

# Barriers to and drivers of adherence to oral therapies in patients with multiple myeloma: the ATOMM study

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## Introduction and Aims

Estimated rates of non-adherence to medicines for long-term conditions may be as high as 50%.<sup>1</sup> Currently, little published information on adherence to oral therapies for multiple myeloma exists. However, complex treatment schedules, and patient demographics, make sub-optimal adherence possible.

We undertook a mixed-methods adherence study (The ATOMM study: IRAS 258091) utilising a combination of validated questionnaires and focus groups.

We report on the focus group component of the study, the aims of which were to explore behaviour, values and views associated with adherence to oral therapies and potential strategies to improve adherence.

## Methods

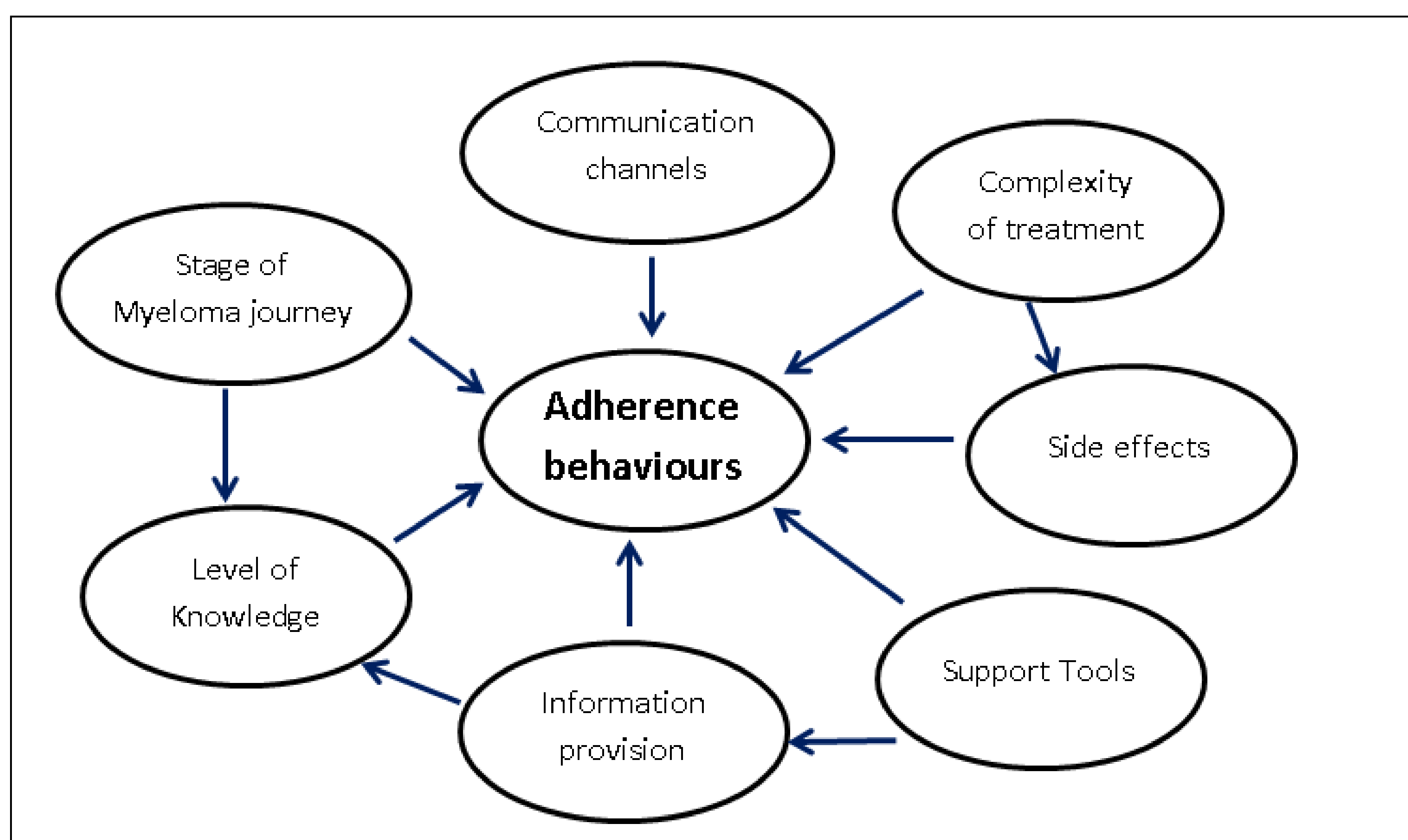
Participants were recruited through the myeloma clinic in a UK tertiary referral centre. Three remote focus groups were undertaken: two patient groups, each composed of four patients, and one health care professional (HCP) group, composed of two myeloma physicians, a clinical nurse specialist and a pharmacist independent prescriber. Two members of the study team facilitated the groups, working from a discussion guide. Focus groups were recorded and transcribed verbatim. One of the facilitators reviewed the transcripts for accuracy and transcripts were anonymised prior to analysis. A thematic framework analysis<sup>2</sup> was then undertaken. Coding and themes were developed and consensus reached amongst the three study team members responsible for the analysis.

## Results

Qualitative analysis identified seven interconnected themes (see figure 1). Side effects emerged as a key theme, with patients raising the importance of being able to negotiate doses and schedules with their HCP as a way of allow them to feel in control of their medication taking. Information provision was also highlighted by all participants: patients were concerned about the complexity and detail within package inserts and expressed a need for simpler, more targeted, provision of medicines-related information. Similarly, HCPs felt that patients were at risk of information overload due to the complexity of the disease and its treatment. "Drip-feeding" information and focusing on key points were provided as potential solutions.

Inconsistent findings were found on the impact of time since diagnosis and number of previous lines of therapy on adherence behaviours: whilst it was noted that familiarity with medication could encourage improved adherence, concern was raised that motivation for treatment may wane over time and poorer physical health may also have a negative effect. Strategies to improve adherence included patient diaries/reminder charts, better communication between the clinical team and patients, technological support (apps, phone reminders), and pill organisers. Support networks (e.g. engaging family members, joining myeloma support groups) were also identified as potentially beneficial tools by both patients and HCPs.

Figure 1: Focus group themes



## Discussion and Conclusions

Side effects, complexity of treatment and knowledge gaps all emerged as clear barriers to adherence in myeloma patients. A variety of strategies (focusing on information provision, enhanced patient-to-patient and patient-to-HCP communication and physical inputs) were suggested as ways of improving adherence, and might inform interventions to enhance adherence behaviours in this patient population.

## References

1. NICE report National Institute for Health and Clinical Excellence. Medicines Adherence: Involving Patients in Decisions about Prescribed Medicines and Supporting Adherence. In. London 2009.
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