How to Make Taking Your Medications Easier

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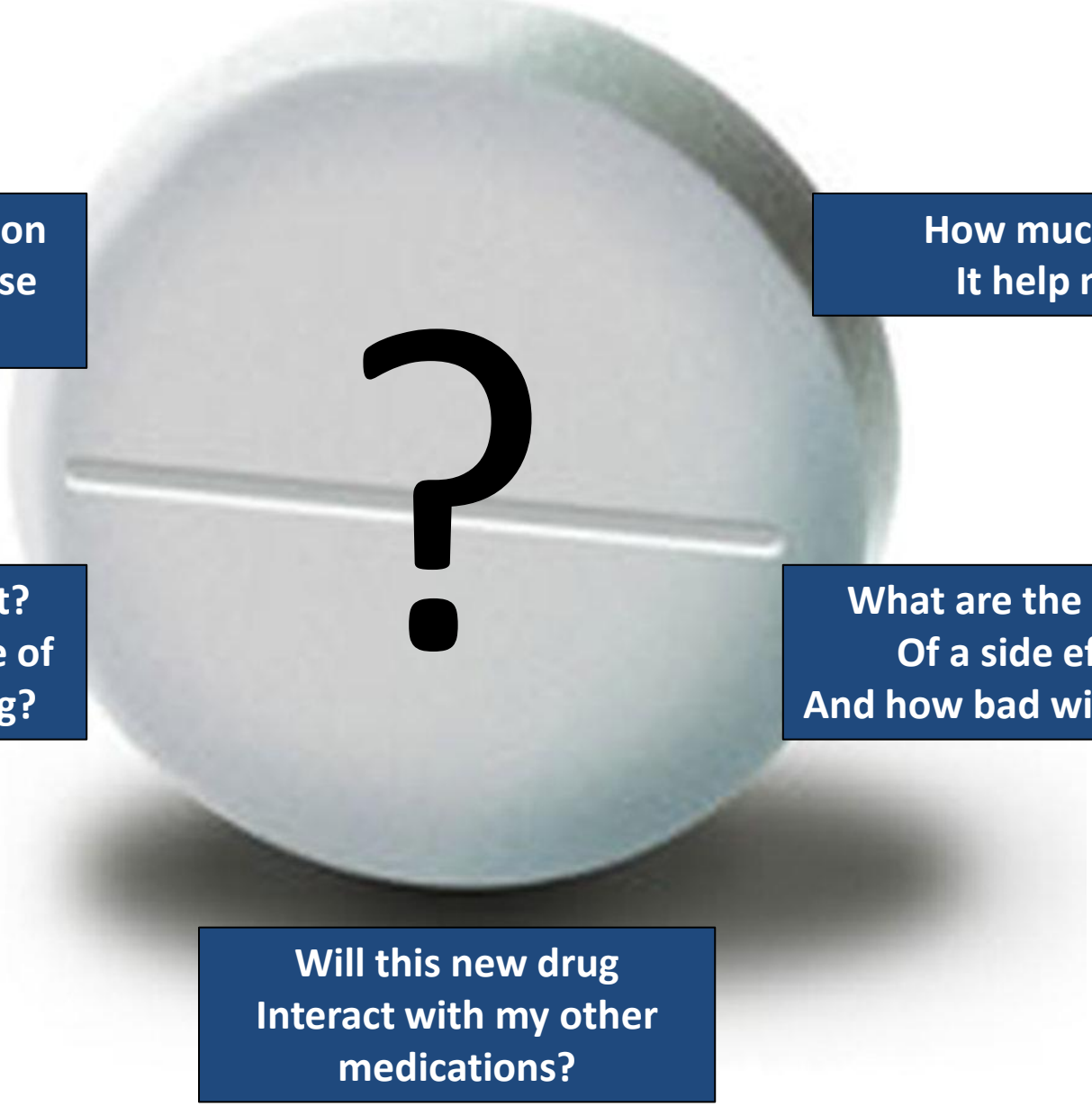
Medications often confuse patients

And even doctors

Do I really need another medication?

