

**54 MEDICATION ADHERENCE IN IBD IN THE GLOBAL ALIGN STUDY: IMPACT OF CONCERNS AND PERCEIVED NECESSITY OF IMMUNOSUPPRESSANTS, 5-AMINOSALICILATES, AND TNF INHIBITORS**

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Introduction: Relatively little is known about the relationship between patients (pts\_) beliefs (eg, concerns, necessity) regarding inflammatory bowel disease (IBD) therapies and medication adherence; a better understanding could enhance interventions to optimize adherence.

Aims & Methods: The global, cross-sectional ALIGN study determined pts\_ beliefs about, and adherence to, systemic therapies in 47000 pts with 6 immune-mediated inflammatory diseases including Crohn's disease (CD) and ulcerative colitis (UC). Consecutive pts completed the Beliefs About Medicines Questionnaire (BMQ) and 4-item Morisky Medication Adherence Scale (MMAS-4) at a routine visit. Here, CD and UC pts were divided into 3 treatment groups (Table). The reference for comparisons was immunosuppressant (IS) monotherapy for CD and 5-aminosalicylate (5ASA) monotherapy for UC. Multiple random-effect linear and logistic regression analyses explored pts\_ beliefs regarding their therapies and associations with adherence.

Results: 1146 CD pts and 613 UC pts were analyzed. In CD, BMQ-Specific Concern ratings were similar for IS, 5ASA, and TNFi. In UC, TNFi (alone or combined with IS) and IS (in combination therapy) were associated with increased concerns vs 5ASA monotherapy. For CD and UC, TNFi (alone or combination) was associated with higher BMQ-Specific Necessity beliefs vs IS monotherapy. Older age and higher necessity beliefs were associated with higher treatment adherence in multivariable regression. Higher proportions of CD and UC pts reported high adherence (MMAS-4=4) to TNFi vs other therapies (73%–82% vs 29%–59%). Regression analyses revealed that, in CD and UC, adherence was significantly higher with TNFi therapy (alone or combined with IS) vs IS monotherapy; in UC, adherence was significantly higher with IS and TNFi (alone or in combination) vs 5ASA monotherapy (Table).

Table: Multivariable Logistic Regression Analysis On High Adherence (MMAS-4=4) to IBD Treatments in CD or UC

CD			
Treatment Group	MMAS-4 Adherence Rating	N	Odds Ratio (95% CI)
IS monotherapy (IS±5ASA±steroids)	IS (Reference)	262	–
	5ASA	62	0.4 (0.1–1.1)
TNFi monotherapy (TNFi±5ASA±steroids)	TNFi	577	7.3 (3.8–13.9)
	5ASA	122	1.6 (0.7–3.6)
IS-TNFi combination therapy (IS+TNFi±5ASA±steroids)	IS	277	1.5 (0.8–3.0)
	TNFi	280	17.5 (7.8–39.3)
	5ASA	65	1.5 (0.5–4.7)
UC			
5ASA monotherapy	5ASA (Reference)	157	–

(5ASA±steroids)			
IS monotherapy	IS	126	6.2 (1.8–21.0)
(IS±5ASA±steroids)	5ASA	89	1.9 (0.5–6.5)
TNFi monotherapy	TNFi	185	67.7 (13.8–331.1)
(TNFi±5ASA±steroids)	5ASA	87	5.5 (1.3–22.7)
IS-TNFi combination	IS	92	19.2 (4.1–88.8)
therapy	TNFi	94	185.2 (27.5–1245.6)
(IS+TNFi±5ASA±steroids)	5ASA	46	21.0 (3.5–126.6)

Conclusion: This large cross-sectional study indicates that concerns regarding TNFi are similar to conventional therapies in CD and UC, but are higher compared with 5ASA treatment in UC. In both CD and UC, pts express high treatment necessity beliefs for TNFi therapy, which is associated with increased adherence rates.

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