Respiratory Effectiveness Group

Advances in real-life respiratory research

ERS 2019
WORKING GROUP MEETING MINUTES:
Adherence

28th September 2019

Novotel Madrid Campo De Las Naciones, Madrid, Spain

Meeting details		
Meeting date	Saturday 28th September	
Meeting time	13:00-14:00	
Chair(s)	Sinthia Bosnic-Anticevich/ Sarah Lucas	
Attendees	Anouk Veldman Olga Kharevich Eric van Ganse Manon Belhassen Ulla Seppala Glenn Crater Ted Popov	Job van Boven Joan Soriano Esther Metting Diana Urlichich Ian Lintott Naomi Launders Graham Lough
Objectives		
1	Update on current project	
2	Planning of future projects	

Items	
Update on current project	**Bidirectional relationship between adherence and asthma outcomes-** manuscript accepted in JACI in practice

Planning of next projects	**Update on 2 proposed scoping reviews:**
	• **Evaluation of how adherence can be addressed with personalised medicine, including strategies to encourage adherence**
	  ○ Should it include both asthma and COPD- Might end up very broad if focus on both, but it depends on how much literature there is, especially whether there is enough for COPD. Also depends on the nature of that data and whether we can we connect the asthma and COPD stories.
	  ○ May want to consider what drives a response to therapy as adherence is often overlooked.

- **Assessment of the current guidelines in terms of adherence**

  Will look at how is adherence defined. While we might know the answer, but important to document and determine where there are gaps. Some discussion around design and funding:

  - For COPD guidelines, Job has recently completed systematic review of all in the world so has them available and people to interpret from all different languages. Very important to include different languages but double check with author/native speaker, so it is not to be contested at publication stage. List of variables double checked and the list of extracted data. Will need to standardise the answers from the different country guidelines. Job used RedCAP – free to use, however we would need to pay hosting.

  - Adherence to self-management or therapy? Currently, the guideline review is more focused on therapy, but it is not set in stone and we will review the full literature in the first review and may use that to make decisions on what should be included in the guideline review.

  - We have approached several potential funders. Initially received positive response from TEVA, however, they haven't been able to fit it in the budget for this year. TEVA may fund in 2020, but in the meantime, plan to continue pursuing other funding opportunities. If anyone has a lead or knows of someone who might be interested, that would be useful. Astrazeneca representatives attending the meeting asked to see the proposal.
    ACTION POINT: Sarah to send to AZ.
    ACTION POINT: REG to continue looking for funding opportunities.

  - While it is academically interesting, it may be difficult to sell to the company as to how it would help understand disease/develop treatments. Need to build up rationale to support funding. Important to do as new inhalers become available. Guidelines to improve management – need to show where the gaps are. Technologies need to be optimised and focused on the right approach. Job mentioned in NL insurers wont fund if it is not in guidelines, and Dutch guidelines don't mention extended approach to non-adherence so a push to include this in the guidelines could increase uptake of smart inhalers.

- **Prospective, observational study, which would use database data (e.g. MPR), with linked questionnaires and adherence monitors to assess different methods of adherence monitoring and the responsiveness and utility of database measures in predicting non-adherence.**

  Main planning for a large prospective study will need to wait until we have the results of the reviews. But there was some discussion around ideas and issues that may need addressing in a prospective study.

  - Scoping review takes a personalised approach, but currently the prospective study looks more at the effect of monitoring. Maybe need to try to use the reviews to determine a personalised approach.

  - Asking patients about whether monitoring changes behaviour is interesting and incorporating different disease states. There is some work on this from RCTs and it likely doesn't outweigh other factors of adherence such as access to medicine/health care, but it would be interesting if that holds true in real life. Some smart inhaler trials like Richard Costello's work show 2-3 weeks of monitoring improves adherence but then it wanes, so need to take these effects into account.

  - Selection bias. Can we determine their motivations in terms of wanting to be measured in the first place, as those who participate are generally more interested and adherent.

  - Was discussed that there was a need to put adherence in the full framework and whether it would be possible to do small trial looking at variability to ICS response with smart inhalers, similar to 1999 paper on theophylline which looked at full framework of effectiveness: pharmacokinetics /dynamics, therapy, adherence, technique. It would be very complex but could maybe start with a small number of patients.

Concluded that the two literature reviews will help confirm what is needed and guide how we move forward.

Sinthia thanked the group, including for all the previous feedback in the development of the proposals, and asked they send any ideas.