</table>

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References


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