SIHA
Senior International Health Association

CORTE DI GIUSTIZIA POPOLARE
per il Diritto alla Salute

First European Congress on Adherence to Therapy
Respiratory Area

Rimini - Palacongressi
November 18-20, 2016

Epidemiology & impact

- Asthma and COPD prevalence and burden are increasing (WHO and ERS Whitebook)
- Avoidance of smoking and environmental risk factors would prevent 30-45% of these diseases(WHO and ERS Whitebook)
- We have effective treatments but adherence is at best about 50% across most countries, even lower within certain patient groups such as adolescents and those with low socioeconomic status (Tottenborg 2016)
- Non-adherence is associated with excess exacerbations, healthcare utilization, mortality, costs and lost work productivity (Van Boven Respir Med 2014, Vestbo Thorax 2009, Williams JACI 2011)

Inhalation Therapy

Advantages

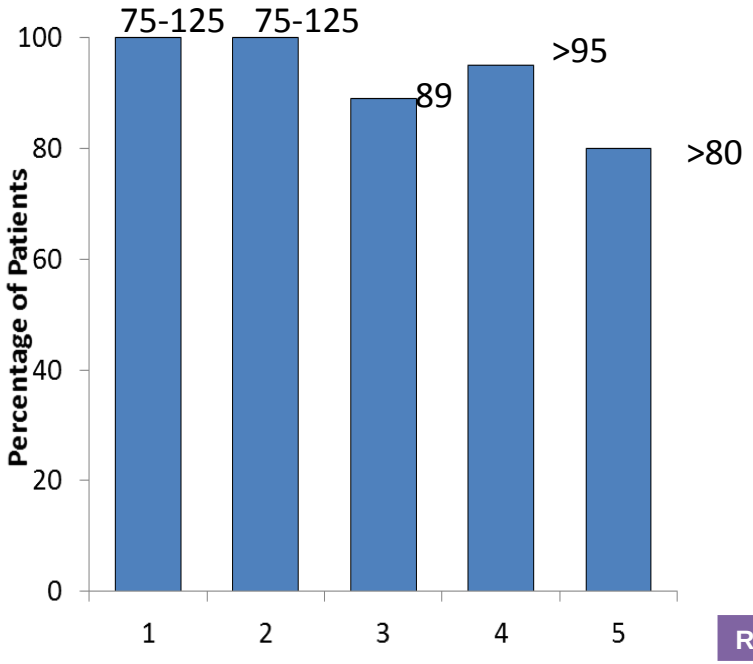
- ✓ Smaller dose than systemic administration
- ✓ Rapid onset of drug action
- ✓ Targeted to the organ
- ✓ Fewer & less severe systemic side effects

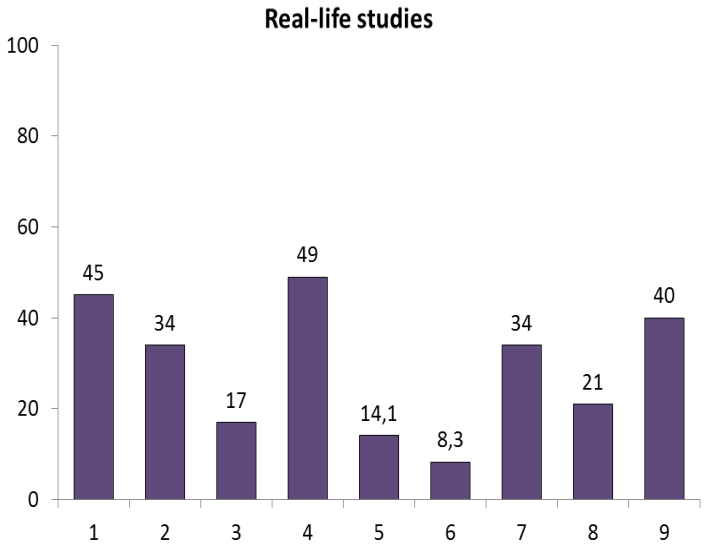
Disadvantages

- ✓ Correct use of inhalers is necessary for effective treatment
- ✓ Differences in inhalers are larger than differences in tablets
- ✓ Variability in delivered drug doses
- ✓ Lower perception by patients regarding recognition of inhalers as effective treatment compared to pills or injection

