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Title page

Title

How are patients' preferences for anti-TNF influenced by treatment characteristics and quality of life? A discrete choice experiment in Crohn's disease patients.

Authors

Solène Brunet-Houdard^{1,2}, Fanny Monmousseau^{1,2}, Geoffrey Berthon¹, Veronique Des Garets³, David Laharie⁴, Laurence Picon⁵, Makougang-Ginette Fosting⁶, Dany Gargot⁷, Cloé Charpentier⁸, Anthony Buisson⁹, Caroline Trang-Poisson¹⁰, Nina Dib¹¹, Emmanuel Rusch^{1,2}, Alexandre Aubourg⁵; on behalf on COQC-PIT Study Group¹²

¹ Health Economic Evaluation Unit, University Hospital of Tours, 2 boulevard Tonnellé, 37044 Tours CEDEX 9, France

² EA7505 Education, Ethics, Health research unit, University of Tours, 2 boulevard Tonnellé, 37044 Tours CEDEX 9, France

³ EA6296 VALLOREM Loire Valley Management research unit, Loire Valley University Management School, Tours University, BP 0607, 50 avenue Jean Portalis, 37206 Tours CEDEX 3, France

⁴ Department of Gastroenterology, University Hospital of Bordeaux, 5 Avenue Magellan, 33604 Pessac CEDEX, France

⁵ Department of Gastroenterology, University Hospital of Tours, Avenue de la République, 37170 Chambray-lès-Tours, France

⁶ Department of Gastroenterology, University Hospital of Poitiers, 2 rue de la Milétrie, 86021 Poitiers CEDEX

⁷ Department of Gastroenterology, Hospital of Blois, Mail Pierre Charlot, 41016 Blois CEDEX

⁸ Department of Gastroenterology, University Hospital of Rouen, 1 rue de Germont, 76031 Rouen CEDEX

⁹ Department of Gastroenterology, University Hospital of Clermont-Ferrand, Boulevard Léon Malfreyt, 63003 Clermont-Ferrand CEDEX

¹⁰ Department of Gastroenterology, University Hospital of Nantes, 1 Place Alexis Ricordeau, 44093 Nantes CEDEX

¹¹ Department of Gastroenterology, University Hospital of Angers, 4 Rue Larrey, 49933 Angers CEDEX

¹² COQC-PIT Study Group: the individual names of group members and their authorship status are in the "COQC-PIT Study Group Members" heading.

Short title

CD patients' preferences for antiTNF regarding the HRQoL

Abstract

Background and Aims

Anti-TNFs have improved the symptomatology of Crohn's disease (CD) patients. They can be administered either in hospital as an intravenous (IV) infusion or outside thanks to subcutaneous (SC) forms (self-administration or by a nurse) reducing availability and travel constraints. To inform initial prescribing choices and improve shared medical decision making, it is necessary to further explore naïve patients' preferences for the characteristics of this therapeutic management. Since their preferences are likely to be influenced by the patient's perceived health status, the impact of the health related quality of life on the preferences was explored.

Methods

A multicentre Discrete Choice Experiment (DCE) was conducted on a sample of 57 Crohn's disease patients who had never received anti-TNF therapy. Patients were asked to choose between two scenarios of therapeutic management, the one they preferred, based on the attributes presented and their levels. At the same time, patients were asked to complete the specific health related quality of life (HRQoL) questionnaire IBDQ-32 (Inflammatory Bowel Disease Questionnaire).

Conditional logit models without and with interaction terms including the patients' HRQoL or distance to the hospital, and mixed logit models without and with correlation between random effects were estimated to evaluate attribute weights.

Results

A self-administered SC anti-TNF was significantly preferred to a SC anti-TNF administered by a nurse, whereas the preference for IV treatment was negative. However, after adding interaction terms, IV treatment became preferred for patients with a low HRQoL, this preference having decreased as the patient's HRQoL increased. Surprisingly, patients with a low HRQoL were less willing to spend a lot of time on their treatment. Considering the distance from home to hospital in interaction, the negative preference for IV was stronger as patients lived far from the hospital

Conclusion

At the individual level, the patient's preferences and HRQoL must be taken into account in choosing the most appropriate treatment. Overall, the care offer should try to adapt to the preferences of individuals by proposing innovative organisational modalities, especially with IV route.

Keywords

Discrete choice experiment

Anti-TNF alpha

Health-related quality of life