G-1459 Development and validation of medication assessment tools specific for rheumatoid arthritis

Background: Medication assessment tools are evidence-based instruments intended for the evaluation of prescribing trends and monitoring of adherence to established guidelines. Medication assessment tools have been specifically designed and implemented in the management of heart failure, acute coronary syndrome, diabetes mellitus, pain management in cancer and asthma.

Purpose: The aim of the study was to develop, validate and evaluate a novel pharmaceutical care model based on medication assessment tools.

Methods: Guidelines, recommendations and standards on rheumatoid arthritis and its management as set out by the American College of Rheumatology (ACR), the European League against Rheumatism (EULAR), the British Society for Rheumatology (BSR) and the National Institute for Clinical Excellence (NICE) were used to develop the Rheumatoid Arthritis Medication Assessment Tool (RhMAT). The summary of product characteristics for each drug included in the RhMAT were used as reference for criteria related to pharmacological properties of the respective drugs. The medication assessment tool was designed in the form of a table bearing in mind that the tool will be used in a busy clinic where documentation can be time consuming. The RhMAT was validated by an expert panel consisting of 3 Consultant Rheumatologists, 2 academic pharmacists, an academic science professor and a rheumatology nurse specialist. The expert panel assessed applicability of the tool to the practical scenario, presentation, robustness and validity of the data provided. Literature review was carried out to choose the outcome measures of quality of life and adherence to treatment plans prescribed to patients.

Findings: The developed RhMAT was designed in the form of a table consisting of 11 separate sections dealing with general criteria for RA, use of analgesics, methotrexate, sulphasalazine, hydroxychloroquine, leflunomide, gold injections, general prebiologic screening, biologic therapy, use of glucocorticoids, remission cases. Following the expert panel review one of the statements was split into 2 separate statements to increase specificity. This was repeated for another statement. The Health Assessment Questionnaire was chosen to be used as outcome measures to quality of life. The compliance questionnaire was used to assess the adherence to treatment plans prescribed.

Conclusion: The developed RhMAT was designed to be used in a busy adult rheumatology outpatient clinic as part of an ongoing multidisciplinary pharmaceutical care service ensuring that the level of practice offered is up to international standards wherever permitted by internal protocols.

Location of Primary Work: Malta