



REG Summit 2019 WORKING GROUP MEETING MINUTES: Adherence

Meeting details	
Meeting location	Divani Palace Acropolis, Athens, Greece.
Meeting date	Thursday 28 th March
Meeting time	13:00
Chair	Sinthia Bosnic-Anticevich
Attendees	Alan Kaplan Amanda Bracey Rupert Jones Joseph Lanario Jaco Voorham Heath Heatley Eric Van Ganse Manon Belhassen Dermot Ryan Ioanna Tsiligianni Guilherme Safioti David Price Janwillem Kocks Joan Soriano John Busby Liam Heaney Karen Mezzi Job van Boven Grant Maclaine Sarah Lucas
Objectives	
1	Update on current adherence project.
2	Identify new project ideas and develop a tangible plan to progress a new project.

Items	
Update on current projects	Bidirectional relationship between asthma outcomes and adherence manuscript. Update provided on progress with manuscript- JACI in Practice have asked for revisions, Marcia will work on these with the aim to resubmit by May.



<p>New project ideas</p>	<p>Discussion on adherence issues</p> <p>Patients take as much as they need. But patients don't always know what is achievable.</p> <p>Different types of adherence/non-adherence- Intentional versus non-intentional.</p> <p>Even if people are informed still may not choose to improve adherence or improving adherence may not be considered a priority in their lives; it is not as simple as whether patients choosing to improve adherence. Psychological types of adherence</p> <p>Need patient involvement in their treatment.</p> <p>In patients with lots of comorbidities there's an increased complexity of adherence – Patients may be more focused on other conditions</p> <p>Motivational interviewing to understand adherence.</p> <p>Issues with monitoring adherence- Use of inhalers may be the best way to monitor. Database studies may over estimate.</p> <p>Need to consider severity when considering adherence.</p> <p>Health literacy. Inhalator literacy.</p> <p>Greater input from healthcare professionals to help patients be able to have improved outcomes. Issues lies with healthcare professionals rather than with patients. Lack of collaboration between primary and secondary care and pharmacists.</p> <p>ICS given with LABA, so normal treatment matches behaviour. Not suggested according to guidelines but matches patient behaviour. Clinical study being conducted. Would change the way we view adherence, as adherence will be lower. ICS given with LABA would make it difficult to assess adherence in the database given that patients will use it how and when they need.</p> <p>Potential project ideas</p> <ul style="list-style-type: none">• Consider adherence in those that get biologics and those who don't• Prospective study-<ul style="list-style-type: none">○ Testing a treatment for 6 wks to see if patients get an improvement. Investigate how it effects adherence and outcomes. Janwillem Kocks
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found previously that patients are more likely to adhere better during a trial.

- Compare the ways we can assess adherence in a cohort. Consider what is prescribed (MPR), Talk to patients to see what answers they give in terms of adherence (questionnaires) and chipped inhalers (silent monitoring- not telling the patient what they are monitoring) to measure adherence. Compare these measures of adherence in a cohort. Qualitative part is important, talking to patients with open questions rather than just structured. Compare those with good and poor adherence to determine what influences their decisions.
- Review- position piece aligning adherence with personal/precision medicine. Approach to improving adherence needs to be tailored to the patient. Review asthma/COPD guidelines on how/whether they address adherence and how adherence could be fitted within the guidelines.
- Database study- Asthma related visits, adherence and outcomes. Hypothesis- Patients with more consultations with the physician, and therefore likely receiving more information and education, may have better adherence and therefore outcomes. In France Eric van Ganse found the opposite – having more visits was associated with less controlled asthma. The severity of the disease is a major confounder; may be able to reduce the confounding effect of severity by taking only new cases of asthma.
- Review- Difference in adherence with COPD and asthma patients. COPD patients may lack information on COPD/their diagnosis and inhalers don't improve symptoms in the same way they do in asthma so there are added difficulties to improving adherence.

Potential interest in adherence projects from TEVA & Novartis

Next steps: Sinthia and Sarah to compile a list of potential projects with clarification from other members of the working group if required. REG will determine the level of interest from the group members in the projects and prospects of funding in order to help prioritise ideas.