

COST AND CONVENIENCE: MAJOR DRIVERS OF PATIENT PREFERENCE ON ROUTE OF BIOLOGIC ADMINISTRATION

Eoin Slattery

UEG Week Copenhagen 2023

Poster

IBD

October 15, 2023

A study of 144 inflammatory bowel disease patients offered subcutaneous infliximab identified work/life disruption and Drug Payment Scheme enrolment as significant predictors of choosing to transition from intravenous administration, while concerns about reduced monitoring and healthcare contact were primary reasons for declining.

KEY POINTS

- Of 144 patients offered subcutaneous infliximab, 55.5% elected to transition and 44.5% declined; being enrolled in the Drug Payment Scheme (OR 4.99, $p=0.03$) and missing school/work for infusions (OR 3.78, $p=0.04$) were statistically significant predictors of choosing to transition.
- The strongest motivations for transitioning were reduced travel time (94.5% agreement), better work/life balance (87.3%), and less time away from work/school (74.5%).
- The strongest reasons for declining were concerns about missing regular blood checks (84.8% agreement), feeling safer in the infusion unit (80.4%), reduced ability to voice treatment concerns (80.4%), and missing regular healthcare professional contact (69.6%).
- At 8 weeks after first subcutaneous dose ($n=36$), median infliximab trough increased from 7.4 mg/mL to 17.8 mg/mL, while CRP and IBD-Control scores remained stable.
- This material is most relevant to gastroenterologists and IBD teams planning subcutaneous biologic programmes and seeking to understand patient decision-making factors.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/9cc80e9c-743b-11ee-9e69-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.