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Mode of Administration in Rheumatoid Arthritis Treatments: An Exploration of Patient Preference for an 'Ideal Treatment'

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Session Type: ACR Poster Session C

Session Time: 9:00AM-11:00AM

Background/Purpose: The high prevalence and significant burden of RA has led to the development of a wide variety of treatments; specifically, conventional synthetic DMARDs, and biologic DMARDs (bDMARDs). Mode of administration and dosing frequency can impact on patient treatment satisfaction and adherence. This study qualitatively explored patients' and clinicians' views of the 'ideal' treatment, and the preferred mode of administration, in patients with moderate to severe disease activity and on active treatment.

Methods: Semi-structured interviews were conducted with 46 patients with RA from Germany (n=15), France (n=15), UK (n=10), and Spain (n=5). Eligible patients had been diagnosed for 2-5 years and had a current disease activity score in 28 joints (DAS28) >3.2. Initial questions were open-ended followed by more probing questions. Patients reflected on their treatment experiences, in relation to mode of administration (oral and subcutaneous injection), dosing frequency, and advantages/disadvantages of each mode of administration. Patients completed an 'ideal treatment task' and answered the following question: "*How would the treatment be administered?*" Qualitative interviews were conducted with 10 rheumatologists from Germany (n=2), France (n=2), UK (n=4), and Spain (n=2), to explore their perspectives on modes of treatment administration.

Results: Patients had a DAS28 mean score of 4.23 (SD=1.0) and either, were eligible for but had not yet received bDMARDs (23/46; 50.0%), were receiving bDMARDs (12/46; 26.1%), had received >1 anti-TNF treatment previously and were now receiving a treatment with a different mode of action (3/46; 6.5%), or were receiving another treatment regimen (8/46; 17.4%). Of the 41 patients who took part in the 'ideal treatment task', 22/41 (53.7%) would prefer an oral treatment, 14/41 (34.1%) an injectable treatment, and 5/41 (12.2%) had no preference. Patients reported an oral treatment to be:

easy to manage (2/41), convenient (especially when travelling) (1/41), and preferable to an injection (9/41); however, patients acknowledged that an oral treatment can be difficult to remember to take (4/41), can be harsh on the stomach (1/41), and can have a strange taste (1/41). Patients reported the advantages of an injectable treatment to be: independence associated with self-injecting (3/41), and less harsh on the stomach than an oral treatment (1/41); however, their disadvantages included: a dislike of needles (5/41), problems at injection site (1/41), and difficulty in gripping an injection device (1/41). The majority of clinicians (6/10; 60.0%) perceived patients to prefer an oral treatment, compared with 2/10 (20%) who perceived patients to prefer an injectable treatment (2/10 [20%] did not report a perceived preference). Of the 10 patients who discussed frequency of oral treatment, 8/10 (80%) would find a daily tablet acceptable.

Conclusion: Patients and physicians in this survey identified a range of perceived advantages and disadvantages associated with different modes of drug administration. These findings help inform the dialogue between patient and physician when considering the most appropriate treatment choice for an individual.

Disclosure: P. C. Taylor, GSK, UCB, JANSSEN, 2,JANSSEN, UCB, PFIZER, ABBVIE, LILLY, BMS, ROCHE, GSK, NOVARTIS, SANDOZ, BIOGEN, BAXALTA, SANOFI., 5; **R. Alten**, None; **J. J. Gomez-Reino**, None; **R. Caporali**, Lilly, Abbvie, MSD, Pfizer, UCB, Celgene, Mundiharma, 5; **P. Bertin**, None; **L. Grant**, Adelphi Values, 3; **E. Brohan**, Adelphi Values, 3; **J. Wells**, Adelphi Values, 3; **R. Vasilescu**, Pfizer Inc, 1,Pfizer Inc, 3; **M. Tarallo**, Pfizer Inc, 1,Pfizer Inc, 3.

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