



The Association of Haemophilia Related Joint Problems, Healthcare Resource Usage and Patient Adherence to Prophylactic Treatment: Results from a Multinational Real-World Survey



Objective

- This study explored the impact of joint problems (JP) on treatment adherence and health care resource usage (HCRU), including joint therapy usage in people with haemophilia.

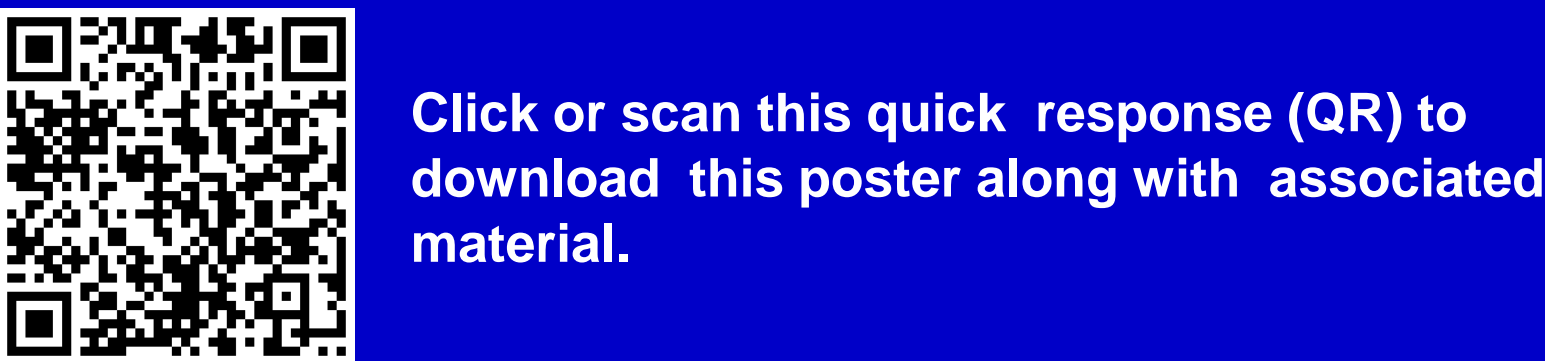


Conclusions

- Physicians reported nearly half of patients with Joint Problems (PwJP) were not adherent to their prophylactic treatment.
- High HCRU burden was reported for JP, highlighting increased physical and economic burden for these patients.
- This indicates a need for future therapies that can address suboptimal adherence to treatment and improve joint health, potentially reducing the HCRU burden.
- These findings highlight a need for future research to further improve understanding of this disease area.

Presenting author: Sheena Thakkar

 Email for more information
Nathan.Ball@adelphigroup.com



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Disclosures:

- ST, VM, LW, AK, JA, AYS and SP are employees of Pfizer Inc., New York, United States of America.
- EM, NB, HS, SL, CB and KWC are employees of Adelphi Real World, Bollington, United Kingdom.

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Introduction

- Haemophilia is a disorder characterized by recurrent bleeding due to dysfunctional clotting factor VIII in Haemophilia A (HA) and IX in Haemophilia B (HB).
- Existing prophylactic treatment of haemophilia has proven relatively effective in reducing the rate of this recurrent bleeding episodes, however joint bleeds, caused by bleeding in and around the joint cavity, and associated disease are still a major clinical manifestation of haemophilia, especially in instances of suboptimal adherence to treatment⁽¹⁾.
- Recurrent untreated joint bleeds can develop into more complex joint problems (JP) severely altering a patient’s quality of life and leading to increased HCRU⁽²⁾.

Methods

- Data were drawn from the Adelphi Real World Disease Specific Programme™, a cross-sectional survey with retrospective data collection of physicians and male HA and HB patients in France, Germany, Italy, Spain, United Kingdom (September 2023-April 2024).
- Physicians reported data on patient joint damage, treatment adherence, hospitalisations, and therapy usage. Analyses were descriptive.
- DSP™ are cross-sectional surveys with retrospective data collection of a geographically representative sample of physicians, a methodology which has been published and validated^(3,4,5,6).

Limitations

- Physicians completed surveys for their next consecutively consulting patients, meaning more frequently consulting patients and those with a more severe disease state are more likely to be captured within the DSP™.
- As data was reported retrospectively, there is a possibility of recall bias; this was reduced by collecting data at earliest time point following patients’ consultation.
- Physician participation was limited to inclusion criteria, was voluntary, and influenced by their willingness to participate.

