

Patient Reported Coping Strategies for Adherence to Methotrexate Therapy in Inflammatory Arthritis

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About CAPA

Canadian Arthritis Patient Alliance (CAPA) is a grass-root, patient-driven, independent, national organization with members across Canada and supporters both Canadian and International. CAPA believes the first expert on arthritis is the individual who has the disease, as theirs is a unique perspective. We assist members to become advocates not only for themselves but all people with arthritis.

Background

Methotrexate prescribing criteria exists in all public and many private drug programs in Canada. It is generally the first drug prescribed to patients with moderate to severe Rheumatoid Arthritis. Many patients experience severe, persistent and unpleasant side effects that often impact their decision to take the medication as prescribed, preventing them from obtaining the full benefit. Multiple patient support programs exist in Canada for patients taking biologic drugs; there is little support for patients taking methotrexate.. We asked people living with arthritis what strategies they have learned to help them be able continue to take their medication as prescribed.

Objectives

We wanted to understand the reasons why patients would stop taking a therapy that helped manage the symptoms of a very painful and potentially disabling disease. CAPA would like to develop resources for patients who have been prescribed methotrexate to help them better manage the side effects of the drug which, in turn will better manage their inflammatory arthritis.

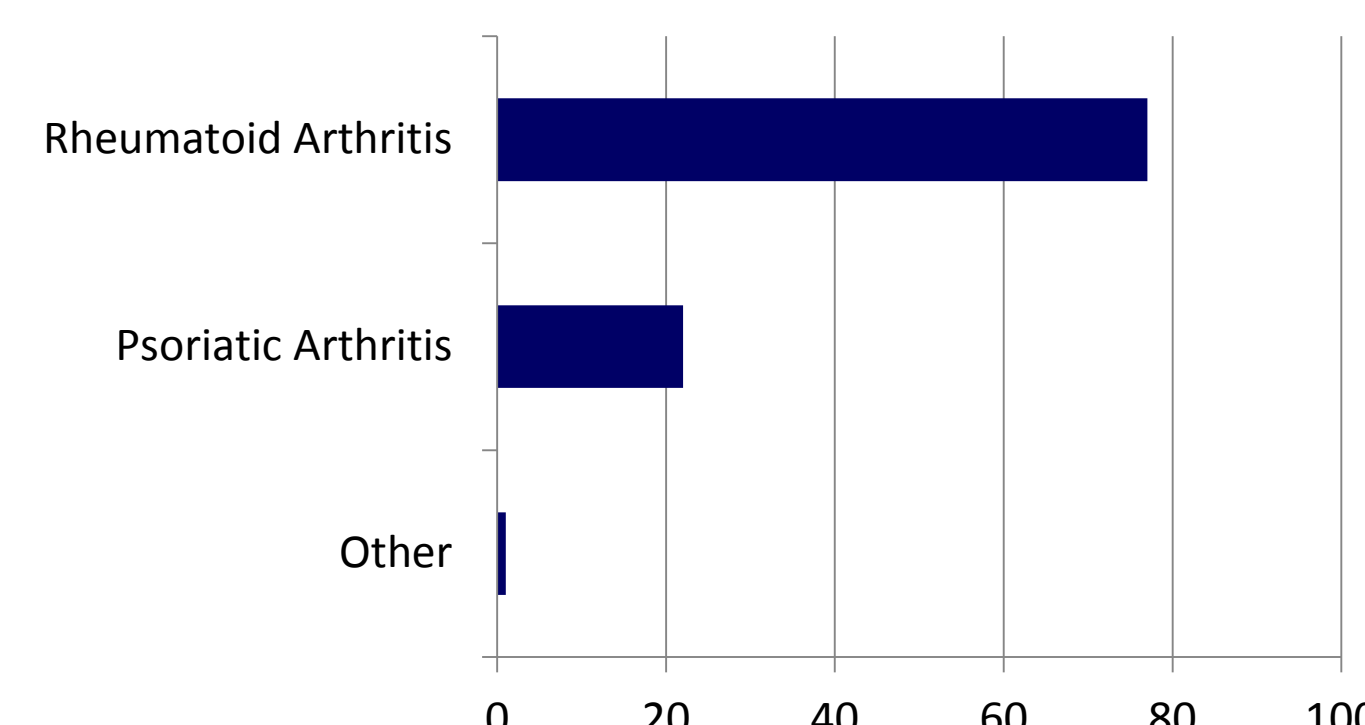
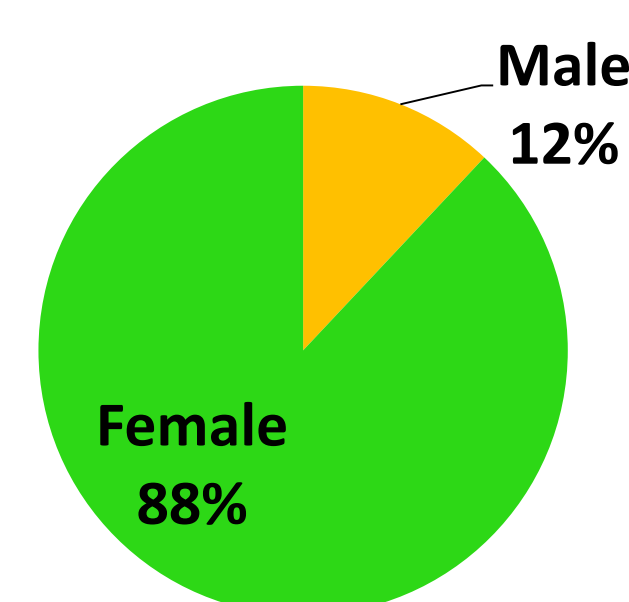
Methods

