March 2020
WORKING GROUP MEETING MINUTES:
Adherence

Meeting details		
Meeting location	Teleconference	
Meeting date	Thursday 19th March	
Meeting time	14:00 CET	
Chair(s)	Sinthia Bosnic-Anticevich	
Attendees	Dermot Ryan Esther Metting Janwillem Kocks	Job van Boven Sarah Lucas
Objectives		
1	Funding strategy	
2	Adherence opportunities within other WG projects	
3	Any other project ideas	

Items	
Funding strategy	Scoping reviews- 1) Evaluation of how adherence can be addressed with personalised medicine, including strategies to encourage adherence 2) Assessment of the current guidelines in terms of adherence Perhaps consider PhD student to do some of this work
Future ideas	Discussion on the switch in approach from regular ICS to use as required LABA/ICS. While the change in regimen matches how patients are behaving it does away with adherence and the education of patients on the use of ICS and importance of adherence. It is a potentially irresponsible approach as there is a greater loss of lung function in those with less or intermittent ICS use.

	Question of when to change from irregular to regular use of ICS, who needs to adhere? And how to make them adhere? Can you identify in a database those with regular vs irregular ICS use. Are dosing instructions available? With regular use you would expect to see co-prescription of SABA, if no SABA it is probably LABA/ICS used as reliever. There is an issue with the overuse of SABA in patients that don't really have asthma. Risk that if patients overuse their reliever that they are actually getting too much ICS. How soon will a change be seen? it is likely coming into effect now in some countries e.g. Australia. There is RCT data on this but more real-world retrospective or prospective studies would be useful. Possibility of the PhD student thesis looking at this. 1) Look from the GP prospective- survey opinion/ assess current practice and see when the tipping point is for moving from PRN to regular ICS. 2) Compare patients tipping points versus GPs. 3) Investigate RCT data and when they switch to do post hoc analyses. First, write a balanced opinion piece that can be used as a basis to attract funding (anti-adherence? Adhere or not to adhere?). - Might be that PRN ICS use is useful to some groups (including perhaps those with hayfever/allergies) but there is a need to determine who these patients are. Also, need to consider it might be harmful in others. - There is a need to of proper data to back this use- what trials are needed? Research is needed to develop a flow chart that can guide the treatment approach. - How should the new strategy be implemented? in trials patients have a confirmed asthma diagnosis, but in real-life not everyone has a confirmed diagnosis. Include practical implications, e.g. messages at the pharmacy have to also match GPs, also patients talk to each other. Communication between healthcare providers.

	- Where does adherence fit within this new strategy? New approach is anti-precision medicine and goes against the adherence messages. But some patients will not adhere so this PRN strategy may have benefits over being non-adherent. - Differences in primary vs secondary care. - Need to consider patient preferences (Baggott C, Reddel HK, Hardy J, et al. Patient preferences for symptom-driven or regular preventer treatment in mild to moderate asthma – findings from the PRACTICAL study, a randomised clinical trial. Eur Respir J 2020; in press. https://doi.org/10.1183/13993003.02073-2019). - Could perhaps write it as a reply to Beasley R, Braithwaite I, Semprini A, et al. ICS-formoterol reliever therapy stepwise treatment algorithm for adult asthma. Eur Respir J 2020; 55: 1901407 [https://doi.org/10.1183/13993003.01407-2019]. - Consider a more behavioral approach. Action: Sinthia to write to ERJ to find out if we can still submit a letter as a reply to Beasley et al., 2020 paper. Action: REG and WG to draft an outline.