I feel like a “sick” person Having to take all these Medications!

How much will It help me?



How much will it cost? What about the hassle of laboratory monitoring?

What are the chances Of a side effect? And how bad will they be?

Will this new drug Interact with my other medications?

Outline

1. Review medication basics
2. Discuss medication adherence
3. Describe new program aimed to improve medication use in rheumatology

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Common Rheumatology Meds

1. Methotrexate
2. Leflunomide
3. Sulfasalazine
4. Hydroxychloroquine
5. Imuran
6. Injectable biologics:
    - Enbrel
    - Humira
    - Cimzia
    - Simponi
    - Remicade
7. Xeljanz

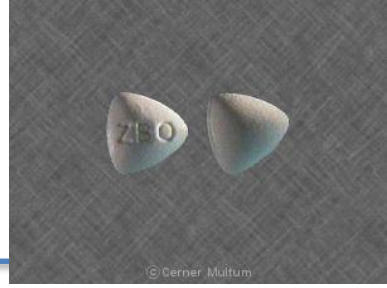
Methotrexate 1

- Most commonly used drug in rheumatology worldwide with about 5M users
- 30 years of experience in rheumatology
- Used for many conditions in rheumatology
- “Invented” at Harvard and BWH
- Typical dosage: 15-20mg per week (about 1/100th the dose of chemotherapy)
  - Usually given as 2.5mg pills
  - Folic acid 1mg per day is usually co-administered

Methotrexate 2

- Common side effects:
  - Flu-like symptoms for 1-2 days per week (folic acid)
- Less common side effects:
  - Rash, hair loss, mouth pain
- Concerning side effects:
  - Shortness of breath, cough and fevers
  - Unexplained bleeding or anemia
  - Vomiting and loss of appetite
- Monitoring:
  - Labs every 1-3 months

Leflunomide (Arava)



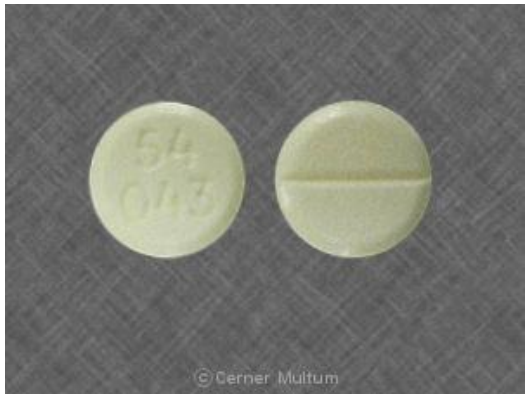
- Typical dosage: 10-20mg every day
- Common side effects:
  - Diarrhea
- Less common side effects:
  - Rash, hair loss, nausea
- Concerning side effects:
  - Shortness of breath, cough and fevers
  - Unexplained bleeding or anemia
  - Vomiting and loss of appetite
- Monitoring:
  - Labs every 1-3 months

Hydroxychloroquine (plaquenil)

- Typical dosage: 200-400mg every day
- Common side effects:
  - Rash, GI upset
- Less common side effects:
  - weakness
- Concerning side effects:
  - Blurred vision or seeing spots
- Monitoring:
  - Ophthalmologic at baseline and repeated about every year or so

Azathioprine (Imuran)

- Typical dosage: 50-150mg every day (or twice daily)
- Common side effects:
  - Nausea, rash
- Less common side effects:
  - Infection
- Concerning side effects:
  - Vomiting
- Monitoring:
  - Labs every 1-3 months



Injectable biologics

- Typical dosage: Self-inject every 1-4 weeks
- Common side effects:
  - Injection site reaction
- Less common side effects:
  - Infection
- Concerning side effects:
  - Weakness
- Monitoring:
  - Labs at baseline and then every few months, depending on the drug

Tofacitinib (Xeljanz)

- Typical dosage: 5mg twice daily
- Common side effects:
  - Diarrhea and URI
- Less common side effects:
  - Infection
- Concerning side effects:
  - Acute GI pain
- Monitoring:
  - Labs at baseline and then every few months, including lipids

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Drugs don’t work in patients who don’t take them.

