

Treatment approaches in relapsing-remitting multiple sclerosis (RRMS): a survey of clinicians in the United Kingdom



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Introduction

- As new treatment approaches for RRMS are developed, it is important to understand the factors that healthcare professionals (HCPs) consider in treatment decision-making.

Objective

- To understand the different treatment approaches taken by UK HCPs when treating RRMS and the factors underlying these treatment decisions
- To describe the management of newly diagnosed patients with RRMS

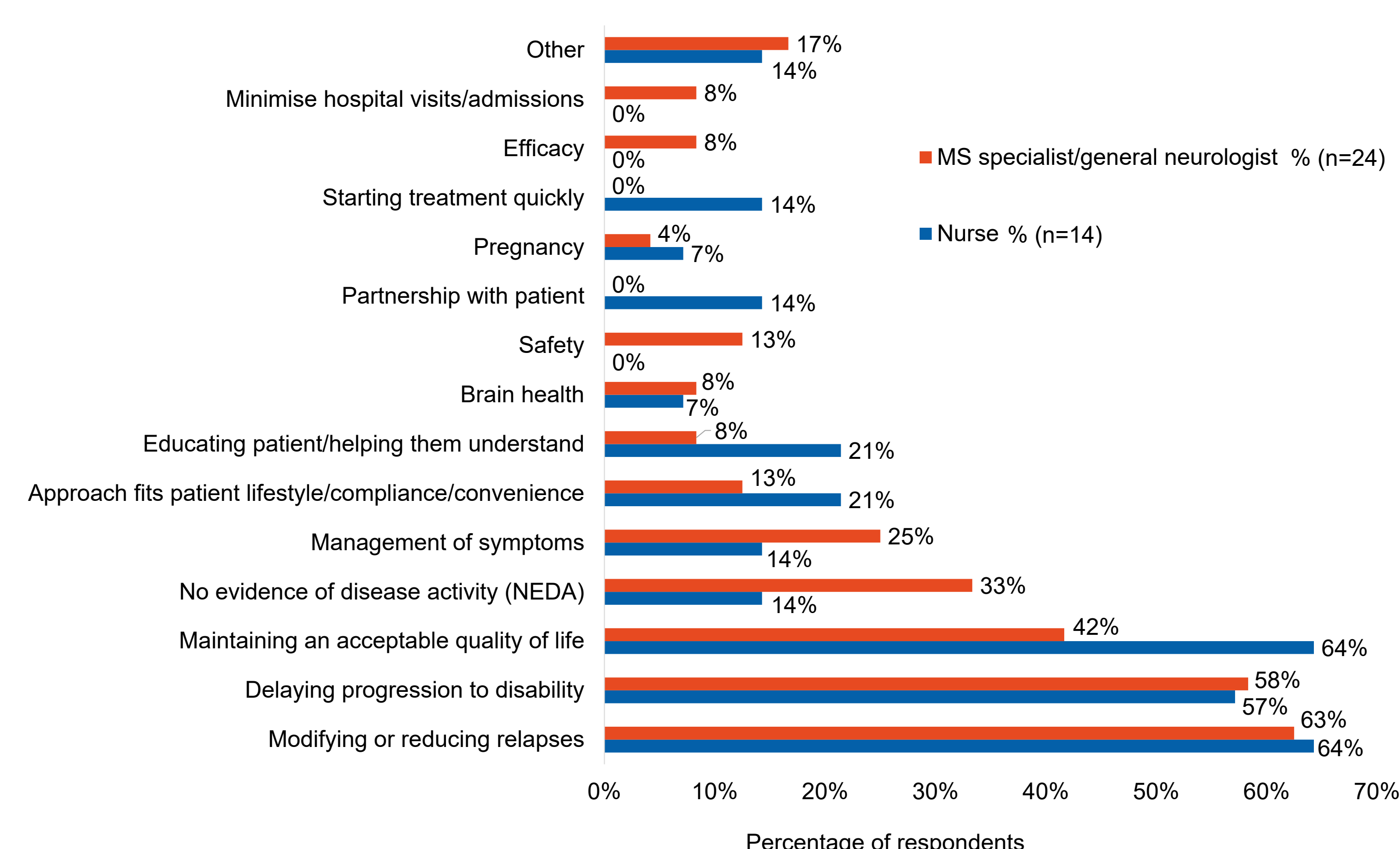
Methods

- Interviews were conducted with 38 HCPs involved in managing patients with RRMS between March and August 2021. A total of 154 HCPs were initially approached and invited to take part.
- The HCPs that participated were from treatment centres spread geographically across the UK (82% England, 11% Scotland, 5% Wales, 3% Northern Ireland).
- Of the 38 participating HCPs, 39% (15/38) were from tertiary care centres and 32% (12/38) from district care centres. 16% (6/38) of HCPs considered themselves to be from 'spoke' treatment centres (centres in which limited services are available and subsequently route patients to a relevant centre for more intensive services and treatments) and 11% (4/38) at centres not considered a spoke but have to refer to other hospitals for certain disease modifying therapies.¹
