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Therapeutic adherence in patients with rheumatoid arthritis: associated factors and accompanying communicational levers. Systematic review of the literature and implications for digital m-health communication

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ICA POST-CONFERENCE ON DIGITAL HEALTH COMMUNICATION: ISSUES AND PERSPECTIVES,
31 MAY-1 JUNE 2022, DIJON, CIMEOS

THERAPEUTIC ADHERENCE IN PATIENTS WITH RHEUMATOID ARTHRITIS : ASSOCIATED FACTORS AND ACCOMPAGNYING COMMUNICATIONAL LEVERS.

SYSTEMATIC LITERATURE REVIEW
AND IMPLICATIONS FOR DIGITAL M-HEALTH COMMUNICATION.

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RESEARCH PROJECT : SAS POLYGIE

SUMMARY

1. Introduction
2. SLR methodology
3. Results - Explanatory factors associated with ADHm RA
4. Results – Intervention strategies on ADHt RA
5. Conclusion and implications

1. Introduction

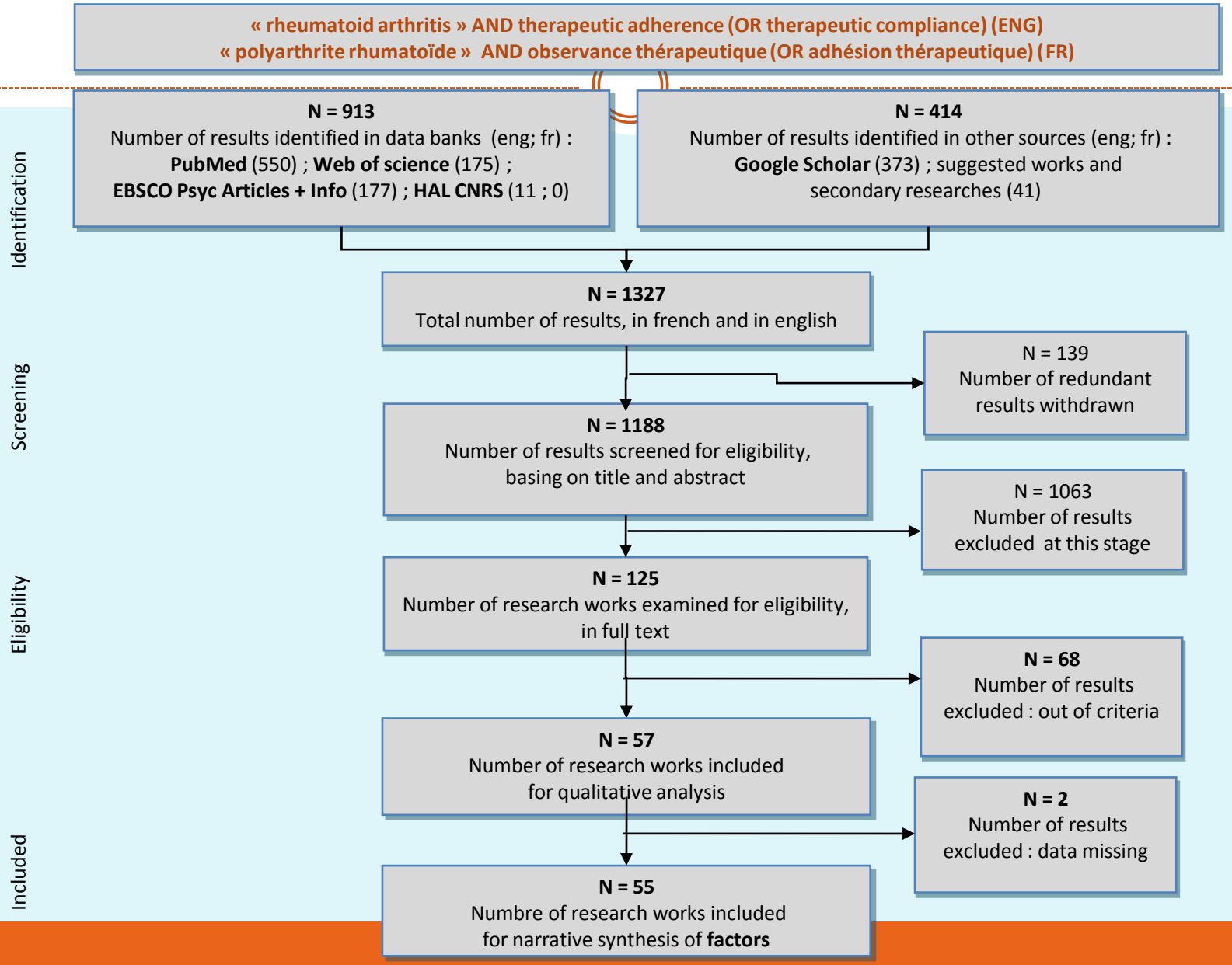
Problematics of the theoretical study by SLR :

How to explain (1) and to improve (2)
the Therapeutic ADHerence in rheumatoid arthritis patients (ADHt RA) ?