Patient adherence is lower in real life than RCTs respiratory studies

Randomised trials





RCT references

1) Pawels R et al. N Engl J Med 1997

2) Kips J et al. Am J Respir Crit Care 2000

3) Bateman E. Am J Respir Crit Care 2004

4) Papi A et al. Eur Respir J 2007

5) Busse W et al. J Allergy Clin Immunol 2008

Real-life references

1) Partridge Pulm Med 2006

2) De Marco et al. Int Arch Allergy Immunol 2005

3 and 4) Janson et al. Eur Respir J 2001 3=Italy 4=UK

5 and 6) Breekveldt-Postma et al. Pharmaco-epidemiol Drug Saf 2008 5=fixed combination 6=ICS

7) Stallberg et al. Resp Med 2003

8) Adams et al. J Allergy Clin Immunol 2002

9) Corrigan Prim Care Resp J 2011

Different behavioural types of non-adherence (*in red specific issues for respiratory medicine*)

- Erratic non-adherence

  Forgetfullness→reminders, easier regimen, link to daily habit, social help from family

- Intelligent/intentional non-adherence

  Concious decision (e.g. Fear of side effects or uncertainty of benefits)→shared decision making, motivational interviewing

- Unwitting non-adherence

  Non-intentional/lack of knowledge→educate (incl. inhaler technique), change inhaler, self-management plan

Notably, the last type is of utmost importance in respiratory medicine!

