Autumn 2020
WORKING GROUP MEETING MINUTES:
Adherence

Meeting details		
Meeting location	Teleconference	
Meeting date	Thurs 15th Oct	
Meeting time	14:00-15:00 CET	
Chair(s)	Sinthia Bosnic-Anticevich	
Attendees	Eric van Ganse Job van Boven Walter Canonica Alan Kaplan	Manon Belhassen Dermot Ryan Sarah Lucas
Objectives		
1	Update on current projects	
2	Adherence opportunities within other WG projects	
3	New project ideas	

Items	
Update on current projects	**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 **Phase II: Assess adherence within the current guidelines** • How they define adherence - initiation, implementation and persistence • Methods to measure adherence • Analyse causes of non-adherence • Strategies to improve adherence • Control - adherence management to maintain improved adherence TEVA have agreed to fund

	Dermot raised that it may be that not all patients need/want to be 100% adherent all of the time. Perhaps there is a need to redefine adherence in a time of personalised medicine; the threshold, the goal and the interventions all need to be personalised. We will be in contact with members of the working group in order to finalise the protocol for the first Phase I scoping review. Job has just published a paper in CHEST for which they created a database of all the COPD guidelines (https://doi.org/10.1016/j.chest.2020.09.260). This could be used for the phase II, which will look at adherence within guidelines.
	GINA 2020: The Opportunities and challenges for primary care Opinion piece on the switch in the GINA guidelines from SABA to as required ICS/LABA. It has been submitted as a rostrum article to JACI In Practice and is now under review.
Adherence opportunities within other WG projects	There are some other REG projects which could have potential adherence components: - PIF in COPD study is about to start patient enrolment. There is some adherence information being collected so a sub-analysis might be possible. - GRAIL project- setting up an AIT registry with patient reported outcomes. This is still at the very early stages - Novartis Breezhaler project looking at the usability of, and adherence to, the device and app.
New project ideas	Eric proposed a project to determine whether the regular use of asthma medication is protective for COVID-19. Italy and France recommended regular asthma drug use and that there was a need to be adherent during COVID-19 pandemic. There is very limited evidence at the moment whether taking asthma medication regularly is protective for severe COVID-19. Possible confounders need to be considered. Dermot raised that during the pandemic in some countries such as the UK there was an increase in ICS prescriptions in March and a shortage of inhalers; it's not clear whether patients were more adherent or scared of running out and so stockpiled medication. Also, at this time it was unclear whether asthma patients were at a higher risk. Asthma patients appear to be underrepresented

	in hospital perhaps because they are having less exposure to other viruses, there is less airborne pollution and they tended to be staying home more during lockdown. Walter raised that the use of digital medicine/televisits has increased the follow up of patients during the pandemic and this has likely helped with adherence. For example, in Italy there was home delivery of biologics and then patients were followed up with a phone call so that is likely to have improved adherence. Those who are more adherent to their respiratory medication may also be more adherent to the other messages, such as to stay home and wear masks. Could do a case control study looking at hospital admission for COVID-19 and what therapies they are on and whether they were taking them regularly. This should be possible to do using claims data. Jenni Quint has paper in Lancet looking at ICS use in asthma and COPD related to COVID-19 mortality (https://doi.org/10.1016/S2213-2600(20)30415-X) There is also a Korean study looking allergic disorders and susceptibility to and severity of COVID-19(https://doi.org/10.1016/j.jaci.2020.08.008) Open prescribing has all steroids and steroid containing compounds and you can compare to last year, this is available free online but there's no clinical information. French database has data required to do this project, and there is currently expedited access to data for COIVD-19 projects and a sufficient number of patients. Would be possible to do in UK with CPRD and linkage to Hospital Episode Statistics (HES) and Office of National Statistics mortality data, but it is expensive. OPCRD don't currently offer linkage to HES. May also be suitable data in Korea, Northern Ireland, Italy, Iceland, Denmark, Sweden, and Spain/Catalonia. It was raised as to whether rhinitis/allergic rhinitis are relevant in terms of COVID-19. ARIA have advised patients to continue steroids. ACTION POINT: Sinthia and Sarah to begin drafting a proposal to be circulated to the group.