

Study 2

Adherence to anti-TNF therapy in Rheumatoid Arthritis

Dr Sarah Chapman, Dr Abbie Jordan, Dr William Tillet

Lay summary

People who have rheumatoid arthritis (RA) experience joint pain and swelling leading to stiffness and difficulties with activities. Anti-TNF therapies can reduce the inflammation that worsens the disease, if taken as prescribed. For patients, this can mean regular injections or infusions and the risk of potential side effects such as infections. We know that people taking other treatments who worry about side effects and have practical difficulties taking treatments can be less likely to take the treatment. Few studies have investigated in detail how patients with RA take anti-TNF treatments but pharmacy records suggest that 19-68% of people with RA might miss doses or stop treatment early.

The aim of this study is to understand how people with RA take anti-TNF treatments and explore what they think about this treatment. We will ask people taking anti-TNF therapy for RA to fill in a short questionnaire including validated measures of medication taking. We will use their responses to gain insights into how people take medication, what people think about these treatments, and what problems can make it difficult to take these treatments. This project will provide information that can be used to inform support for patients taking anti-TNF treatment.

Scientific summary

Anti-TNF therapy can reduce inflammation and disease progression for severe RA that is unresponsive to other treatments [1]. Anti-TNF therapy is effective but costly, with estimated first year costs per patient of £7000-£16000 [1]. Using the treatment appropriately could ensure achieve benefits for patients and reduce healthcare costs. Pharmacy records indicate 19-68% of patients taking anti-TNF therapy for RA miss over 20% of doses [2]. This figure is likely an underestimate of anti-TNF nonadherence, as collecting treatment is not a guarantee it will then be taken. In other conditions [6-8], and medications [9], patients who doubt their need for treatment or are concerned about adverse effects at risk of nonadherence. These factors are likely to be relevant for anti-TNF treatment which prescribers often discontinue due to low efficacy or adverse effects [3, 4]. However, patients' perceptions and behaviours have not been explored.

We aim to evaluate RA patients' adherence to, and perceptions of anti-TNF therapy. We will use a brief questionnaire including validated measures of adherence and perceptions of anti-TNF treatment. We will explore how demographic and clinical variables (e.g. comorbidity, polypharmacy, disease activity) relate to medication adherence and perceptions. This project will inform support for patients taking these treatments.

References

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