Led by CAPA VP Dawn Richards, with input from Board Members and a Rheumatologist we developed a survey and circulated through our wide network in English and French via social email, newsletters and an email blast to our membership. We received 340 English responses. We were interested in hearing from patients about their experiences on methotrexate, overall feelings about taking the medication and any coping strategies they used to mitigate the often unpleasant and persistent side effects.

Results

80% of survey respondents were of working age, 30-70 years old

CAPA wanted to hear about the experiences of people living with arthritis who are or have taken Methotrexate. 63% of respondents were from Canada with other responses from the US, Sweden, Turkey, Greece, the UK, Australia and others. 66.8% of patients responding to our survey take their methotrexate because they feel it helps their arthritis, 44.1% of the 66.8% do not like taking it.



Top Five Adaptations

- 1) Take Folic Acid (75.7%)
- 2) Take Methotrexate Before Bed (43%)
- 3) Take Methotrexate on the Weekend (36.1%)
- 4) Take Methotrexate on a Full Stomach (30.5%)
- 5) Take Methotrexate as a Pill (30.5%)

31 percent reported stopping their methotrexate because of the unpleasant side effects, the number one reason.

When experiencing issues taking methotrexate eighty percent of respondents said they had not spoken to their Physician or Pharmacist about how to manage the side effects.

Discussion

Methotrexate criteria as a first line treatment is required by all public drug programs. Patients report major issues in taking this drug but there is little support to assist them in dealing with the debilitating side effects that affect adherence to prescribed therapy. Given that 80% of respondents did not speak with their Physician or Pharmacist about managing the medication side effects there appears to be an opportunity for increasing patient education around the use of medications to treat inflammatory arthritis benefiting both the patient and the payer. When side effects become so severe that they have a profound effect on the patients' quality of life, ability to work, and ability to participate in life activities like caring for children and enjoying a night out on your day off patients then make decisions whether the disease symptoms are worse than the medication side effects. Creating patient support programs, similar to those programs that exist for patients who take biologic medications, may be an option to further explore.

Conclusion

Despite not receiving sufficient support from the healthcare system patients are trying to problem solve and self manage the side effects of Methotrexate. CAPA will produce an online resource that will help patients to better manage the side effects of Methotrexate. It is also clear that patients would benefit from additional treatment options that have fewer side effects and additional support from the healthcare system when the side effects of a medication become almost as bad as the disease symptoms.

Acknowledgements

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