-- C. Everett Koop

Medication Adherence

- Definition:
  - The extent to which patients take medications as prescribed by their health care providers
- Typically better for acute conditions like infections and worse for chronic conditions like high blood pressure

Non-Adherence

- Unintentional
  - Forgetfulness, complexity of the medication regimen, physical problems
- Intentional
  - Decision to not take (or take less) medication after weighing risks and benefits

Medication Non-adherence

- Largest driver of avoidable health care costs
  - >$100 billion per year
- Contributes to:
  - Hospital admissions
  - Treatment failure
  - Progression of disease
  - Need for more and sometimes stronger medications
- Physicians are not great at recognizing non-adherence
- Interventions to help can be costly and complicated

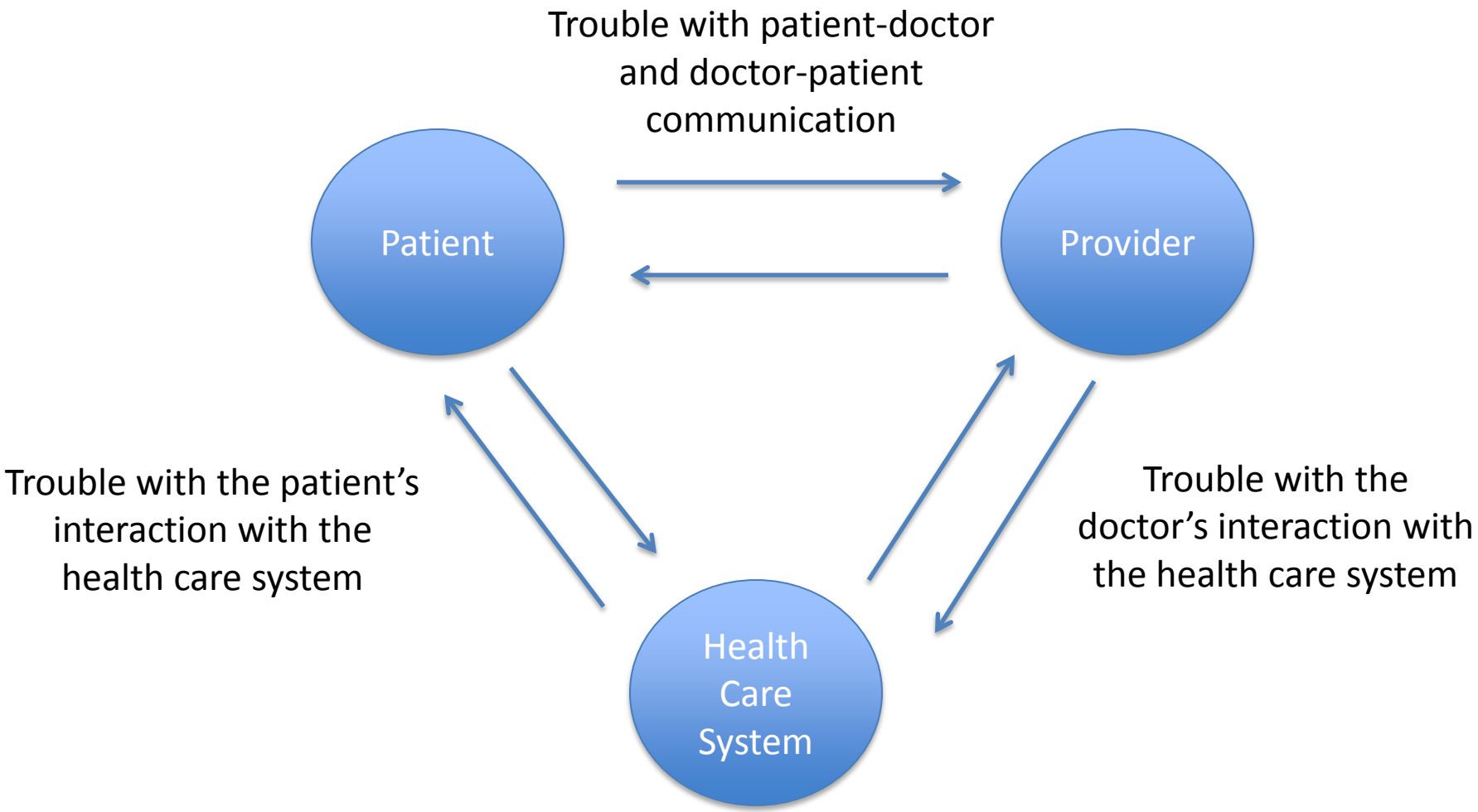
Questions

Most people, every now and then, do not take a medication the way it is prescribed by their doctor.

- Has this happened to you?
- What was the reason why?

Factors that contribute to adherence

Reasons for Non-Adherence



Osterberg L, N Engl J Med 2005

