

“Honestly I’m very scared of the side effects so I don’t, I won’t take it”: A Qualitative Study of Adherence to DMARDs in Inflammatory Arthritis Patients

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Background

- Consistent reports of suboptimal treatment adherence among patients with inflammatory arthritis (IA) underscore the importance of understanding patients’ perspectives and experiences with taking arthritis medications
- Despite previous qualitative research on IA patients’ experiences on arthritis medications - namely DMARDs - gaps remain, most notably, the majority of studies have primarily examined challenges and barriers to adherence

Objective

- **To explore IA patients’ perspectives of DMARD use**
- **To understand facilitators and barriers to DMARD use according to IA patients’ experiences**

Methods

Study Design

- A qualitative approach based on facilitator-led focus groups was used to draw information on IA patients’ perspectives, experiences, and priorities with DMARD (“arthritis medication”) use and disease management in the context of their encounters with the healthcare system.

Eligibility Criteria

1. Had a rheumatologist-confirmed diagnosis of IA
2. Were taking a DMARD(s)
3. Could communicate in English

Qualitative Analysis

- We applied an iterative, thematic approach informed by aspects of grounded theory and using the constant comparison method.
- Three study members independently read and annotated the transcripts and after discussion agreed on an initial coding framework
- Categories emerging from the focus group were identified and collected under major thematic headings

Focus Groups

- Comprised of:
 1. 4-6 participants
 2. Trained facilitator
 3. Two observers

Questions?

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Results

- 26 patients with IA (10 male, 16 female) participated in 6 focus groups
- After qualitative analysis, four predominant themes emerged (**Table 1**):
 1. **Experiences of taking DMARDs:** Encompassing both external or “what is happening” (ex. Medications not working) and internal or “how they are feeling” (ex. Feeling frustrated)
 2. **Motivation to take DMARDs:** Encompassing both negative (avoiding something bad) and positive (gaining something good) motivators
 3. **Barriers to adherence:** Encompassing both logistic (ex. Costs of medications) and emotional (ex. Worried about side effects) factors
 4. **Facilitators of adherence:** Encompassing both logistic (ex. Developing a routine) and emotional (ex. Peer support) factors
- The relation between these major themes is shown in a preliminary conceptual framework that we are developing as part of the on-going analyses (**Figure 1**)

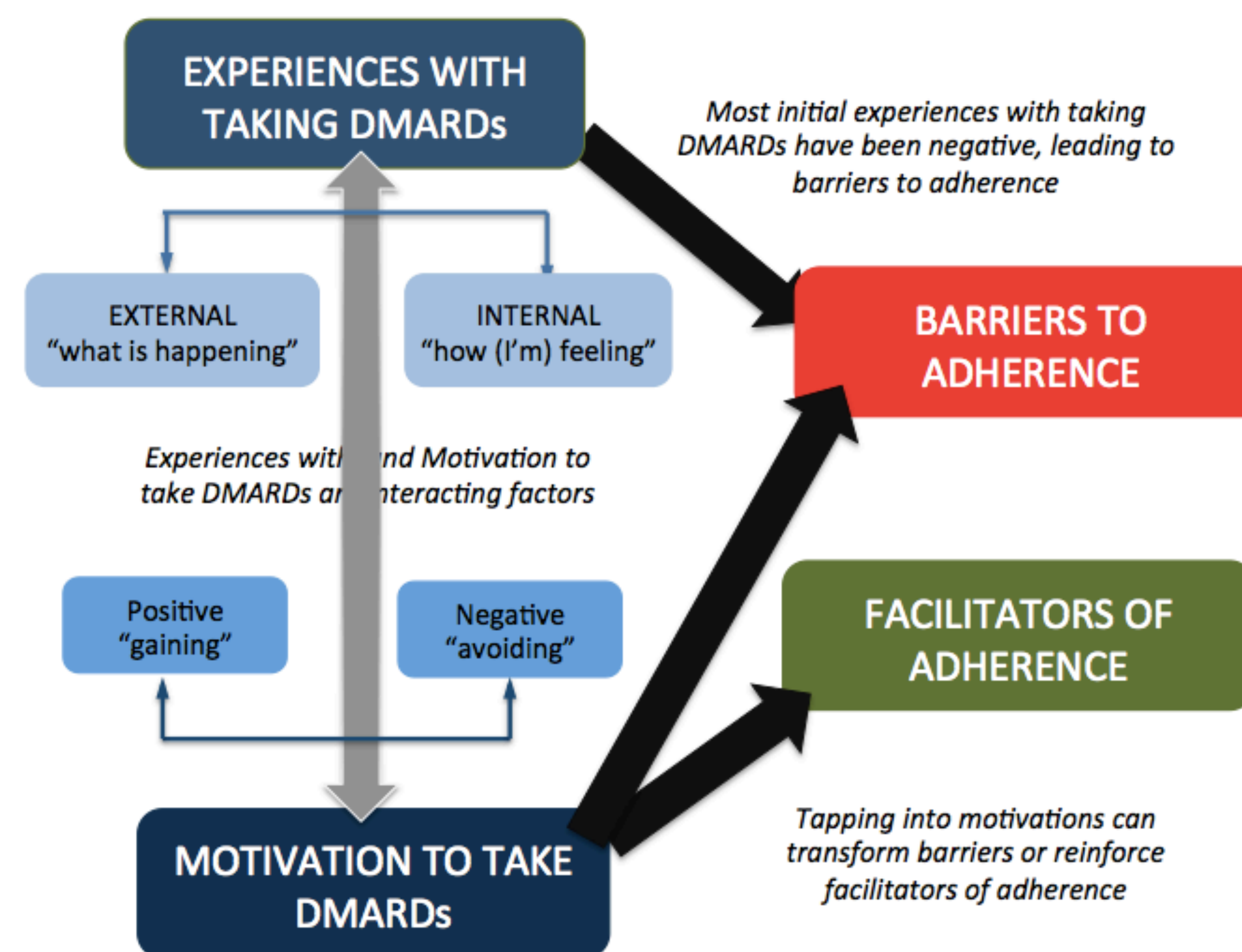


Figure. Preliminary Conceptual Framework Illustrating Inflammatory Arthritis Patients’ Perspectives of Taking DMARDs (grey two-directional arrows indicate interactions (between themes); solid one-directional black arrows indicate how one theme may influence another theme)

Table 1: Participant Quotations to Illustrate Major Themes

Theme	(Selected) Categories	Illustrative Quote
Experiences of taking DMARDs	Internal	<i>Well I was very anti-drug. So when I was diagnosed, I was actually given a prescription for Methotrexate, which I did not use</i>
Motivation to take DMARDs	Positive Motivators	<i>But yeah, that's why I take them because I hope they're going to help eventually</i>
Barriers to adherence	Emotional	<i>Yeah I was really stubborn about it. I have been more adherent to my medications in the last few years. But before that I was always, like, I'll take it as needed. No, I don't have AS or I'm not that bad. I don't really need to be on a scheduled medication routine or anything.</i>
Facilitators of adherence	Emotional	<i>My social group helps me a lot. We discuss, you know, let's say when the Methotrexate was bothering me and I was talking to them. They could say, 'Subject 10, I take it at such and such a time.'</i>

Conclusions

- These findings provide better understanding of how IA patients’ experiences and perspectives of taking DMARDs influence barriers and facilitators of adherence
- These findings have important implications for future research on how to better support IA patients with taking medications to ensure adherence and optimal outcomes.

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