

AperTO - Archivio Istituzionale Open Access dell'Università di Torino

Improving the care of Rebif® treated Multiple Sclerosis patients: the "MSdialog" experience

This is a pre print version of the following article:

Original Citation:

Availability:

This version is available <http://hdl.handle.net/2318/1757673> since 2020-10-02T15:51:59Z

Publisher:

Antonio Federico

Terms of use:

Open Access

Anyone can freely access the full text of works made available as "Open Access". Works made available under a Creative Commons license can be used according to the terms and conditions of said license. Use of all other works requires consent of the right holder (author or publisher) if not exempted from copyright protection by the applicable law.

(Article begins on next page)



Improving the care of Rebif® treated Multiple Sclerosis patients: the "MSdialog" experience

CARLO ALBERTO ARTUSI¹, STEFANIA DE MERCANTI¹, PIERANGELO BARBERO¹, LUCA DURELLI¹, MARINELLA CLERICO¹

¹ Department of Neurology, AOU San Luigi Gonzaga, Orbassano (Turin), Italy

Objectives: To evaluate our experience with the web-based personal health record system "MSdialog", in order to describe its usefulness and feasibility in clinical practice for a better care of Multiple Sclerosis (MS) patients treated with InterferonBeta1a (Rebif®).

Materials and Methods: Thirty MS patients treated with InterferonBeta1a (Rebif®) were considered and contacted by an MS expert of our Center for the enrollment in the project. Eight patients refused to participate because they were too busy, not interested or afraid not to be able to manage the new device. Twenty-two patients received the new electronic autoinjection device "RebiSmart™" and were instructed by a qualified nurse to the correct use of the device and to periodically download the device data (about once a month).

MSdialog utilities encompass therapy adherence data, visit schedule and electronic questionnaires on therapy outcomes.

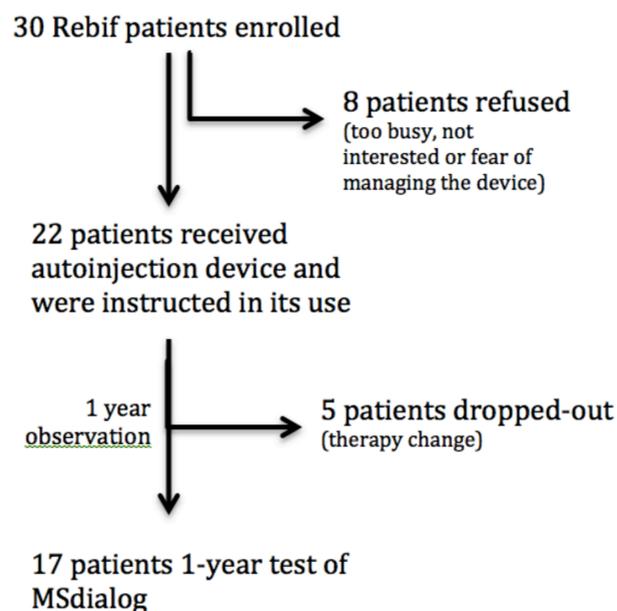


FIGURE 1: FLOW-CHART OF OUR MSDIALOG EXPERIENCE

Results: Five patients dropped-out during the average 1-year period of observation because of therapy change. All but three patients demonstrated good adherence to the periodic data download. In all cases, the "MSdialog" was used to check the therapy adherence, while other system functionalities (i.e. follow-up date and questionnaire administration) were not used by our centre because considered excessively time-spending for doctors and patients.

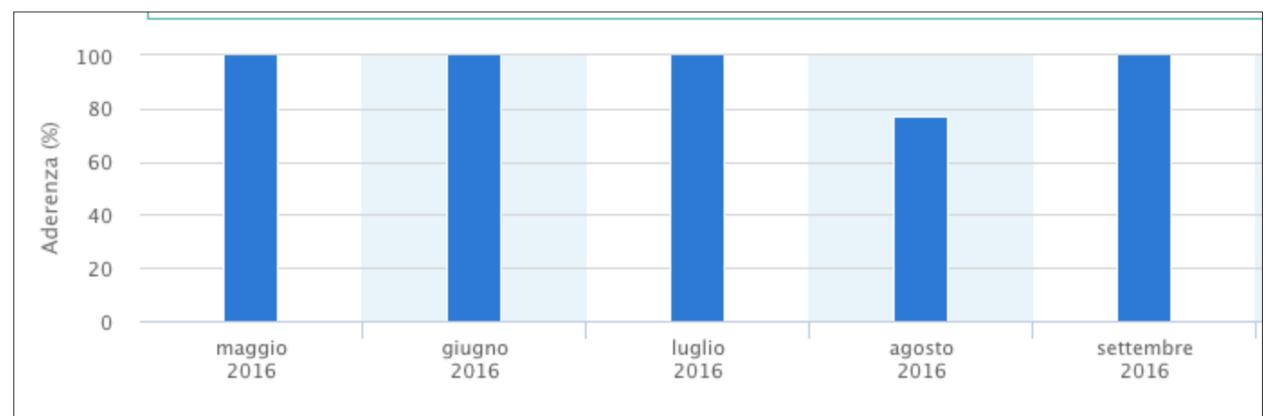


FIGURE 2: EXAMPLE OF ADHERENCE CHECK

Discussion: "MSdialog" represents an innovative and useful tool for better care of chronically treated MS patients. However, if the semi-automatic device data download represents a useful source of information on therapy adherence with minimal patients' and doctors' effort, the periodic use of the website to exploit all the system potentialities is probably still too demanding. Probably, patients need to be more solicited in the periodic use of the website "MSdialog" in order to use it as a clinical data manager for the follow-up assessment in the outpatient clinic and by the electronic questionnaire filling out. A mobile application could probably simplify the use of the MSdialog tools, speeding up the access and improving the patients' experience.

Conclusions

The web-based personal health record system "MSdialog" is a useful and innovative tool able to improve the care offered to MS patients treated with InterferonBeta1a (Rebif®). At the moment, our experience suggests that its main usefulness consists in the check of the therapy adherence, while other functionalities are promising but need an initial higher workload and a change in the habits of patients' care.