- We used a structured questionnaire to interview UK HCPs about RRMS treatment approaches. Topics covered included HCP views on the most important factors underlying treatment decisions from both a HCP and patient perspective.
- All statistical analyses were descriptive in nature.

Results

- Of the 38 HCP respondents, 53% were multiple sclerosis (MS) consultants, 34% MS specialist nurses and 11% neurologists with an MS interest (3% other).
- 74% (28/38) of HCPs strongly agreed and 24% (9/38) agreed that early treatment is essential for better outcomes in most patients.
- Modifying/reducing relapse, delaying progression to disability and maintaining an acceptable quality of life were the most important treatment goals for newly-diagnosed RRMS, reported by 63% (24/38), 58% (22/38) and 50% (19/38) of respondents, respectively.
- When grouped by job role, 64% of nurses (9/14) and 42% of MS specialist/general neurologists (10/24) reported quality of life to be one of the three most important treatment goals for newly-diagnosed RRMS (Figure 1).

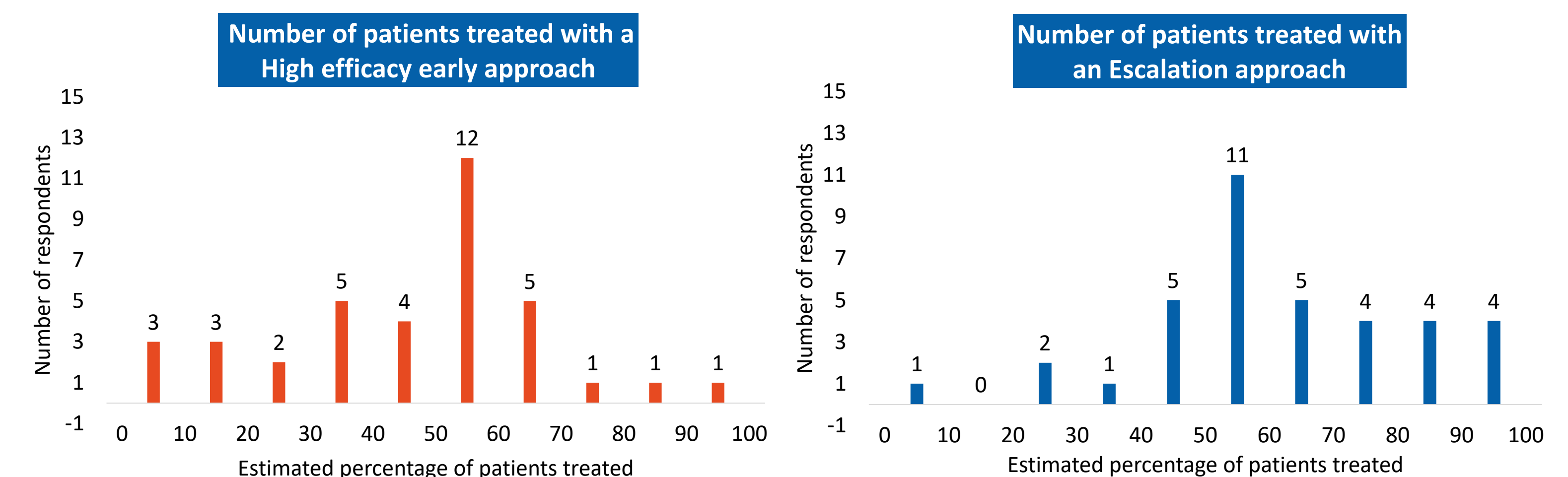
Figure 1: What are the three most important treatment goals for the majority of newly diagnosed patients with RRMS according to healthcare professionals grouped by job role?



