

Minutes - ADHERENCE WORKING GROUP

Meeting location	Melia Milano Hotel, Via Masaccio 19, Milan, Italy	
Meeting date	9 th Sept 2017	
Meeting time	10:50 to 11:30	
Attendees	Glenn Crater Fulvio Braido Nerbert Metzdorf Emil Loefroth Heather Hoch Paul Colthorpe Paul Mastoridis Pascal Pfister Alan Kaplan Richard Costello	Eric Vanganse Manon Belhassen Victoria Carter Shreeram Aradhye Jean Bernard Gruenberger Catherine Hutton Naomi Launders Sarah Lucas Kathryn Brown
Objective	 Provide an update on current projects including discussion of the Phase 2 results. Prioritise ideas for future projects. Identify new project ideas in the field of adherence 	

Minutes:

1	Update on current projects	
	Improve understanding of the bi-directional causality relationship between asthma outcomes and adherence. (Lead investigators Gene Colice and Alex Dima) To assess where good control results in poor adherence and/or whether high adherence results in controlled disease Phase 1 Evaluation of control patterns and patterns of different adherence measure rates over a continuous 3 yr period. Published in JACI Souverein et al (2017). Phase 2 Use information from phase 1 to inform the multilevel interaction analysis of adherence and control. Discussion of latest results. New phase 2 results not discussed, report will be generated and a TC set up with steering committee to discuss results.	
2	Ideas for future projects	
	 Look at prevalence of non-adherence phenotypes Erratic (forgetfulness) Intelligent (conscious decision) Unwitting (lack of knowledge) 	
	Related to this- Insights into non-adherence. Why are people non-adherent? How to keep people taking drugs when symptoms reduce? Effect of medication change on adherence. How can we target	



	populations where non-adherence is causing problems? Patient empowerment. Added from exec committee meeting- Behavioural change/ more focus on clinicians role in non-adherence and less blame on patients.	
	What can we learn from regional differences. Comparing adherence in respiratory diseases across multiple countries. Could look at effects of co-payment. Need databases with primary care data and links to pharmacy data, so that pharmacy data can be used to validate adherence measures using prescribing data. Would likely require working with databases WG so that consistent data can be collected from the different databases.	
	 In populations on high dose steroids how many are fully adherent and would benefit from new treatments? 	
3	Actions	
	Organise TC with Steering Committee	
	Review progress at REG Summit in 2018	