Abstract

Objectives: Rheumatoid arthritis (RA) is a chronic inflammatory disorder that affects the lining of joints, causing painful swelling that can result in bone erosion and joint deformity. Patient adherence to medications can help reduce or lessen inflammation; however, non-adherence and frequent switching are recognized problems in patients with RA. The objectives of this study are to better understand patients’ reasons(s) for being non-adherent or switching and physicians’ reasons for recommending a switch.

Methods: We extracted 300 records for RA patients from a unique database of physician-patient interactions (RealHealthData). Using Adas.t, we analyzed these records to analyze trends for medication switch and/or non-adherence, i.e., when, why, and how patients stopped or switched their medication. In addition, we analyzed physicians’ noted reasons for switching.

Results: On average, patients were 53 years old and similar to the general RA population, with a noted variability of swelling and joint pain. The medications prescribed to the patients included: methotrexate (22%), Ocrelizumab (18%), Remicade (14%), Plaquenil (14%), Humira (13%), Enbrel (8%), Actemra (6%), CellCept (5%). Patients’ reported reasons for switching and/or non-adherence included: increased pain/swelling (46%), feeling the medication is not working and/or continual progression of symptoms (35%) and adverse reaction to medication such as injection site reactions, rashes, fevers, or infections (34%). Of the physicians who recommended switching, reasons for switching their patients’ medications included potential toxicities associated with drugs (46%) and observed disease progression (34%).

Conclusions: It is critical to better understand patients’ and physicians’ reasons for switching medication for chronic disease like RA. The more we know about reasons for behavior, the more we can actively plan and organize research, development and overall care for patients that is patient-centric and clinically meaningful. Our results demonstrate that using physician-patient interaction data can add tremendous value to outcomes researchers and healthcare decision makers.

Methods

We extracted 300 patient records that were identified for people diagnosed with RA from a unique database of physician-patient interactions: RealHealthData (http://www.realhealthdata.com/).

RealHealthData works with medical transcription companies across the country to build a database of detailed narrative medical records, providing a unique perspective on patient conditions and physician interaction. (Figure 1). In order to be included in the database, patients needed to be at least 18 years of age, diagnosed with Rheumatoid Arthritis, and had an office visit with at least one physician in the past 12 months.

Using Adas.t and Excel, we analyzed these patient records to evaluate how often the recommended assessments of disease activity was documented by physicians during office visits.

Results

On average, patients were 59 years old and Figure 2 presents the breakdown of prescribed medications.

Patients’ reported reasons for switching and/or non-adherence included: increased pain/swelling (34%), feeling the medication is not working and/or continual progression of symptoms (35%) and adverse reaction to medication such as injection site reactions, rashes, fevers, or infections (34%).

Of the physicians who recommended switching, reasons for switching their patients’ medications included potential toxicities associated with drugs (46%) and observed disease progression (34%) (Figure 4).

Conclusions

It is critical to better understand patients’ and physicians’ reasons for switching medication for chronic diseases like RA. The more we know about reasons for behavior, the more we can actively plan and organize research, development and outreach that is patient-centric and clinically meaningful. Our results demonstrate that using physician-patient interaction data can add tremendous value to outcomes researchers and healthcare decision makers.

References


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