- HCPs estimated (n=37) that the average percentage (SD) of their newly diagnosed RRMS patients treated with high efficacy early or escalation approaches were 42.1% (21.8) and 58.3% (20.8), respectively (Figure 2).

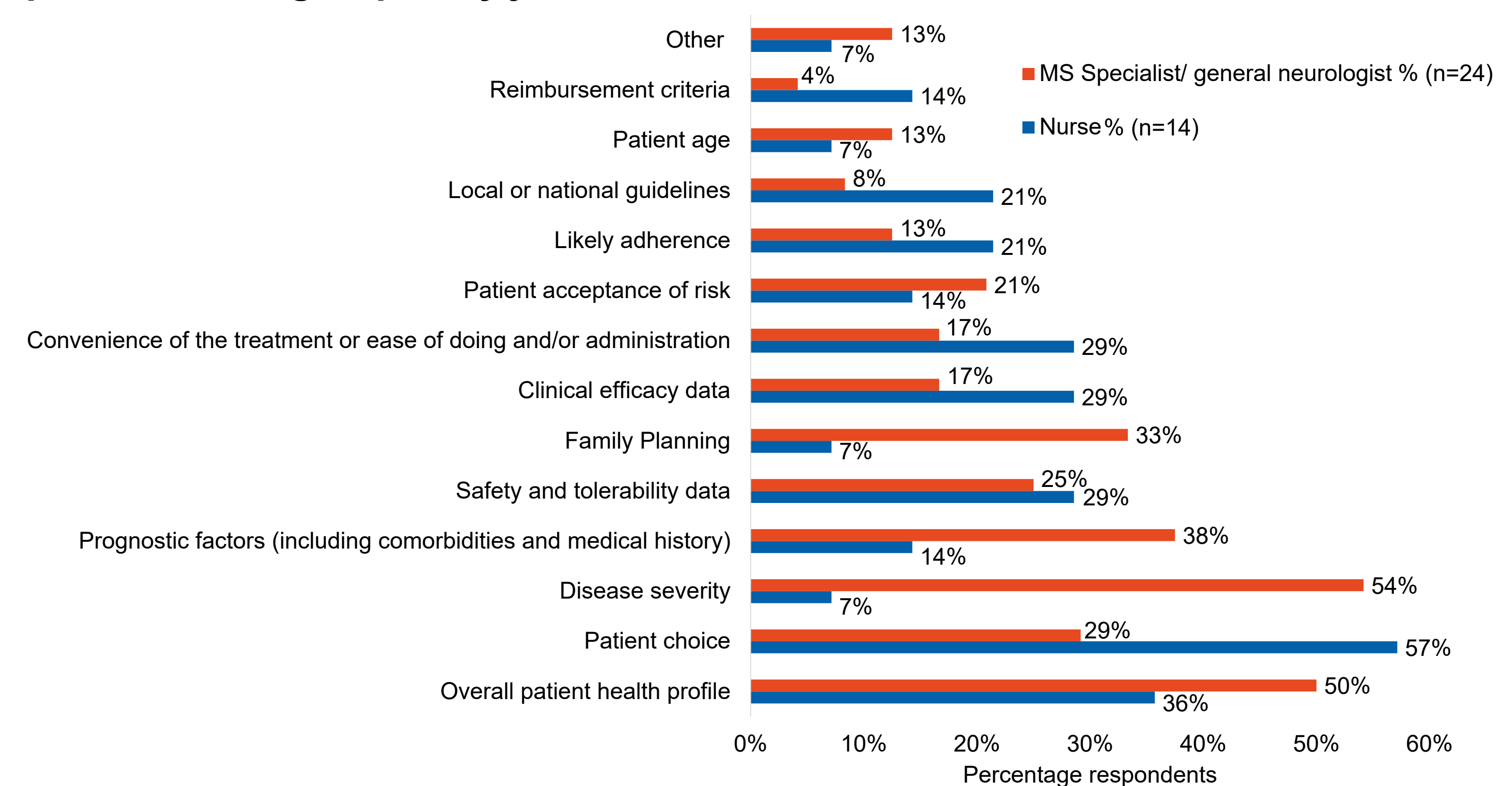
- Most (66% of respondents; 25/38) agreed these proportions reflected the treatment approach they would like to take.
- For those disagreeing (34%; 13/38), the average (SD) percentage of patients they would ideally treat with high efficacy and escalation approaches were 66.2% (18.0) and 33.8% (18.0), respectively.

