PRIMARY CARE

Enhancing patient adherence to AIT
ENHANCING PATIENT ADHERENCE

MODULE 3 – Learning objectives

At the end of this module, you should be able to identify:

1. Reasons for non-adherence to AIT
2. Long-term adherence to AIT is essential for AIT’s effectiveness
3. Strategies to enhance patient adherence
4. Collaborative care amongst HCPs to improve management of respiratory allergy patients
Patients discontinue allergy immunotherapy (AIT) for a range of different reasons.

Common patient-reported reasons for AIT discontinuation

<table>
<thead>
<tr>
<th>Subcutaneous immunotherapy (SCIT)</th>
<th>Sublingual immunotherapy (SLIT)</th>
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</thead>
<tbody>
<tr>
<td>• Inconvenience</td>
<td>• Inability to take medication according to schedule/ forgetting</td>
</tr>
<tr>
<td>• Concurrent illness</td>
<td>• Time consuming / inconvenient</td>
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<tr>
<td>• Not effective</td>
<td>• Not effective</td>
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<tr>
<td>• Symptoms improved</td>
<td>• Concurrent illness and/or medical condition</td>
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<tr>
<td>• Changed residence or clinic</td>
<td>• Adverse effects</td>
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<tr>
<td>• Adverse reaction</td>
<td>• Cost</td>
</tr>
<tr>
<td>• Systemic reaction</td>
<td></td>
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<tr>
<td>• Local reaction</td>
<td></td>
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<tr>
<td>• Cost or lack or insurance</td>
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Adherence to AIT is an issue, regardless of the administration route.

The majority of allergic diseases are managed by primary care physicians (PCPs). Primary care may play a pivotal role in informing and educating patients of:

- The principles and monitoring of treatment to ensure higher dedication and, consequently, better compliance
- The possible side-effects and how to identify, prevent and control them:
  - When and how to use rescue treatment
  - When and how to adjust or postpone allergy immunotherapy
  - When to seek medical care
- Correct handling of sublingual immunotherapy

Primary care clinicians should collaborate with their specialist colleagues to develop care pathways to develop effective service delivery.

The IPCRG & EAACI survey on the status of allergy management in primary care in Europe flagged an unmet need: “improved communication between primary and secondary care with the aim of an integrated care program.”

A multi-pronged & tailored approach is necessary for long-term adherence to AIT

Lombardi et al anonymously e-mailed 200 primary care physicians of the Italian Society of General Practitioners a 12-item questionnaire on AIT based on guidelines and literature.

Of the 126 responses which could be evaluated:

- Fewer than 50% of GPs were aware that international guidelines include sublingual immunotherapy as a treatment option and provide suggestions for its use.

The WAO Position Paper 2013 Update states:
« it seems there is room for improving compliance by systematically addressing it and its determinants and by putting more effort into educating patients, GPs, and specialists”

Strategies to Enhance Patient Adherence to AIT

**Educate Patients**
- Communicate effectively
- Provide adequate and clear information on AIT

**Engage Patients at Regular Intervals**
- Develop a standard follow-up protocol
- Consider adopting telecommunication technology to reach out to patients

**Provide Patient-Centered Care**
- Build a relationship
- Listening carefully to patients’ concerns
- Collaborate on the treatment plan

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One voice on AIT: a survey to assess patients’ understanding of allergy and acceptance of allergy immunotherapy (AIT).

The study’s main objectives were to validate the new communication template and to assess its impact on anticipated willingness to initiate or resume AIT.

Survey participants were either:

- Recent “early abandoners” (having discontinued AIT before the end of the prescribed course) or
- “Non-starters” (having decided not to initiate a course of AIT recommended by their physician).

Survey included 261 patients (France: 57; Germany: 51; Spain: 52; USA: 51; Russia: 50), with "early abandoners" (n=127) and "non-starters" (n=134).

All participants completed an on-line questionnaire immediately before and immediately after viewing the new communication template.
Main definition of AIT

Allergy immunotherapy (AIT) is the only allergy treatment with a long-lasting effect on all symptoms. AIT induces tolerance to allergens by rebalancing the immune system. AIT is a targeted and efficient solution.

