

Adherence Working Group

ERS Conference 2018

Minutes

Meeting location	Hotel Mercure, Parc des Expositions, 36 38 Rue du Moulin, 92170 Vanves, France	
Meeting date	Saturday 15 September 2018	
Meeting time	17:00 – 18:00	
Chair	Alexandra Dima	
Attendees	Aileen David-Wang Sinthia Bosnic-Anticevich Glenn Crater Richard Costello Alan Kaplan Jaco Voorham	Eric van Ganse Manon Belhassen Fulvio Braido Job van Boven Naomi Launders Michael Walker
Objective	 Decide on future of the group Prioritise ideas for future projects and agree on research question(s) Discuss plans for implementing one of these projects 	

1	Alex Dima presented the results of the bidirectional relationship of adherence and control project. Jaco raised the issue of mid-interval dosage changes and queried what affect this might have on the data.
2	The group discussed a potential project to determine to what extent clinical guidelines deal with adherence, what adherence-specific guidelines exist globally, and how adherence is managed in different countries. Do guidelines mention non-adherence and how to deal with it? A three pronged approach was suggested, reviewing guidelines mentioning adherence, evidence-based recommendations for adherence, and the systems for adherence management that are in place. It was thought this might be an ideal project for a student to do. The end goal would be a multi-disciplinary position paper and then to produce evidence-based recommendations. ACTION DEC to a real out the group to see if a purpose has a student interested in
	ACTION: REG to email out the group to see if anyone has a student interested in doing this study.
	Synthia Bosnic-A suggested a policy review.
	 Action: SBA to send Naomi some examples of this technique. It was also agreed that adherence depending on device would be an interesting study in OPCRD, however it was felt that not enough data on this would be present at the moment.



	The chain of care was discussed, and how this might be optimized from pharmacy to GP to improve adherence. It was also suggested that finding out what makes a HCP consider adherence may be useful.
	The cost:benefit of taking ICS from the patients perspective was agreed to be key to understanding adherence and suggested for an area of further research. Also, conscious vs unconscious non-adherence. Those who want to adhere but don't are the most likely to change.
4	There was not enough time to fully discuss the appointment of a new lead for the group.
	Action: REG to follow this up with the group and determine a strategy for taking this group forwards.