Who is likely to non-adhere?

- Some predictors include:
  - Treatment of asymptomatic disease
  - Medication side effects
  - Patient's lack of belief in benefit of treatment
  - Patient's lack of insight into illness
  - Poor patient-doctor relationship
  - Missed appointments
  - Complex medication regimens
  - Medication costs
  - Psychiatric disease, especially depression
  - Cognitive impairment
- Race, sex and income not consistent predictors

Questions

(please raise your hands if yes)

Do your doctors ask you about your medications at every visit?

At **EVERY** visit…

- Do they ask if you are taking your medicines?
  - Do they ask when you are taking them?
- Do they ask if you are having any difficulty getting your medications?
  - Do they ask you if you are having any side effects?

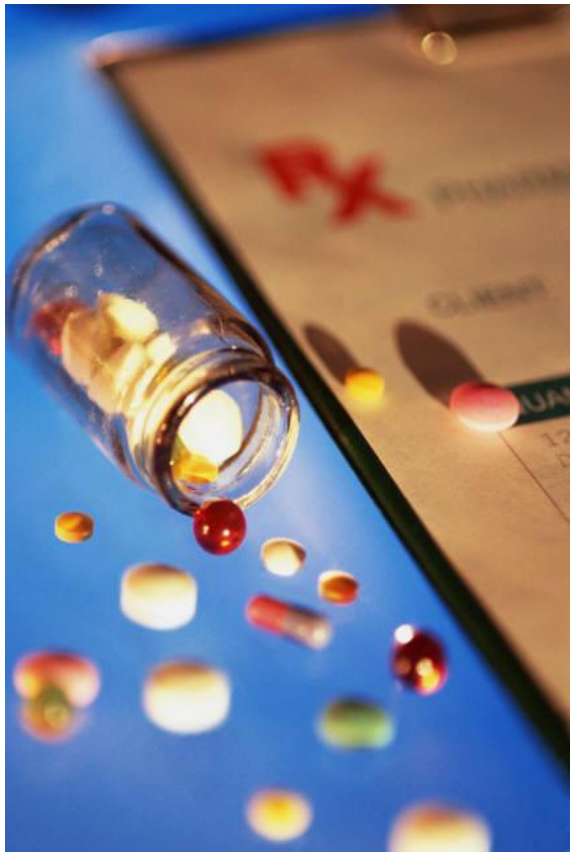
Adherence to Rheumatoid Arthritis Medications (“DMARDs”)

Questions

- How many of you take a medicine for your RA?
- How many of you take medicines in addition to your RA medicine?
- Do you have more (or less) trouble remembering to take your RA medicine compared to your others?
- Why?

