Rheumatic disease patients' preferences in adverse drug reaction information regarding biologics

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DISCLOSURE STATEMENT

☑ No conflicts of interest

Taking pictures is ALLOWED during the full presentation

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INTRODUCTION

- Patient-reported outcomes (PROs) and study results
- The pilot ‘Dutch Biologic Monitor’
  - Prospective cohort event monitoring system for patient reported adverse drug reactions (ADRs) attributed to biologics [1,2]
    - Inclusion criteria: use of a biologic, >18 years
    - Bimonthly web-based questionnaires on ADRs
    - Type and course of ADRs and actions taken to treat ADRs
    - The experienced burden on a five-point Likert-type scale
    - Whether patients like to receive the results of the monitor

1. Kosse LJ. *Rheumatol.* 2020 Jun 1;59(6):1253-1261.

2. Van Lint JA. *Drug Saf.* 2020 DOI: 10.1007/s40264-020-00946-z.

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OBJECTIVES

To obtain insight in which results patients with immune-mediated inflammatory diseases (IMIDs), including inflammatory rheumatic disease patients, prefer to receive after participating in the Dutch Biologic Monitor.

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METHODS

- Substudy of the Dutch Biologic Monitor
- Online survey May 2018
- Patients that wished to receive the results of the Dutch Biologic Monitor (70.6%)
- Five-point Likert-type scale for relevance and importance

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METHODS

Survey content

- Preferences for the results per type of IMID over aggregated results
- Interest in ADRs experienced by patients with similar and other IMIDs
- Interest in baseline characteristics of all patients participating in the Dutch Biologic Monitor
- Interest in biologic-specific information
- Interest in ADR-specific information

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METHODS

Subgroup analysis:

- inflammatory rheumatic disease (IRD) patients vs. the entire respondent population
- inflammatory bowel disease (IBD) patients vs. the entire respondent population
- IBD patients vs. IRD patients
- males vs. females
- patients that reported ≥ 1 ADR in the Dutch Biologic Monitor vs. patients that had not reported an ADR

Statistical analysis:

Mann-Whitney U Tests

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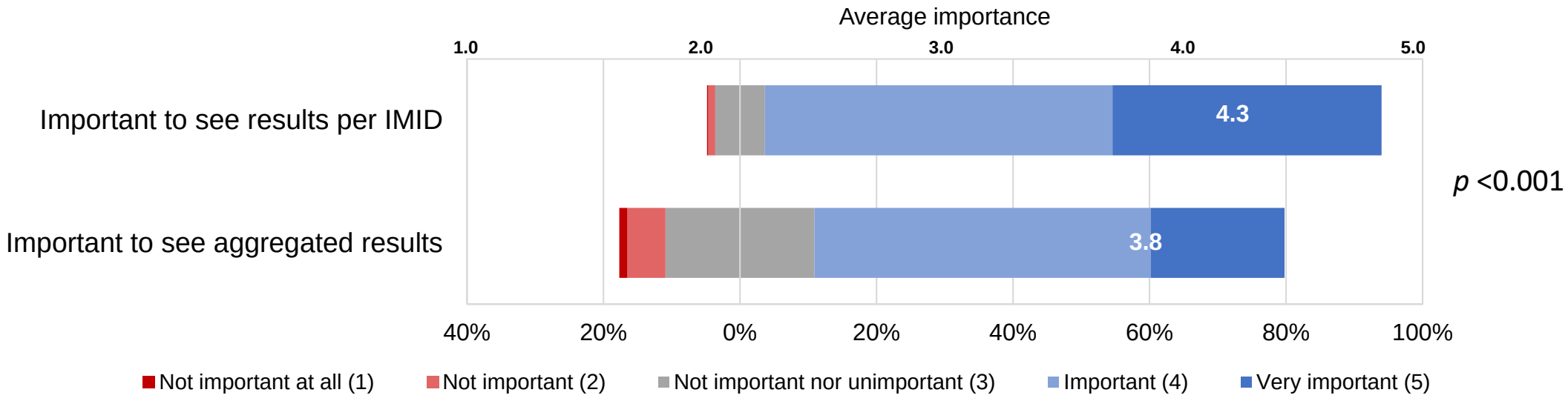
RESULTS respondent characteristics

Characteristics	
Respondents	591 (67.6%)
Age, median (IQR), years	59.0 (51.0-67.0)
Gender (Female)	353 (59.7%)
ADR reported	256 (43.3%)
Biologic	
Adalimumab	220 (37.2%)
Etanercept	196 (33.2%)
Inflammatory rheumatic disease	454 (76.8%)
Rheumatoid arthritis	277 (46.9%)
Psoriatic arthritis	111 (18.8%)