Figure 2: What proportion of newly diagnosed RRMS patients did HCPs report treating using high efficacy early or escalation approaches?



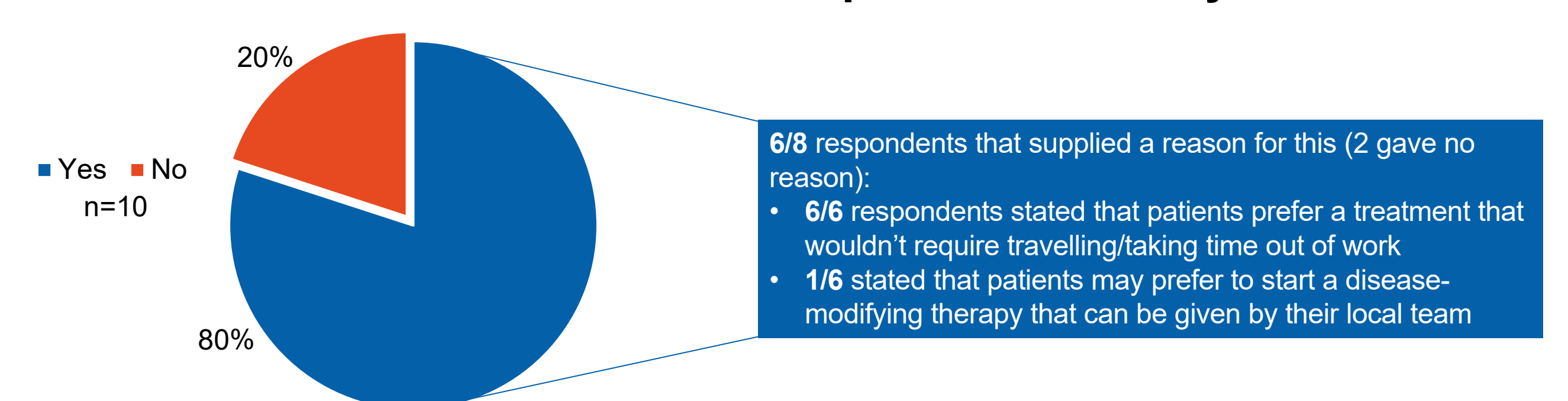
- Nurses (n=14) reported patient choice (57%), overall patient health profile (36%), safety/tolerability (29%), clinical efficacy (29%) and convenience of treatment (29%) as the factors most likely to influence treatment choice; neurologists (n=24) most commonly reported disease severity (54%), overall patient health profile (50%) and prognostic factors (38%; Figure 3).

Figure 3: Which three factors are most likely to influence choice of treatment approach in a newly diagnosed patient with RRMS according to healthcare professionals grouped by job role?



- The majority (82%) of HCPs reported that they always discuss different treatment approaches in patients with newly diagnosed RRMS.
- Overall, HCPs reported that from their perspective, the most common factor patients consider when deciding on a treatment approach are convenience of the treatment (76%), side effect profile (68%) and impact on daily living and work (63%).
- The majority (80%; 8/10) of HCPs working in 'spoke/referring' treatment centres indicated that distance between 'spoke/referring' and 'hub' centres influenced treatment choice (Figure 4).

Figure 4. Does the distance between the spoke/referring centre and hub centre influence the choice of treatment that the patient ultimately receives?



Conclusions:

- This survey highlights variation in HCPs' treatment goal priorities, which go beyond "no evidence of disease activity".
- Escalation and high efficacy approaches appear to be used at approximately the same rate across the UK.²
- The most important factor influencing treatment choice differed between nurses and neurologists (patient choice vs. perception of disease severity, respectively).
- The results also provide new insight into the views of HCPs on both actual and ideal treatment approaches for newly-diagnosed RRMS.

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