Results

- This study included 135 physicians providing data for 1077 patients, (78% HA, 22% HB); 45% were-patients with joint problems (PwJP) and 55% were patients that have never had joint problems (PwNJP). Physicians also reported information on pain experienced by patients with joint problems in these joints **(Table 1)**.
- Physicians reported levels of adherence to current treatment **(Figure 1)**.
- Physicians reported 11% of patients with joint problems (PwJP) and 4% of patients with no joint problems (PwNJP) had at least one hospitalisation in the 12 months prior to survey, with 33% and 1% respectively requiring joint surgery.
- Physicians reported that 56% of PwJP and 29% of PwNJP used therapies/activities for their joints, ranging from physical therapy to cognitive behavioural therapy **(Figure 2)**.
- Information surrounding joint surgery was collected, with 31% of PwJP and 3% of PwNJP, likely requiring joint surgery in the future due to haemophilic joint damage as reported by physicians **(Table 2)**.

Table 1: Joint problem characteristics (n = 483)				
Joint Location	Mean number of joint bleeds (SD) (n=206)	Acute pain experienced n (%)	Chronic pain experienced n (%)	Both acute and chronic pain experienced n (%)
Knee(s)	0.8 (1.08)	38 (8%)	97 (20%)	102 (21%)
Ankle(s)	0.5 (1.31)	33 (7%)	124 (26%)	91 (19%)
Elbow(s)	0.4 (0.73)	35 (7%)	87 (18%)	61 (13%)
Shoulder(s)	0.1 (0.37)	21 (4%)	31 (6%)	37 (8%)
Hip(s)	0.1 (0.32)	21 (4%)	32 (7%)	25 (5%)
Wrist(s)	0.1 (0.14)	17 (4%)	23 (5%)	22 (5%)
Finger(s)	- (-)	14 (3%)	11 (2%)	11 (2%)
Toe(s)	- (-)	16 (3%)	10 (2%)	7 (1%)

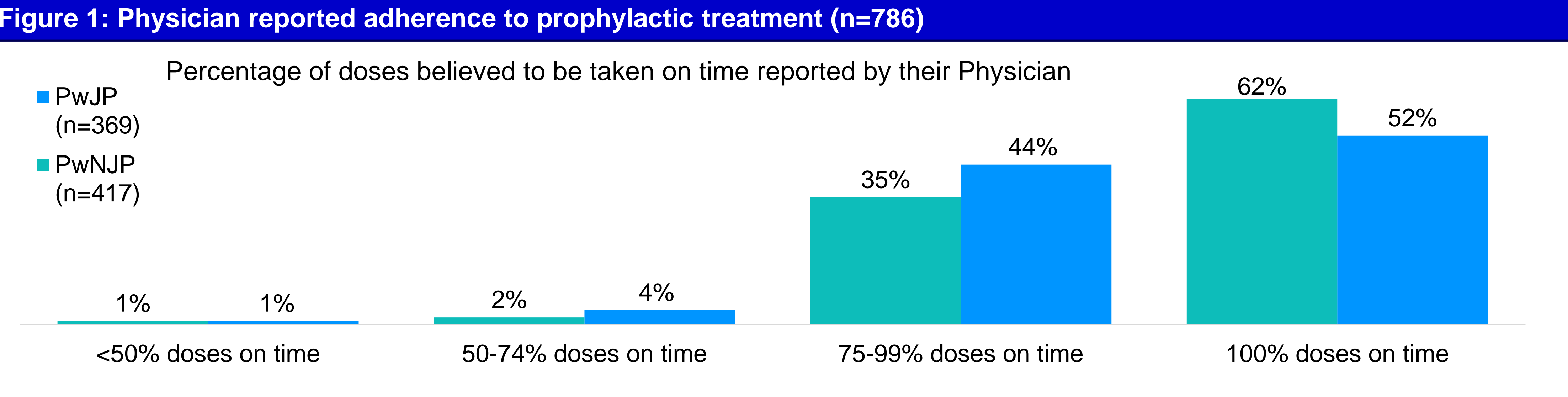


Table 2: Joint surgery			
	PwNJP (n =594)	PwJP (n = 483)	Overall (n = 1077)
Joint Surgery required – in the next 12 months	2 (<1%)	21 (4%)	23 (2%)
Joint surgery required – after 12 months	16 (3%)	128 (27%)	144 (13%)
Does the patient use any therapies/activities for their joints?			
Yes	170 (29%)	269 (56%)	439 (41%)
No	424 (71%)	214 (44%)	638 (59%)