RESULTS preferences in ADR information

Information per IMID vs. aggregated results



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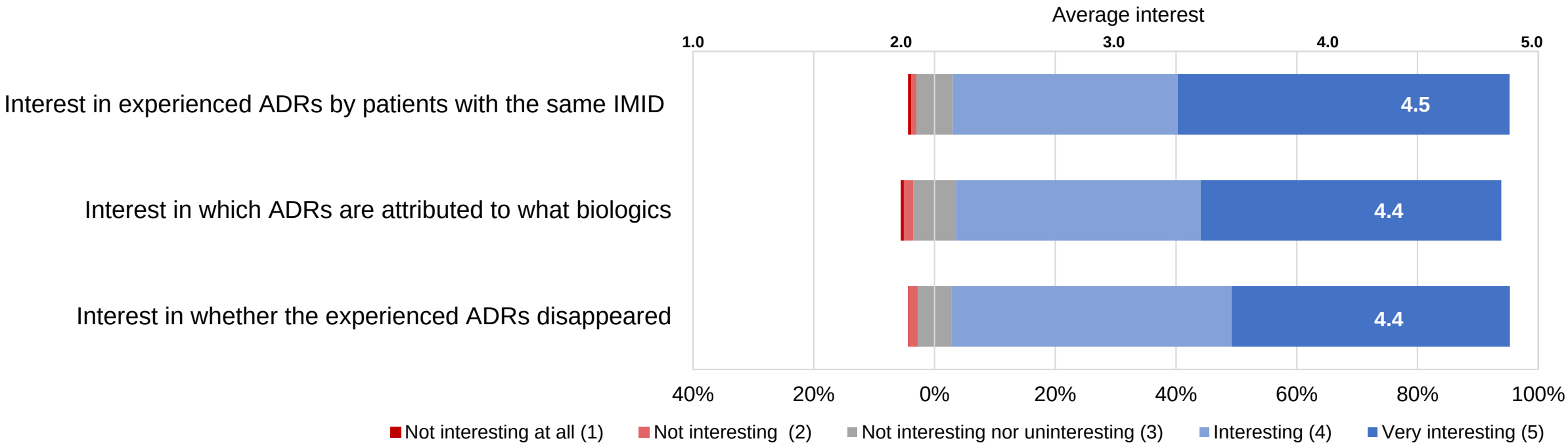
RESULTS preferences in ADR information

Interest in ADR information: most interesting



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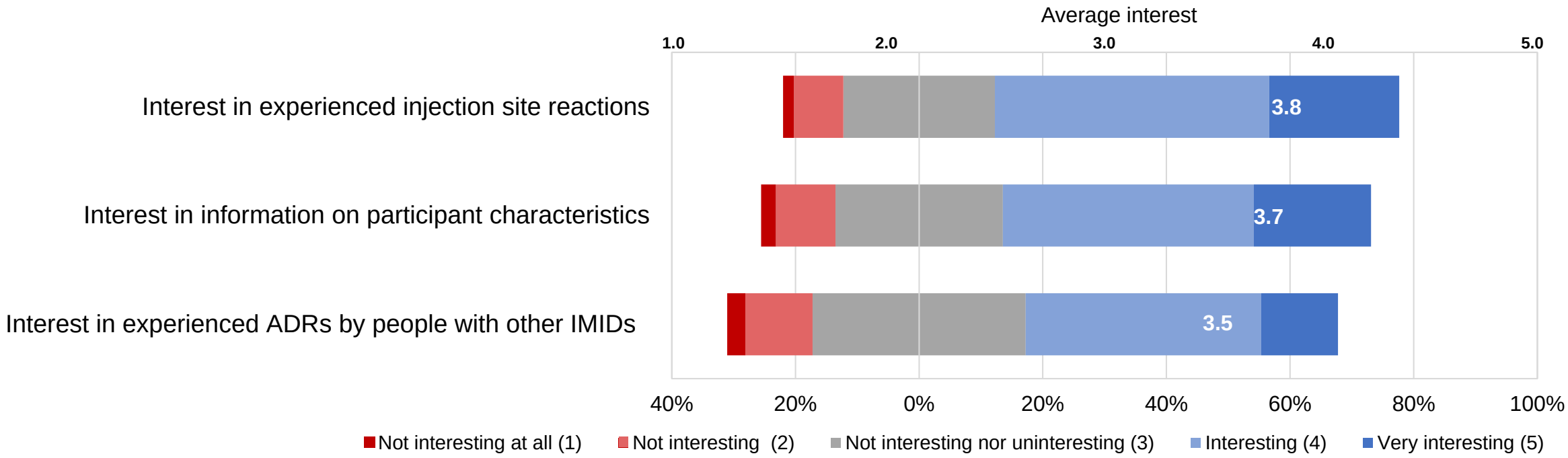
RESULTS preferences in ADR information

Interest in ADR information: less interesting



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RESULTS preferences in ADR information

No differences found in preferences per statement between:

- IRD patients vs. the entire respondent population
- IBD patients vs. the entire respondent population
- IBD patients vs. IRD patients
- males vs. females
- patients that reported ≥ 1 ADR in the Dutch Biologic Monitor vs. patients that had not reported an ADR

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DISCUSSION

- First study on patient preferences regarding ADR information attributed to biologics
- Patients are mostly interested in which biologics lead to what kind of ADRs, whether patients with the same IMID experience the same ADRs and whether ADR(s) disappear(s) or not
- In line with previous studies focused on the spontaneous reporting system[1]

1. Rolfes L. *Expert Opin Drug Saf* 2015;14(5):625–32.

DISCUSSION

Limitations

Generalizability and selection bias

- No information on ethnicity or education level
- Proficiency in Dutch and web-access were required
- Participants of the Dutch Biologic Monitor that wished to be informed

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CONCLUSION

- IMID patients prefer to receive information on ADRs focused on their disease and biologic
- IMID patients wish to obtain information on the outcomes of ADRs
- Study outcomes on ADRs should be communicated to patients and tailored to their interests

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Thank you for your attention

For questions email: g.weits@lareb.nl

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