

Adherence to RA Medications as Reported by Patients and Rheumatologists in the Ontario Best Practices Research Initiative (OBRI)

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Objective: The World Health Organization (WHO) has identified five dimensions of adherence; social/economic related, therapy related, patient related, condition related, and health system related factors. The objective of this study was to look at reported non-adherence in patients participating in the OBRI.

Methods: In the OBRI database, 311 patients reported 407 occurrences of either not taking their RA medications as prescribed or not starting a recently prescribed RA medication. Patient reported reasons for these occurrences were categorized according to the WHO dimensions. OBRI patients who completed 2 years of patient reported data (N = 901) were also categorized as either adherent (N = 638, 71%) or non-adherent (n = 263, 29%). Patients were considered non-adherent if their rheumatologist reported “patient decision” as the reason for the discontinuation of an RA medication or if the patient reported any of the following to their interviewer: i) not taking their RA medications as prescribed, ii) stopped taking their prescribed RA medication, or iii) not started taking an RA medication prescribed by their rheumatologist. The adherent and non-adherent groups were compared with respect to demographics, socio-economic status, and disease outcome scores, at baseline. Patient reported global, RADAI (Rheumatoid Arthritis Disease Activity Index) and HAQ (Health Assessment Questionnaire) were also reported for the assessment at which the patient reported non-adherence.

Results: Patient related, health system related, therapy related, condition related, and socio economic related factors accounted for 41%, 24%, 18%, 6%, and 4% of the reasons patients reported for not taking their RA medications. At baseline assessment, non-adherent patients were significantly younger, reported higher household incomes, and higher education levels ($p < 0.05$). No significant differences were found with respect to RA duration, smoking, private vs public insurance, number of co-morbidities, patient reported global, RADAI and HAQ scores. At the time of the reported non-adherence, patients reported significantly lower globals, RADAI and HAQ scores compared to their baseline assessments ($p < 0.0001$).

Conclusion: Patient’s perceived needs for treatment, their concern about side effects, and forgetting to take their medications were the most common reasons reported for not taking RA medications as prescribed or for not starting a recently prescribed RA medication. One third of the OBRI patients reported nonadherence. The decrease in patient reported global, RADAI and HAQ at the time of the reported nonadherence suggests that patients may be discontinuing the use of their RA medications when experiencing low disease activity.