

Getting the most from your Inflammatory Arthritis Medicines

The outlook for patients with inflammatory arthritis is now better than ever before. If you have been diagnosed, there is a wide range of highly effective medications available to help manage your condition. However, around 10% of the NHS budget is spent on medicines and there is evidence that we're not making the most of them.¹



Bringing medicines to *life*
Rheumatology Initiative
(RI)

16%

Only 16% of people prescribed a new medicine take it properly, have no problems and receive all the information they need²



After 10 days almost a **third of people are not taking their new medicine properly**. Over half of these don't even realise²

When patients don't take their medicines in line with recommended advice it **costs the NHS an estimated half a billion pounds a year** in lost patient benefits²



In GP practices, around **£300 million is wasted each year** due to medicines prescribed not being used, half of this is avoidable²

A focus on improved outcomes for patients can ensure that patients and the **NHS get better value from medicines**²



1 Office for Health Economics, "Projecting medicines expenditure on medicines in the NHS", April 2013, available at: <https://www.ohe.org/publications/projecting-expenditure-medicines-nhs> accessed November 2016

2 Royal Pharmaceutical Society, Medicines optimisation: helping patients to make the most of medicines – Good practice guidance for healthcare professionals, May 2013 available at: <https://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf> accessed November 2016

The NHS has been working to increase the value it gets from medicines, improving outcomes and identifying savings. This is often described as medicines optimisation. Guidance from national organisations such as the Royal Pharmaceutical Society and NHS England states that patients should be at the heart of medicines optimisation.

What does this mean for you?

As someone living with inflammatory arthritis, you may be prescribed a number of medicines to help manage your symptoms and stop your condition from getting worse. You may have to try different medicines before finding the right one.

Your rheumatology team should make sure that you're involved in decisions about your medicines so that you are given the right medicine at the right time and that you know how to use it and what potential problems to look out for. Shared decision making between you and your healthcare team can help you make the right choices.

Key principles to help support the best use of medicines are:

- Your healthcare team should help you to understand your medicines and how to use them properly
- You should be informed about potential side effects and how to monitor if your medicine is working
- You should know who to talk to if you have questions or concerns about your medicines
- You should have regular medicines use reviews with a pharmacist
- Any changes to your medication should be fully explained to you

Who can help?

People in your healthcare team should be able to help with questions or concerns you have about your medicines or advise you who to talk to.

- Rheumatology consultant
- Rheumatology nurse specialist
- Pharmacist
- GP
- Physiotherapist
- Occupational therapist
- Homecare delivery company (if any of your medicines are delivered to you, eg. injectable methotrexate/biologics)

Key questions

These questions should help you to talk with your healthcare team about your medicines.

- What treatments do you think would be best for me and why?
- How long should it take to work?
- How do I know if my medicine is working?
- Are there side effects that I should be aware of?
- Will this medicine affect how my other medications work?
- Who should I speak to if I become concerned, what are their contact details and when are they available?
- When will we next speak?

Raising concerns

You should speak to your rheumatology nurse specialist, doctor or pharmacist if you have any concerns:

- You're not sure how to take your medicine
- You're having unexpected or more severe side effects
- Your medicine looks different than you expected
- Your repeat prescription is different without explanation

The ABPI Rheumatology Initiative (ABPI RI) was established in 2012 to raise awareness and work with the rheumatology community and policy makers to improve the quality of care and support for people with inflammatory arthritis. The ABPI RI members are AbbVie Ltd, Bristol-Myers Squibb Pharmaceuticals Ltd (BMS), Chugai Pharma Europe Limited, Janssen, Merck Sharp & Dohme Ltd (MSD), Pfizer Ltd and UCB.

This document was developed by the ABPI RI, with input and review from the National Rheumatoid Arthritis Society (NRAS), National Ankylosing Spondylitis Society (NASS) and Royal Pharmaceutical Society (RPharmS).



Simon's story

Ankylosing spondylitis (AS)

My back pain first started six years ago at the age of 35, but it took many GP visits and two years of non-steroidal anti-inflammatory drugs (NSAIDs) before I was finally diagnosed. Although the painkillers helped ease some of the pain, they did nothing for the stiffness. I was beginning to feel like an old man as I was tired all the time and had trouble sleeping.

My consultant finally decided I needed to be put on a biologic and that has really helped, although I did have headaches at first. I wish I'd been warned about this, as it took a while for me to get in touch with my consultant who then explained that this was normal and that the headaches would go after a few doses. I still have some bad days when my back plays up, and I take some painkillers, but it's mostly good.

Last year I had bad bronchitis which was scary and had to take a break from the biologic. The nurses at the clinic have really helped me understand why I need to keep doing daily stretching exercises and why it's important to keep a diary, tracking my symptoms and pain scores. I have 6-monthly monitoring check-ups at the clinic and I've just had a medicines review at my local pharmacy which has helped me understand how my different medications work together, why I need to take them at the right time and what to do if I have any reactions or side effects.

Simon, Wolverhampton

Ralph's story

Rheumatoid arthritis (RA)

When I was first diagnosed with RA I was prescribed methotrexate tablets along with steroid tablets and painkillers as necessary. I was involved in decisions about the steroid tablets and was occasionally given a steroid injection by the specialist nurse when had a flare up.

I was moved onto methotrexate injections and the dose was increased to a maximum 25 mg. As my RA was severe, I was started on a biologic drug. My consultant discussed the options with me including the time it may take to see improvements. My consultant also explained how different biologics can work for one person but not another, so it might be necessary to change to another biologic drug. I was involved and felt I understood my options.

My specialist nurse explained everything and supported me throughout. She gave me a contact number if I had any worries or medical difficulties in the early days. I have had an annual Consultant review meeting where we discussed my treatment. I have been very lucky and after reaching a low point in my mid-forties when I was walking with a stick, I am now able to lead a fully active life including tennis, cycling to work, rambling, and have no obvious flare ups any more.

Ralph, Manchester