Key messages

AIT is a targeted solution: after an accurate diagnosis, patients receive a tailored treatment.

AIT is a disease-modifying allergy treatment that acts on the immune system itself by rebalancing it (contrary to symptomatic drugs like antihistamines and corticoids which only temporarily stop the symptoms of allergic reactions).

There are several mode of administration: injections to be done monthly at the medical office or drops placed under the tongue, according to the preferences and needs of the patient. Tablets are available for grass pollen allergies.

Only one treatment active on all symptoms contrary to most of the antihistamines and corticoids that affect primarily nasal or eye symptoms.

Efficacious over the long-term: Efficacy is sustained over successive years even after the treatment is stopped.

Reduces the use of symptomatic medication (antihistamines and/or corticoids).

Conclusion: For optimal clinical effectiveness, a course of AIT should be completed as part of a mutually agreed “moral contract” between the patient and his/her physician, where both partners “buy in” to the disease management strategy and each has duties and obligations in maintaining or improving health.

More frequent clinical monitoring significantly improves adherence to sublingual immunotherapy

- 300 children (6-16 years) were prescribed sublingual immunotherapy and randomized to 3 scheduled clinic visit follow-up groups (n=100/group)
- Non-compliance who stopped AIT before the planned period of 2 years

Different technological approaches to improve adherence:
- Electronic appointment reminders
- Email to engage patients
- Short messaging service (SMS) to remind patients to take medication

Impact of daily SMS on adherence was assessed in 50 outpatients with AR randomized to either receive (SMS group) or not (control group) a daily SMS reminder via cell phone to take intranasal corticosteroid treatment for 30 days.
- Two primary outcomes: self-reported adherence and clinic attendance rate

Primary outcomes in the two randomization groups: a self reported rate (OR=3.85, 95% CI: 1.18-12.61, p=0.02), b attendance rate (OR=3.85, CI: 1.18-12.61, p=0.02, and C typical reasons for nonadherence (OR=6.85, 95% CI: 1.63-28.91, p=0.009

Wang K et al. A randomized controlled trial to assess adherence to allergic rhinitis treatment following a daily short message service (SMS) via the mobile phone. Int Arch Allergy Immunol 2014;163(1):51-8.
Patients who are engaged in shared decision-making report¹:

- Asthmatic adults randomized to shared decision-making care were significantly more adherent to their asthma pharmacotherapy and had improved clinical outcomes vs. a usual care group²

Patients need to trust you to follow your recommendations
- Patients are more likely to be adherent if they feel supported, understood and not judged

Patients should express their primary concerns
- Allow sufficient time for the patient to share their primary concerns and what they hope to accomplish in the visit

Patients should be involved in the treatment plan
- Be willing to agree together on the treatment choices and goals
- Promote greater involvement of the patient in deliberations about treatment options

TIPS ON IMPLEMENTING PATIENT-CENTERED CARE

COLLABORATION BETWEEN THE PRIMARY CARE TEAM AND ALLERGY SPECIALISTS

The World Allergy Organization encourages collaboration between the primary care team and allergists:¹

- To control allergic diseases, it is essential to encourage and promote cooperation and collaboration between primary care clinicians and relevant specialists.
- Primary care clinicians should be able to administer sublingual immunotherapy under the mentorship of a trained allergist and maintain regular liaisons with the allergist.
  - In collaboration, the allergist and the PCP/GP will jointly:
    - Plan and administer sublingual immunotherapy to the patient
    - Arrange follow up as and when needed
    - Decide when to discontinue therapy
- However, the decision whether or not to initiate SLIT (as for SCIT) should be made by the allergist.

Primary care clinicians should collaborate with their specialist colleagues to develop care pathways to develop effective service delivery.¹


*Including physicians, nurses, and others*
Adherence is an issue for all chronic diseases and respiratory allergies are no exception.
- Adherence to AIT is an issue, regardless of the administration route.

Long-term adherence to AIT is essential to achieve AIT’s effectiveness.

Adherence to AIT can be enhanced through improved patient education and engagement.

Patients may become more engaged in their therapy when they are more frequently monitored and involved in a shared decision-making process.

A collaborative care approach between the primary care team and allergists is needed to better support patients with respiratory allergies.