(S86) DISEASE-MODIFYING DRUG THERAPY INITIATION PATTERNS IN NEWLY DIAGNOSED MULTIPLE SCLEROSIS PATIENTS
J. Margolis,1 R. Fowler,1 B. Johnson,1 H.B. Dastani2

1Healthcare & Science, Thomson Reuters, Washington, DC; 2Evidence Based Medicine, Novartis Pharmaceuticals Corporation, East Hanover, NJ

Background: The Disease Management Consensus Statement recommends initiating disease-modifying drug (DMD) therapy following a definite diagnosis of multiple sclerosis (MS) to reduce relapses and slow progression. Objectives: The goal of this research was to compare the demographics, clinical characteristics, and treatment patterns for newly diagnosed MS patients in a commercial managed-care population who received DMD therapy versus those not receiving DMD therapy. Methods: A retrospective cohort study using administrative health-care claims from a database of US-based employers and health plans identified individuals newly diagnosed with MS (ICD-9-CM code 340.xx) and ≥18 years old during 2001 to 2007 to characterize them based on demographics, clinical characteristics, and pharmacologic therapy for 1 year prior to index diagnosis and a minimum of 1 year post-index. The index date was the first MS diagnosis occurring in the study period with no MS diagnoses or DMD therapy in the prior year. Multivariate analyses were conducted to adjust for confounding variables. Results: Patients were followed for a mean ± SD of 35.7 ± 17.5 months after their index diagnosis. It was found that 40.3% of newly diagnosed patients received treatment with at least one of the DMDs during the post-index period. Treated patients were primarily in the younger age categories of 18 to 44 years with DMD therapy initiated an average of 5.3 ± 9.1 months after the index diagnosis. The Cox model showed that patients most likely to receive DMD therapy were under the age of 45 years, had evidence of loss of coordination (hazard ratio [HR], 1.54; P < .01), and had received nuclear magnetic resonance imaging (NMRI) (HR, 2.36; P < .01) or spinal tap (HR, 1.82; P < .01) pre-index compared with those not initiated on DMD therapy. Once treatment was initiated, 27.7% discontinued DMD therapy after an average of 17.6 ± 14.6 months, and 16.5% had treatment gaps in excess of 60 days. Conclusions: The majority of newly diagnosed MS patients in this commercial managed-care population remained untreated, while over a quarter of treated patients stopped therapy and one-sixth experienced treatment gaps despite the risk of disease progression or a return of pretreatment disease activity.

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