Oral DMARD Adherence

- Ranges from 30-80%
  - 54% of methotrexate users stopped filling their prescription
  - May be higher for leflunomide, lower for sulfasalazine, and lower for combined oral DMARD therapy, compared to methotrexate alone
  - Adherence to follow-up blood testing: 35-60%
  - In lupus, adherence to oral medications: 40-60%



DMARD Adherence

- Biologic DMARDs
  - Overall suboptimal
  - Concomitant use of methotrexate (or another oral DMARD) is associated with improved treatment continuation (compared to one anti-TNF alone)
  - Low disease activity, older age, and multiple prior treatments predicted poor adherence
- Cost of medications may be a big factor

Interventions to improve adherence in RA and lupus

- Patient counseling and education (mixed results)
- Group patient education (possibly better than one-on-one education)
- Cognitive-behavioral therapy to address psychosocial determinants

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Medication Adherence Navigator Project

Adherence is Complicated

- Different people non-adhere for different reasons
- One size fits all intervention unlikely to work
- Individually tailored approach may work best in complex chronic diseases

?

1. Problem solving and care coordination
2. Patient education
3. Social and emotional support

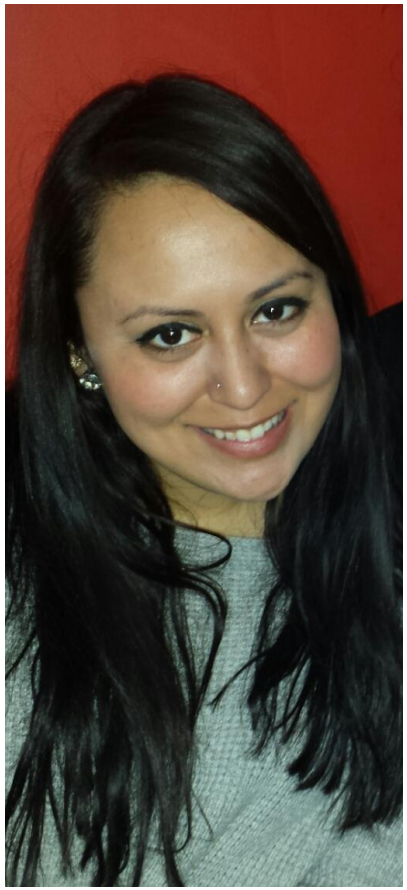
Navigator

- Improves rates of breast and colon cancer screening
- Improves disease control in diabetes and heart failure

BWH Intervention

- Three navigators are trained in:
  - Motivational interviewing
  - Rheumatoid arthritis/lupus drugs and side effects
  - Care coordination services
- Provide education, access to services to help obtain medications and reminders of when and how to take drugs
- They will not give medication recommendations
- There is physician backup at all times

Meet our navigators



Anarosa Campos

Alyssa Wohlfarht

Erika Brown

How it works

1. Patients fill out a few surveys to understand specific needs, health literacy, self-efficacy and adherence to medications
2. Navigator develops specific care plans for each patient
3. Navigator will check in with patients 1-2x/month
4. Communication between patients and navigators primarily by phone, email (patient driven) or at times coordinated with appointments at BWH
5. Regular feedback will be given to rheumatologists

Who can participate?

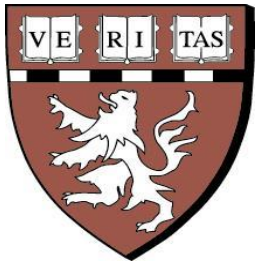
- All English or Spanish-speaking rheumatology patients >18 years old at BWH Arthritis Center who have been started on an oral DMARD within the last 6 months can participate
- Physicians can refer patients they feel might benefit (but patient can choose to opt-out at any time)
- Patients can self-refer directly

If you are interested

- Contact:
  - Candace Feldman (chfeldman@partners.org) or Daniel Solomon (dsolomon@partners.org) and we will send you more information and put you in touch with a navigator
  - Our navigators are Erika Brown, Alyssa Wohlfarht and Anarosa Campos

Take home suggestions

- Write out your questions and a list of your current medications for each doctor's visit
- Take notes at your visit or ask for notes from your doctor
- Let your doctor know any concerns you have about your medications
- Ask about side effects and alternative medications
- Understand how long you should expect to wait to see a response
- Ask about resources available to help you take your medications



Questions?