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Medication adherence support applications for chronic arthritis patients: healthcare providers' perspective in Saudi Arabia

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🖒 Introduction

🖻 Methodology

🗈 Results

💬 Discussion

🖉 Conclusion

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Introduction

- Chronic arthritis is due to chronic inflammation in one or different joints in the human body caused by genetic or environmental factors [1].
- Apps that support patient self-management enable users to set reminders, track symptoms, and connect with health professionals [6].
- Stakeholders' involvement in designing mobile health applications is essential, and this should be considered from the early stages [11].
- The involvement of HCPs in designing and developing medication adherence applications is scarce [10].









Method

- The qualitative research design was adopted and ten individual interviews were conducted with HCPs: Rheumatologists (2), Health education specialists (2), Pharmacists (2), Health informaticians (2), and Representatives from the Saudi Arthritis Society (2).
- To explore:
 - Medication adherence barriers
 - Current interventions employed to support medication adherence,
 - Experiences in providing medication adherence support
 - Perceptions regarding mobile apps that support medication adherence for chronic arthritis patients.
- The Health and Medical Human Research Ethics Committee at the University of Wollongong and the MOH in the Kingdom of Saudi Arabia approved the study (Ethics number: 2021/314).



Results

- Four themes emerged from the thematic analysis; these included
 - Informational content
 - Utilitarian
 - Motivational
 - Socialisation features





The informational content

	Subthemes	Initial codes	Quotes
	Patient	Medications	"the medication side effects and the medication benefits on
	awareness		their health, to motivate them to be adherent." [P10]
		Healthy	"Once they have ideal weight some foods lead to rheumatic
	_	lifestyle	diseases such as gout Physical exercise is important"[P5]
		Support	"different medication support programs offered by charity and
		programs	governmental health institutions. "[P6]
	Presentation	Languages	"educational content in different languages to help different
	of content		patients "[P5]
		Different	"visual person learns by seeing things, and others read the
		formats	information to make sure, or hear information through audio
			broadcasts"[P9]
Informational content		Clarity	"clarity of content, "we don't use medical jargon", written in
			simple and clear language"[P5]
ıl c	Credibility	Accuracy	" assessment toolsbased on scientific and medical
ona			foundations to make patients trust the results "[P10]
ati		Trustworthy	"developed by governmental health institutions that provide
nm			reliable health educational content."[P3]
nfo		Confidential	"maintain patient privacy could motivate the user continue
Ι			use the app feel safe."[P4]

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Utilitarian features

	Manage	Schedules	"alarms & the ability to create medication schedules." [P4]
	medications	Reminders	"set the medication taking times organise refill timeshelp
			patients avoid forgetting medications."[P9]
		Medications	"locating the weekly injection site, When chooses the same
_		diary	site, the app reject, and the advice patient to change."[P10]
	Self-	Health	"use assessment toolsDisease Activity Score-28, Health
	monitoring	assessment	Assessment Questionnaire and define the number of symptoms if
			they exist, patients need to see the clinician. "[P3]
		Adherence	"adherence indicators that show if the patient is taking
		assessment	medications or not."[P1]
		Goal setting	" providing goals related to medication taking, doing
			exercises, complying with medical appointments and
			examinations. "[P9]
		Feedback	" features that assess the symptoms should provide feedback
_			based on the user data."[P6]
	Usability	Easy to use	"no complex tasks for setting reminders or searching
			information "[P6]
		Easy to learn	" show how to add medications and this process should be
			smooth. "[P10]
		Safe to use	" appropriate and safe services for patients children group
			should use the app under the family supervision"[P5]
		Interactivity	" visual graphics and stimulating sounds when clicking on the
			buttonsand compliment after taking the medication." [P8]
1		Customizabili	" personalized services designed to help diverse patients with
		ty	different arthritis conditions "[P10]
	Accessibility	Diversity of	" serve different categories of society with health or digital
5		users	literacy levels"[P3]
		Internet	"Offline browsing to help different patients utilize the app
		access	services when they don't have network access."[P6]

Utilitarian

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Motivational features

al	Rewarded	Relevance	"valuable and relevant rewards to encourage patients
uo	_		maintaining an appropriate level of adherence."[P8]
/ati		Sponsored	" sponsorship and partnership with institutesto support
Motivational			chronic patients in our community. "[P7]
Й	-	Prevent	"ensure that the user does not fill data just to earn the
		cheating	rewards"[P2]





