Aim and objectives To determine beliefs about medication and QoL of patients with relapsing–remitting multiple sclerosis (RRMS) receiving active treatment with natalizumab and to analyse possible associations.

Material and methods This was a descriptive observational study including patients diagnosed with RRMS on active treatment with natalizumab. Variables collected from the clinical records were age, sex, time since diagnosis, expanded disability status scale (EDSS), adherence and duration of treatment. Patients completed the validated beliefs about medicines questionnaire which evaluates perceptions of personal necessity for medication and concerns about potential adverse effects (AE). Each questionnaire contains five questions, with the total sum scored of 5–25. The questionnaires were performed by nurses as a part of the usual follow-up procedure. The study was planned, performed and evaluated according to the guidelines of the Helsinki Declaration.

Results Significant patient perception about necessity for treatment (n=14/28 PASIe=0.0 and %PASI variation with respect to basal measurement) was 2.60 (1.40–4.80) mg/mL. Efficacy: 57.1% good responders and 42.9% non-responders. There were no significant differences in demographic data between the patient response groups. There were no significant differences in demographic data between the patient response groups. There were no significant differences in demographic data between the patient response groups.

Conclusion and relevance Patients with higher EDSS had lower QoL values (p<0.05). Older patients with longer treatments were less concerned about AE (p<0.05). Significantly, patients with a higher EDSS had lower QoL values (p<0.05). No adverse events were reported. Patients were classified into two groups in accordance with efficacy at the various blood assessment times: good responders (>PASI75) and non-responders (<PASI75). There were no significant differences with respect to ETAb levels: 2.7 ±0.8 and 2.6 ±0.8 mg/mL (range 0.6–4.8). The QoL was measured by the EuroQol-5D scale which has five dimensions (mobility, self-care, usual activities, pain/discomfort and anxiety/depression) with values of 0–1 and a visual analogue scale (VAS) with scores of 0–100 points. Patient consent was requested for participation. The possible associations were analysed by multivariate analysis with SPSS.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.