

THE USE OF RHEUMATOID ARTHRITIS MEDICATION ASSESSMENT TOOL WITHIN PHARMACEUTICAL CARE PLANS

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INTRODUCTION

The Rheumatoid Arthritis Medication Assessment tool, RhMAT, is a validated medication assessment tool specifically designed to analyse pharmacotherapy adherence to evidence-based guidelines on the management of rheumatoid arthritis (RA).¹

AIM

- To implement the RhMAT within an ongoing pharmaceutical care service in order to help pharmacists systematically assess pharmacotherapy management against evidence-based recommendations and resolve identified pharmaceutical care issues.

METHOD

Patients were eligible for inclusion in the study if they were over 18 years of age, suffering from RA and regularly attending the rheumatology out-patient clinic at Mater Dei Hospital, Malta. The University of Malta Ethics Approval and the patients' consent was obtained. During the pharmaceutical care session, the clinical pharmacist analysed each individual patient's pharmacotherapy using the RhMAT. The RhMAT adherence rate was calculated. Adherence rate was defined as low if the score achieved is less or equal to 50%; intermediate if the score achieved ranges between 51% and 74% and high if the score is equal to or greater than 75%. Non-adherence issues to RhMAT which were identified by the clinical pharmacist were discussed with the respective clinician and the patients' themselves. The RhMAT was run twice at phase 1 (baseline, time = 0 month) and at phase 2 (patients' next clinic visit; time = 12 +/- 3 months).

TABLE 1. Extract from the RhMAT: Methotrexate

| Methotrexate | N/A | Yes | NOj | NOuj | ID | Comments | Reference |
|---|-----|-----|-----|------|----|----------|-----------|
| Used as first line DMARD as per local guidelines | | | | | | | |
| Pre-treatment screening including Chest X ray, CBC, ESR, CRP, LFTs, U&Es, Creatinine have been completed | | | | | | | |
| Regular monitoring according to local monitoring schedule | | | | | | | |
| Contraindications namely pregnancy, breastfeeding, active local or systemic infection, bone marrow suppression excluded | | | | | | | |
| The patient has been prescribed methotrexate at a dose that is unambiguously expressed as a ONCE A WEEK administration | | | | | | | |

Yes: adherence to criterion; NOj: justified nonadherence to criterion; NOuj: unjustified nonadherence to criterion; N/A: criterion not applicable; ID: insufficient data documented.

RESULTS

- A total of 78 patients with mean age of 64 years (sd 11.9 years) participated in the study.
- Approximately 55% (n=43) of the patients were prescribed synthetic disease modifying anti-rheumatic drugs (DMARDs) whereas 45% (n=35) were on biological DMARDs either prescribed alone or in combination with synthetic DMARDs.
- Methotrexate was the most commonly used synthetic DMARD whether prescribed as monotherapy or in combination with other DMARDs (67%; n=29).
- The mean score of the total RhMAT adherence rate achieved at phase 1 (baseline) was documented as 81.7% indicating high adherence to the RhMAT.
- The gaps and pharmaceutical care issues identified by the pharmacist during phase 1 were discussed with the clinician and action taken to resolve them. This resulted in a statistically significantly increased mean total RhMAT adherence rate documented at 85.2% (p value < 0.05 Wilcoxon signed rank test) at phase 2.

CONCLUSION

The RhMAT takes approximately 15 minutes to complete and can be used by pharmacists working in a busy clinical setting. The RhMAT is able to capture the degree of adherence to evidence-based guidelines and identify gaps leading to non-adherence. The pharmacist can use the RhMAT as a quality system tool to identify and resolve pharmaceutical care issues to further improve the quality of care of rheumatoid arthritis patients within a multidisciplinary care setting.

Reference:

Grech L, Ferrito V, Serracino Inglott A, Azzopardi LM. Development of the RhMAT, as medication tool specifically designed for rheumatoid arthritis management. Journal of Pharmaceutical Health Services Research. 2016;71(1): 89-92.

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