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Title: Treatment satisfaction, expectations, patient preferences and characteristics, including digital health literacy (DHL), and the impact of suboptimal disease control in a large international cohort of patients with rheumatoid arthritis (RA): The SENSE study

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Background: Patient characteristics, their treatment preferences and goals are important determinants of treatment success in rheumatoid arthritis (RA).

Objectives: SENSE study aimed at assessing the impact of inadequate response to disease-modifying anti-rheumatic drugs on disease outcomes, and analyze their attitude their treatment and disease.

Methods: Non-interventional, cross-sectional study conducted in 18 countries in Europe, Asia, and America. Adult RA patients with moderate/high disease activity were eligible. Patient satisfaction was assessed by Treatment Satisfaction Questionnaire for Medication, Version 1.4 (TSQM v1.4). Treatment adherence, patient preferences, and expectations were evaluated by visual analog scale. eHealth Literacy Scale was employed for evaluating DHL. Work Productivity and Activity Impairment Questionnaire-Rheumatoid Arthritis, v2.0 (WPAI-RA) was used to assess workability and patient documentation for healthcare resource utilization (HRU).

Results: 1624 patients were included in this analysis; most were female (84.2%), middle-aged, and had a mean (standard deviation [SD]) disease duration of 10.5 (9.3) years. 11.9% of the patients had retired early and 6.0% were unemployed due to RA. Mean (SD) total WPAI-RA score was 55.1% (26.7). In the previous 3 months, the mean (SD) number of healthcare professional and emergency room visits were 2.2 (2.5) and 1.6 (1.3), respectively. Mean (SD) TSQM v1.4 global satisfaction subscore was 60.9 (20.9), with only 13.5% reporting good treatment satisfaction (TSQM global ≥80). The leading treatment expectations were 'general improvement of arthritis', 'less joint pain', and 'lasting relief of RA symptoms,' with mean (SD) scores of 5.7 (1.6–1.7) for each. 60.7% of patients preferred oral administration and 31.3% preferred not to use drug combinations for RA. Preferred time to effect was predominantly 'up to one week' (71.1%). Least frequently side effects rated 'acceptable' were 'increased risk for malignancies' (3.5%) and 'increased risk for cardiovascular diseases' (3.3%). Most patients (67.4%) had poor DHL. Good adherence (in 87.4% of patients) was significantly associated with lower levels of joint pain.

Conclusions: Suboptimal disease control has a significant impact on satisfaction, workability, and HRU. Our results can support shared decision-making when setting RA treatment strategy.

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