(W23) TOOL FOR IDENTIFYING A PATIENT PROFILE OF DRUG COMPLIANCE

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Background: Treatment noncompliance resulting in the discontinuation of disease-modifying drugs for the treatment of multiple sclerosis (MS) is an important issue in MS patient care; however, there has been no standard, universal system to score compliance in patients on therapies for MS. The availability of a tool that provides a numerical risk factor and suggested support algorithm might identify patients at risk of noncompliance and guide appropriate, risk-stratified intervention. Objectives: To identify the profile of a patient who may be at risk for discontinuation of subcutaneous (SC) interferon beta-1a (IFNβ-1a) by developing and testing a tool that uses a predictive scoring system that incorporates social and disease-related information. Methods: The Predictive Assessment Pilot Program (PAPP) is designed for field nurses to provide injection training for MS patients who are receiving SC IFNβ-1a and enrolled in the MS LifeLines patient-support program, and evaluate them through a risk-assessment algorithm. Discontinuation status is assessed monthly. Using the PAPP Score Sheet, patients are scored by field nurses on five domains that influence compliance (perception [P], cognition [C], lifestyle [L], activities of daily living [A], and support mechanisms [S]; PCLAS) using an objective and standardized scoring system (0–5 scale, where 5 represents the highest risk of noncompliance and a score ≥3 indicates elevated risk). From the individual scores, a total score (PCLAS) appropriate for the patient is determined and an intervention chart suggests to the nurse a corresponding intervention designed to aid planning and delivery of patient follow-up. Intervention levels include low risk (PCLAS 0–9; less frequent contact), intermediate risk (10–18; increased contact), and high risk (>18; detailed contact). Results: MS LifeLines field nurses began using the tool in November 2007 in the United States in Detroit, New Jersey, Cleveland, Denver, and Houston. A database has been developed to assess demographic information and component scores; results will be presented at a later date. Conclusions: Use of the PAPP risk-assessment algorithm and interventions has the potential to both identify patients at risk for discontinuation and target appropriate support.

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