ADHERENCE TO ADALIMUMAB, GOLIMUMAB AND USTEKINUMAB THERAPY IN INFLAMMATORY BOWEL DISEASE

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Background and importance Inflammatory bowel disease (IBD) is a group of chronic relapsing diseases. In the past 10 years, biologic agents such as adalimumab, golimumab and ustekinumab have meant a great change in their therapy. Correct adherence plays a critical role in achieving therapeutic effectiveness.

Aim and objectives To evaluate therapeutic adherence of patients that were dispensed adalimumab, golimumab and ustekinumab at the pharmacy department of a tertiary level hospital.

Material and methods An observational transversal study included patients who received treatment with adalimumab, golimumab or ustekinumab for at least 4 months, from January to June 2019. Variables recorded were age, sex, previous biologicals and adherence rate (%) provided by the electronic pharmacy programme. The Morisky–Green questionnaire was applied in patients who had a value ≤85%. The SPSS programme (V.25.0) was used for data analysis. The study was approved by a university ethics committee.

Results A total of 178 patients were included in the study, 60.1% (107) men, with a mean age of 46.08 (±14.96) years: 30.9% (55) were previously treated with other biologic agents and infliximab was used in 40 patients (22.5%). Average adherence, according to the dispensation record, was 91.79 (±11.62)%. For adalimumab, adherence was 91.15%, for golimumab, 91.74% and for ustekinumab, 95.05% (p=0.045). Forty-five patients (25.28%) were classified as poorly adherent (≤85%). The Morisky–Green test was performed in 32 patients who signed the informed consent. Non-administration on the indicated date (62.50%) and forgetting (28.10%) were identified as the main reasons for lack of therapeutic compliance according to the result of the Morisky–Green test, and 15 patients (46.9%) were classified as poorly adherent. Female sex (OR=0.42; p=0.013) and length of treatment (p=0.002) were associated with worse medication adherence.

Conclusion and relevance The percentage of adherence obtained was high in the study population. A group of poorly adherent patients were identified who could receive interventions to improve their medication adherence. Statistical power should be increased to improve the validity of the results.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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