WHO 2003 Adherence report

Multiple Causes of Non-Adherence: our targets

Motivational interviewing, education

Self management plan/shared decision making/ reminders/ structure

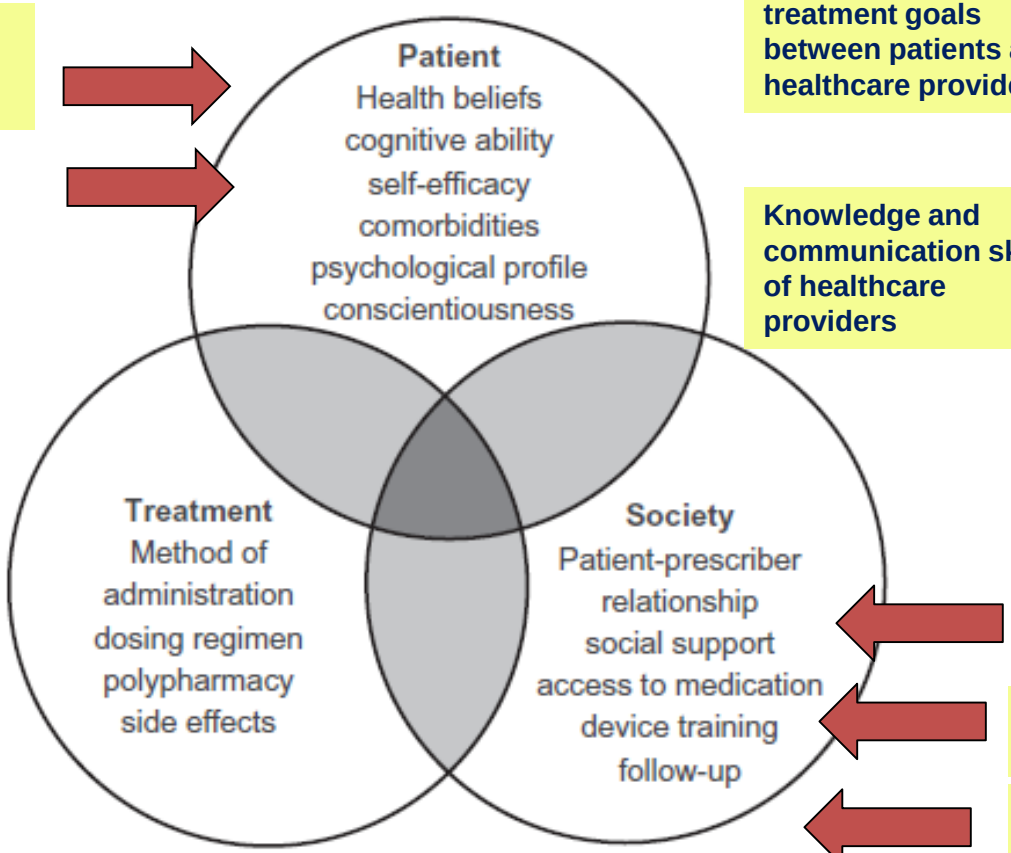
Uniformity of inhalers

Change inhaler

Change regimen

Medication review

Perceived effect



Discrepancy in treatment goals between patients and healthcare providers

Knowledge and communication skills of healthcare providers

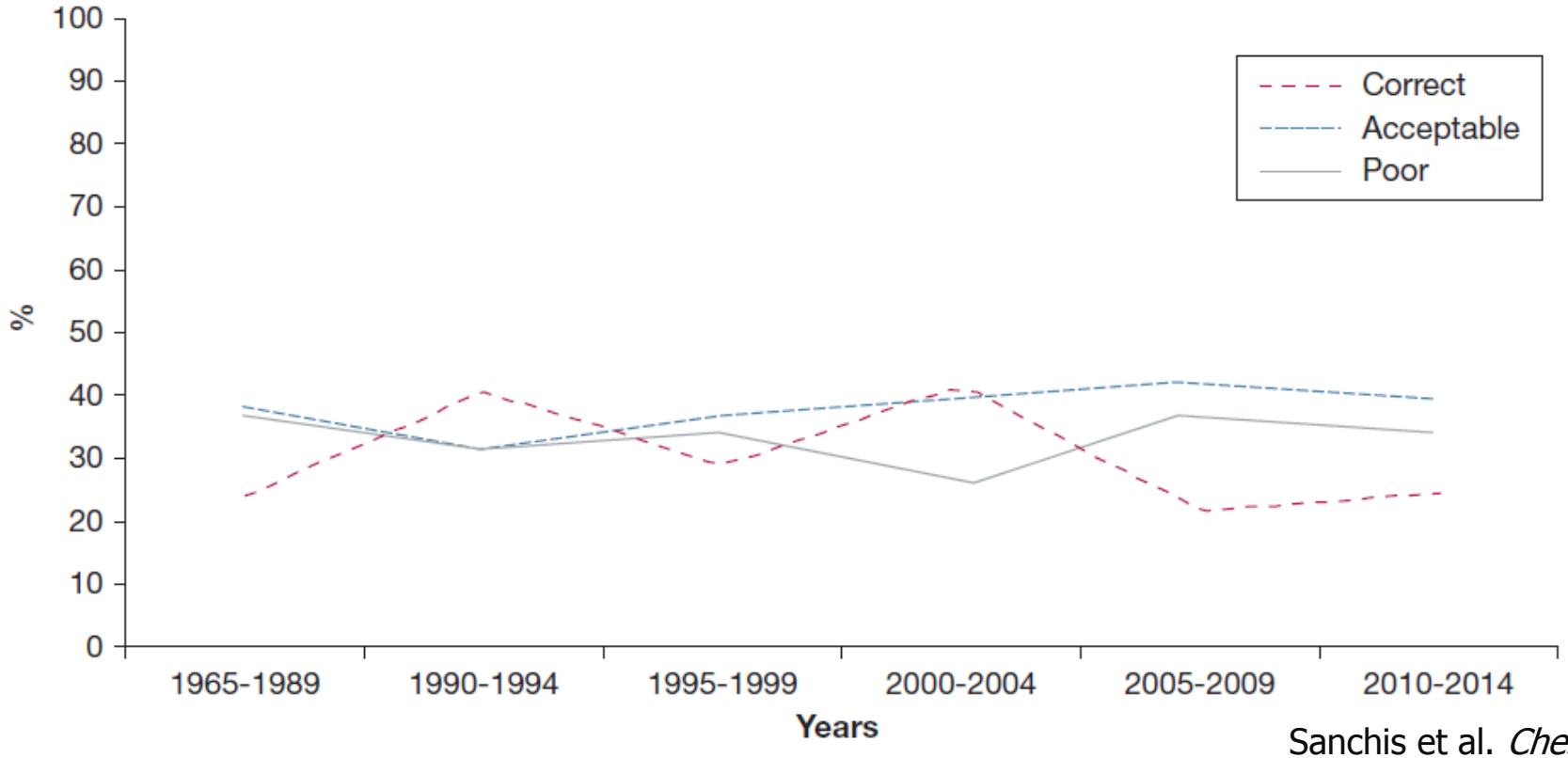
"Continuity of care": differences between GPs and specilists

