Intentional and unintentional medication nonadherence in psoriasis: the role of patients' medication beliefs and habit strength [abstract only]

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Intentional and unintentional medication nonadherence in psoriasis: the role of patients' medication beliefs and habit strength

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Medication nonadherence is a missed opportunity for therapeutic benefit. Patients' beliefs about their medication are key drivers of nonadherence; however, there is a lack of high-quality data on nonadherence to systemic therapies used for psoriasis outside of clinical trials. As part of the Psoriasis Stratification to Optimise Relevant Therapy (PSORT) consortium, we assessed 'real-world' levels of self-reported nonadherence to conventional and biological systemic therapies and evaluated psychological and biomedical factors associated with nonadherence using multivariable analyses. Cross-sectional data from 811 patients with moderate-to-severe psoriasis using a conventional systemic (35.3%) or biological therapy (64.7%) were collected from 35 dermatology centres across England. All patients were enrolled in the British Association of Dermatologists Biologic Interventions Register (BADBIR). A questionnaire assessed patients' illness and medication beliefs (Revised Illness Perception Questionnaire and Beliefs about Medicines Questionnaire), psychological distress (Hospital Anxiety and Depression Scale), the strength of the patient's routine or habit for using their medication (Self-Reported Habit Index) and medication adherence (Medication Adherence Report Scale, MARS), with a score ≤ 38 out of 40 on the MARS indicating nonadherence. Patients' biomedical data were obtained from the registry. A significant proportion of patients using conventional systemic (methotrexate, ciclosporin, acitretin, fumaric acid esters) or biological therapies (etanercept, adalimumab) were classified as nonadherent (22.4%); 12% were intentionally nonadherent, such as deliberately altering the dose, timing or frequency of their therapy, and were 10.9% unintentionally nonadherent, such as forgetting to use their therapy. Only 7.3% of patients using ustekinumab were classified as nonadherent. Patients using a conventional systemic were significantly more likely to be classified as nonadherent compared with those using etanercept or adalimumab (29.2% vs. 16.4%; $P \leq 0.001$). After accounting for relevant variables, patients who expressed the strongest concerns about their systemic therapy and medicines in general were significantly more likely to be classified as intentionally nonadherent (odds ratio 2.27, 95% confidence interval 1.16–4.47). Patients who reported weaker routine or habit for using their therapy were significantly more likely to be classified as unintentionally nonadherent (odds ratio 0.92, 95% confidence interval 0.89–0.96). Medication nonadherence needs to be assessed when determining factors influencing treatment response. Medication beliefs and habit strength are important modifiable targets for strategies to improve adherence and clinical outcomes in the management of psoriasis. C.E.M.G. is a National Institute for Health Research Senior Investigator. PSORT is funded by the Medical Research Council, grant MR/1011808/1.