1) Systematic synthesis of the results (SLR)
on explanatory factors associated with ADHm in RA

2) Classical synthesis of the results
on existing and potential intervention strategies associated with ADHt in RA

2. SLR Method: articles selection, PRISMA model



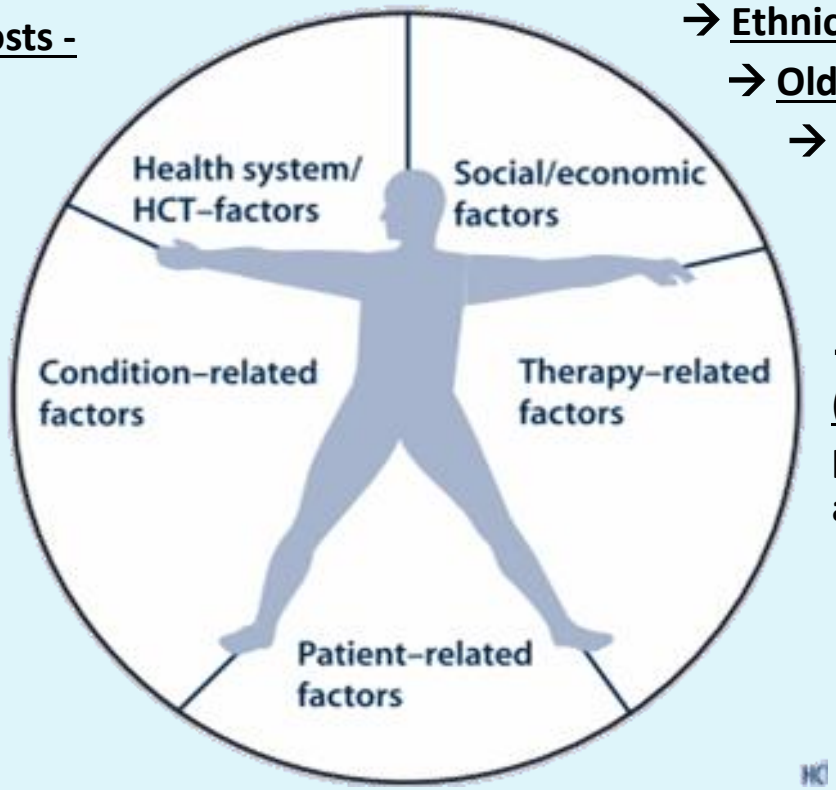
3. Factors associated with ADHm RA

→ Weekly costs -

→ Ethnicity: white +

→ Older age +

→ Superior education +



→ Higher handicap -

→ Duration of illness -

→ Type of medication (treatment regimen – periodicity, frequency, administration mode)

