

EP-045 - MULTI-COUNTRY, CROSS-SECTIONAL STUDY TO DETERMINE PATIENT-SPECIFIC AND GENERAL BELIEFS TOWARD MEDICATION AND THEIR TREATMENT ADHERENCE TO SELECTED SYSTEMIC THERAPIES IN SIX CHRONIC IMMUNE-MEDIATED INFLAMMATORY DISEASES (ALIGN): OVERALL RESULTS AND PRELIMINARY RESULTS FOR THE PORTUGUESE SUBPOPULATION

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Background/Purpose: Adherence to immune-mediated inflammatory diseases (IMIDs) treatment is essential to optimize treatment outcomes. Improving patient's adherence is crucial to understand the balance between pts beliefs (need for medication) and potential side effect's concerns. Objective of ALIGN study was to describe beliefs and concerns of pts with chronic IMIDs, towards their systemic medication (TNFis and/or conventional treatment). We report results of ALIGN study for overall population and Portuguese subpopulation.

Methods: Cross-sectional, multi-country, non-interventional study, including adult pts with an IMID: rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, Crohn's disease, ulcerative colitis and psoriasis receiving systemic medications. Primary outcomes were assessed by "Beliefs Medication Questionnaire" (BMQ). Secondary outcomes were assessed by "Four-item Morisky Medication Adherence Scale" (MMAS-4).

Results: A total of 7 197 pts from 33 countries (around 500 sites) were included. Portuguese subpopulation included 138 pts.

Across all indications and treatment groups, lower mean scores were reported for "BMQ Specific Concerns" compared to "BMQ Specific Necessity" (overall population: 2.6-3.0 vs 3.5-4.2). Combining the BMQ Specific Necessity and Concerns scores revealed that most pts were either "ambivalent" (high need and high concerns) or "accepting" (high need and low concern) towards their medication, both in overall population (ambivalent: 37.1%-41.2%; accepting: 47.3%-55.5%) and in Portuguese subpopulation (ambivalent: 34.4%-56.8%; accepting: 36.4%-63.8%).

In overall population, among highly adherent pts (MMAS-4 score =4), the percentage of patients who were "accepting" towards their medication (regardless of treatment), was significantly ($p < 0.0001$) higher than the percentage of those who were "ambivalent". The percentage of highly adherent pts was higher for pts treated with TNFis than for those treated with conventional treatment (overall population: 67.7%-73.1% vs 49.6%-53.6%; Portugal: 71.2%-71.9% vs 47.8%-54.8%).

Conclusion: The largest percentage of patients was either "accepting" or "ambivalent" towards their current medication for IMIDs. The high percentage of "ambivalent" pts suggests the need for more effective interventions for addressing concerns regarding prescribed medication. High adherence to treatment was more prevalent in TNFis pts (either in monotherapy or in combination with conventional therapy).