April 2021
WORKING GROUP MEETING MINUTES:
Adherence

Meeting details	
Meeting location	Teleconference
Meeting date	Mon 12th April
Meeting time	10:00-11:00 CET
Chair(s)	Sinthia Bosnic-Anticevich
Attendees	Eric van Ganse / Job van Boven / Walter Canonica / Joseph Lanario Janwillem Kocks / Dermot Ryan / Sarah Lucas

Objectives	
1	Update on current projects
2	Proposed future projects
3	New project ideas

Items	
Update on current projects	**GINA 2020: Potential Impacts, Opportunities, and Challenges for Primary Care** Rostrum article on the switch in the GINA recommendations from SABA to as required ICS/LABA has been published in JACI In Practice. Kaplan A, van Boven JFM, Ryan D, Tsiligianni I, Bosnic-Anticevich S; REG Adherence Working Group. GINA 2020: Potential Impacts, Opportunities, and Challenges for Primary Care. J Allergy Clin Immunol Pract. 2021 Apr;9(4):1516-1519. doi: 10.1016/j.jaip.2020.12.035. Epub 2020 Dec 26. PMID: 33373689. GINA did want to write a response article, but we have not heard any more on this. **Phase I: Evaluation of how adherence can be addressed with personalised medicine, including strategies for monitoring and encouraging adherence.** • Methods for adherence monitoring • Determinants of adherence/non-adherence • Strategies for improving adherence • Threshold for non-adherence and percentage of patients considered non-adherent

Respiratory Effectiveness Group, ESpace North, 181 Wisbech Road, Littleport, Ely, Cambridgeshire, CB6 1RA, UK
enquiries@effectivenessevaluation.org | effectivenessevaluation.org

Respiratory Effectiveness Group is a not-for profit organisation. Company No: 8354149

Sarah gave update on progress-

Inclusion criteria:
Studies considering medication adherence in those diagnosed with asthma or COPD.
Focus on methods for monitoring adherence or determinants of adherence or strategies to improve adherence

Exclusion criteria:
Reviews articles are excluded, but their reference lists will be searched for additional relevant articles.
Studies of adherence in chronic diseases where asthma and/or COPD were not analysed separately.
Published study protocols that do not include any data.
Studies conducting laboratory testing of sensors and monitoring systems without patient involvement.

Pubmed, Web of Science and Scopus were searched using the term-
((adherence) AND (COPD OR Asthma) AND (precision OR personalised OR personalized OR individualized OR individualised OR monitoring))

Initial search of gave: 770 original research articles
                                434 review articles
Of the 770 original research articles 314 were selected for inclusion (subject to 2nd review)
Currently checking the reference lists of the review articles for any additional relevant papers
→Finding quite a few additional papers, including some that use the terms compliance and persistence rather than adherence.

We will need a second review of which articles to include- Job may have a student who would be interested.

Quite a broad area and probably need to focus the review a bit more.

Perhaps consider how these methods for monitoring and strategies for improved adherence can be translated into practice. Which strategies for improving adherence are effective and feasible. What monitoring has involved up until now and where it could be improved.

Look at things the HCP should be doing, as the focus has previously been on the patient rather than what the HCP should be doing to promote adherence.

Could have a more real-life focus as the clinical trial data doesn't reflect the situation in real-life primary care. E.g In the Sygma trials with lots of input

adherence was recorded at around 70% compared to in real-life where it is likely to be more around 40%.

Walter suggested a call to action and give a more practical approach for HCPs to give some clear recommendation on what they can do, as this is an unmet need.

Will digital inhalers solve the problems with adherence that other strategies have not successfully achieved?

Phase II: Assess adherence within the current guidelines
Job has list of all COPD guidelines and contacts in the relevant countries, through a collaboration with GACD, who would be able to translate them. We could use this list for this review.

We need to think if we will include asthma too, if so, these contacts may also be able to help with that.

We need to determine what information we want to collect and develop a questionnaire (perhaps some multiple choice qu's) to be sent out. The first review could help us refine what these questions should be.

Proposed future projects	**Database study to determine whether the regular use of asthma medication is protective for COVID-19** (proposed by Eric van Ganse) One difficult we have with this project is funding. While some studies have suggested no more severe outcomes with COVID-19 infection in asthma patients, there have been some contradictory studies. There was a UK study that found more severe outcomes in severe asthma patients who get COVID-19. There is still a need to determine if those with certain asthma phenotypes are perhaps more at risk of severe outcomes with COVID-19. One potential confounder is behaviour- lots of asthma patients were scared and have followed a stricter lockdown. There are also issues with emergency departments misdiagnosing panic attacks during the pandemic as asthma attacks. Patients following stay at home orders has reduced the amount they are exercising, causing deconditioning, potentially making it appear that a patient's asthma is worsening. OPCRD have developed a C-19 platform that links patient questionnaires on symptoms / testing for COVID-19 and behaviour during the pandemic with patient's medical records. They have developed a package of work around this that includes adherence.

	We need to look at what questions are included. 30-40 practices are involved, and the questionnaire was sent to a subset of patients. It appears there have been around 31,000 responses and it seems to be usable. We should look further into this. There may be an opportunity for a working group member to get involved with this.
New project ideas	Related to the discussion on the 2 scoping reviews, it was proposed that we could use a comparison of practices to help determine which factors in primary care are influencing patient adherence. Dermot raised the issue that the standard of asthma care can vary significantly between practices. We could compare practices where patients have higher adherence/less SABA use with those with lower adherence/higher SABA use to see what the differences are in how patients are managed to determine what factors are important for improved adherence, e.g. GP/nurse understanding of asthma. There doesn't seem to be much research on how GPs are managing asthma. In the UK there is a free database (https://openprescribing.net) where it is possible to compare practices. Dermot has used this previously to look at differences in ICS use for COPD. If we could determine the outlier practices in terms of adherence, then perhaps we could do some qualitative analysis to determine reasons for such differences. Sinthia and Sarah to draft some ideas. Can we come up with an acronym for this- Inputs to improve care? Inputs to achieve guideline approved care? i-care?