Improving treatment adherence in people with diabetes mellitus (INTENSE)

H. Al-Jabr[1], M. Langendoen-Gort[2], J. Hugtenburg[3], F. Rutters[4], M. de Wit[5], A. van der Heijden[2], F. Snoek[5,6], A. Farmer[7], P. Elders[2], D. Bhattacharya[1]

[1]School of Pharmacy, UEA, [2]Department of General Practice and Elderly Medicine, VUmc; [3]Department of Clinical Pharmacology and Pharmacy, VUmc; [4]Epidemiology and Biostatistics Department, VUmc; [5]Department of Medical Psychology, VUmc; [6]Department of Medical Psychology, AMC; [7]Nuffield Department of Primary Care Health Sciences, University of Oxford

Background

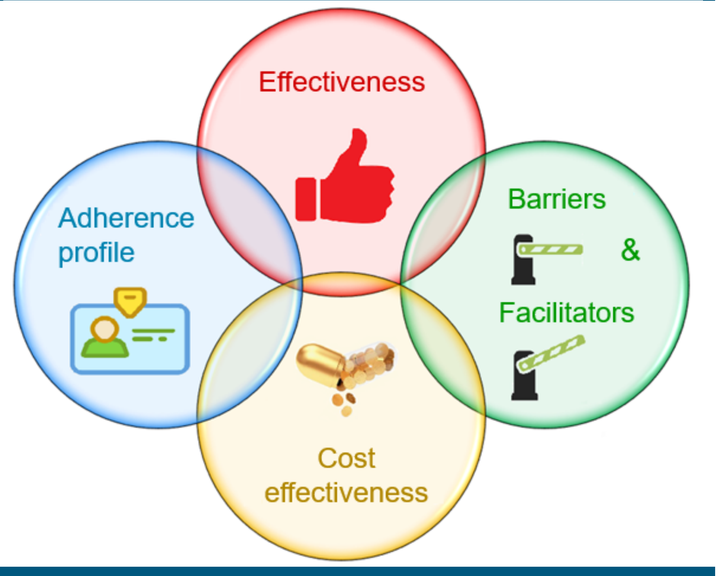
- Worldwide increase in the number of people with type 2 diabetes mellitus (T2DM)[1].
- Non-adherence is common. Between 10 to 56% of people with T2DM are non-adherent to prescribed medication regimen[2].

- Medication non-adherence is associated with increased healthcare costs[3,4].
- Interventions developed to enhance adherence rarely allow for significant tailoring to individual needs.

Aim & objectives

To investigate the effectiveness and cost effectiveness of a personalised intervention to improve medication adherence in people who are non-adherent to oral antidiabetic and/or antihypertensive medicines.

- To identify non-adherence profiles based on individual factors, barriers, needs and preferences.
- To identify the barriers and facilitators of intervention delivery and receipt.

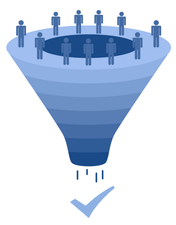


Method

- This is a 1:1 randomized controlled trial (RCT) (n=300), n=150 each in the Netherlands and England for 6 months duration.

- Study adapted through work with patient and public involvement (PPI) group and relevant stakeholders.

Eligible patients



- Smartphone users
- 35-75 years old
- Have T2DM
- Non-adherent to prescribed medicines

Participant ID and recruitment

Potentially eligible participants ID by GP practices and recruited by community pharmacies

Treatment of participants

Control arm: receive usual care & access a general DM website.
Intervention arm: receive personalised supporting programs, e.g. text messages

Measures

3 questionnaires to be sent at baseline, 3 & 6 months, & telephone pill counts, BP & HbA1c check conducted at baseline & at 6 months.
Outcomes: change in: medication adherence, BP, HbA1c, quality of life, diabetes treatment satisfaction & health care costs

Results

- Three medical practices and their related community pharmacies have expressed interest in the study.
- Two meetings with PPI members were conducted, and patient-facing supporting programs were adapted (Fig. 1).
- Participant recruitment is expected to start in July 2020.

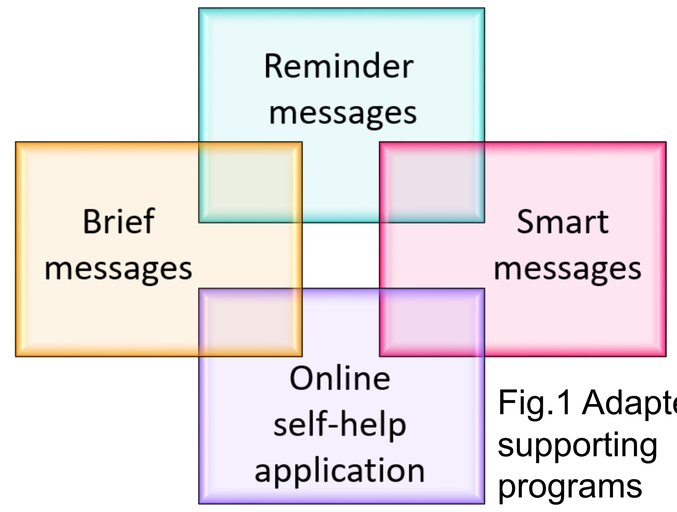


Fig.1 Adapted supporting programs

Conclusion

The study is expected to demonstrate the impact of a personalised adherence intervention on diabetes-related health, quality of life and healthcare costs.

References
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