Socialization features

Socialization	Social	By health	" connect the physician to the patient to improve their
	support	professionals	relationship and follow-up."[P7]
		By family and	"Sharing medication schedules with family and friends" [P10]
		friends	
	Social	Share	"app communityhelp patients to share experiences and learn
	learning	experiences	from others " [P5]
	Social	Competitions	"compare the adherence levels with the application community
	comparison		and avoid individual comparisons" [P10]





Discussion & Conclusion

- The app should be designed to improve patient awareness of arthritis treatment and the importance of adherence.
- Usability, accessibility, and patient privacy are essential aspects.
- Users should be provided with rewards that can be earned by:
 - Completing health tasks
 - Building healthy habits
 - Progression
 - Positive participation in the arthritis community
- Focus groups were conducted with arthritis patients to understand their needs and preferences about the design of medication adherence support applications.





References

[1]	V. Picerno, F. Ferro, A. Adinolfi, E. Valentini, C. Tani, and A. Alunno, One year in review: the pathogenesis of rheumatoid arthritis, Clin Exp Rheumatol/33 (2015), 551-558.
[2]	WHD, Chronic rheumatic conditions, in, World Health Organization (WHD), 2020.
[3]	B.J. van den Bemt, H.E. Zwikker, and C.H. van den Ende, Medication adherence in patients with rheumatoid arthritis: a critical appraisal of the existing literature, Expert Rev Clin Immunol 8 (2012), 337-351.
[4]	J. Geuens, L. Geurts, T.W. Swinnen, R. Westhovens, and V. Vanden Abeele, Mobile Health Features Supporting Self-Management Behavior in Patients With Chronic Arthritis: Mixed-Methods Approach on Patient Preferences, JMIR mHealth and uHealth 7 (2019), e12535.
[5]	R. Azevedo, M. Bernardes, J. Fonseca, and A. Lima, Smartphone application for rheumatoid arthritis self-management cross-sectional study revealed the usefulness, willingness to use and patients' needs, Rheumatology International 35 (2015), 1675-1685.
[6]	E. Mollard and K. Michaud, Self-Management of Rheumatoid Arthritis: Mobile Applications, <i>Eurrent Rheumatology Reports</i> 23 (2020), 2.
[7]	E. Mollard and K. Michaud, A Mobile App With Optical Imaging for the Self-Management of Hand Rheumatoid Arthritis: Pilot Study, JMIR mhealth and uHealth & (2018), e12221.
[8] of Environmental Resear	S. Sciascia, M. Radin, L. Cecchi, P. Di Nunzio, N. Buccarano, F. Di Gregorio, M. Valeria, S. Osella, P. Crosasso, M.D. Favuzzi, E. Rubini, S.G. Foddai, S. Baldovino, D. Roccatello, and D. Rossi, Tailoring Tofacitinib Oral Therapy in Rheumatoid Arthritis: The TuTORApp—A Usability Study, International Journal och and Public Health T (2020), 3469.
[9]	R. Grainger, H. Townsley, B. White, T. Langlotz, and W.J. Taylor, Apps for People With Rheumatoid Arthritis to Monitor Their Disease Activity: A Review of Apps for Best Practice and Quality, JMIR Mhealth Uhealth 5 (2017), e7.
[10]	I. Ahmed, N.S. Ahmad, S. Ali, S. Ali, S. Ali, A. George, H. Saleem Danish, E. Uppal, J. Soo, M.H. Mobasheri, D. King, B. Cox, and A. Darzi, Medication Adherence Apps: Review and Content Analysis. JMIR mHealth and uHealth B (2018), e62.
[11]	S.A. Higgins, M.d. Laat, P.M.C. Gieles, and E.M. Geurts, Managing product requirements for medical IT products, in: Proceedings IEEE Joint International Conference on Requirements Engineering, 2002, pp. 341-349.
[12]	D. Norman, The design of every day things. NewYork NY, in, USA, Doubleday Currency, 1990.
[13]	C. Backes, C. Moyano, C. Rimaud, C. Bienvenu, and M.P. Schneider, Digital Medication Adherence Support Could Healthcare Providers Recommend Mobile Health Apps?, Frontiers in Medical Technology 2 (2021).

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