Role care taker/peer patients/familiy

Inhalation instruction (uniform)

Adapted from Bourbeau. Thorax 2008

Patients' inhaler technique has not improved over the past 40 years



Sanchis et al. *Chest* 2016

We urgently need new approaches to education and drug delivery

Unsolved Questions on Inhalers

- Matching patient and device
- Identifying “serious” errors in inhaler usage
- Better disease outcomes by easier to use devices
- Safety and effectiveness of switching inhalers
- Effectiveness of technical or m- and e-health tools in monitoring and educating patients
- Better real life adherence results, better clinical decision making and outcomes
- Taking into account patient preferences and satisfaction

Proposal to improve inhaler technique

- ✓ Choose the most appropriate device for each patient
- ✓ Simplify the regimen and do not mix inhaler device types
- ✓ Do not switch a patient who is familiar with one inhaler to another device without education
- ✓ Invest the time to train each patient in proper inhaler technique
  - ✓ Observe technique & let patient observe self (using video demonstrations)
  - ✓ Devices to check technique and maintain trained technique (e. g. 2Tone Trainer; In-Check Dial)
- ✓ Recheck inhaler technique on each revisit

General proposals

- Country system should be ready: well trained professionals, sufficient time and reimbursement are needed
- Multidisciplinary approach is needed: doctors, pharmacists & nurses with good inter-communication and task assignment
- Prerequisites for doctors: re-assure diagnosis, treat comorbidities, avoid triggers
- Implementation of innovative inhaler technologies
- International promotion of uniform inhaler instructions based on validated checklists

Take Home Message

"Improving adherence seems to be fairly low on the policy agenda, but better use of existing technologies (eg, drug therapy) is likely to be more cost-effective than many new technologies."

(Elliott et al. Ann Pharmacother 2005)

PRONTO SENIOR (HALLO SENIOR)

starting November 2016

A NETWORK TO ASSIST AGED PEOPLE AND CAREGIVERS IN SOLVING PROBLEMS: (Senior Italia includes > 3 mio members)

- Bureaucracy (fiscal and general assistance)
- General requests in everyday life
- Social (loneliness, abuses, need for assistance)
- Medical (information and advice about:
  - Osteoporosis
  - Atrial fibrillation
  - **COPD**
  - Diabetes
  - Cancers
  - RA
  - Psoriasis
  - Hearing loss)

A telephone-administered interview led by a stansardised questionnaire

“m-Health”

Monitoring patients

Tracking disease evolution

Promoting “Contactless”
Doctor-Patient relationship

Planning further controls between patients and health staff; even out of scheduled, if necessary