→ Belief in the necessity of treatment +

→ Differential of concerns *versus* necessity +

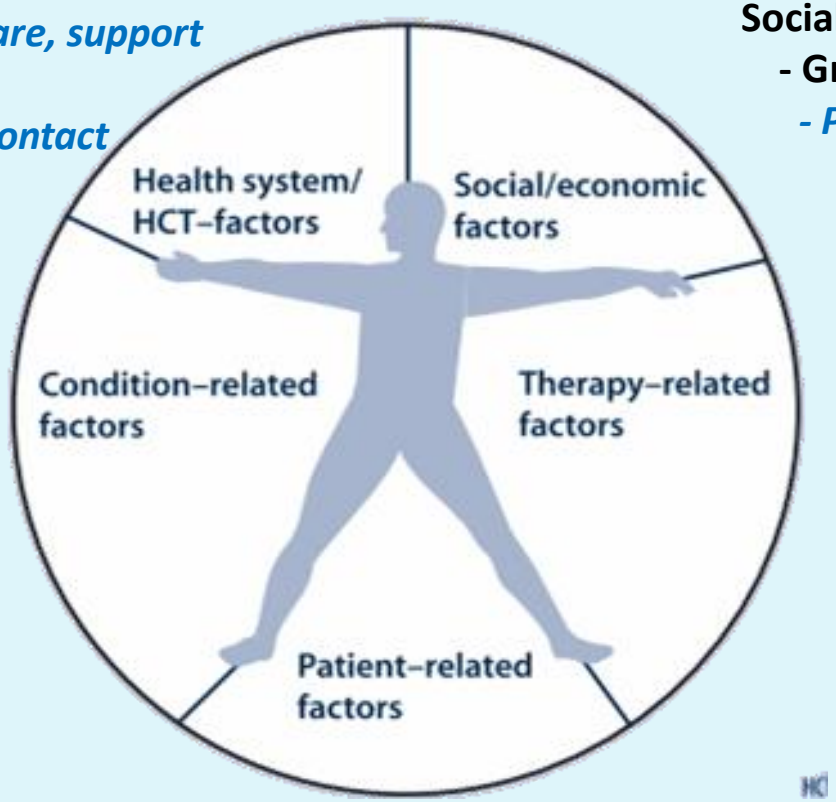
4. Intervention strategies associated with ADHt RA

- *P: Access to care, support*

- *P: Relationship / contact*

- *P: Evaluation of ADHt*

- *P: Managing co -morbidities, depression*



Social support:

- **Group therapy +**
  - *P: family, significant others*
  - *P: Illiteracy, social assistance*

- *P: Type of medication (treatment regimen – periodicity, frequency, administration mode)*

- *Motivation / self-management programs*
- **TCC and CT +**
- **Combined +**
- *Therapeutic education (mixed)*

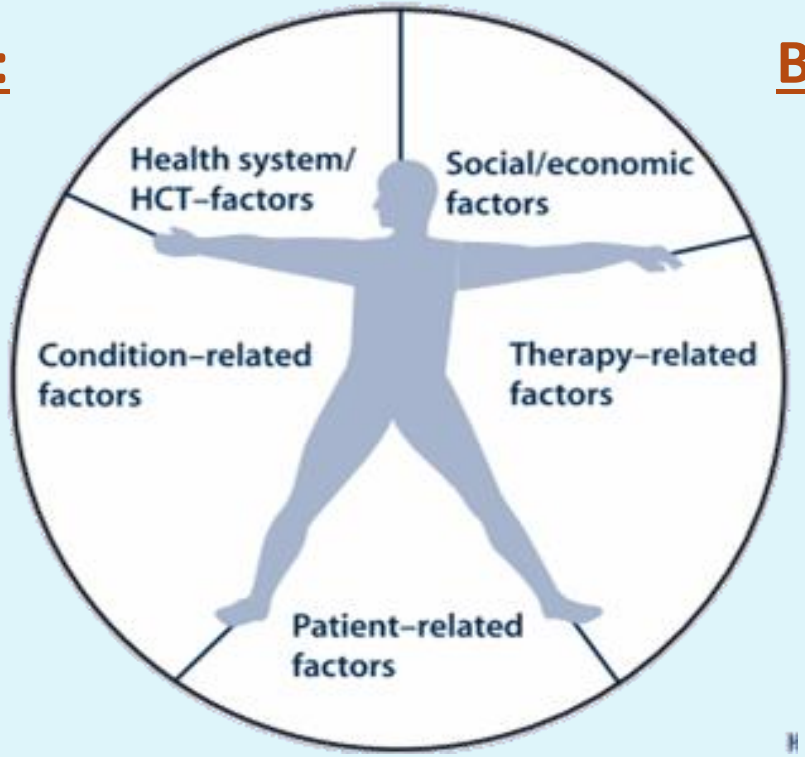
4. Intervention strategies associated with ADHm (other chronic deseases)

NTIC and e-health:

→ ***Informative sites and apps***

→ ***Participatory sites and apps :***

- *forums*
- *self-management*
- *self-monitoring*



Behavioral sciences and nudges:

→ ***Reminders***

→ ***Planning***

→ ***Financial incentives***

→ ***Feedback***

5. Conclusion and implications

Explanatory factors ADHt RA

- Numerous (122 variables)
but very unstable results

-No clear results on possible “profile types",
nor a “segmentation” study

-**Furthur exploratory study on “*profile types*"**
could help to better explain the ADHt
behaviors

-The existing results still show some avenues
for explanation and intervention

Intervention strategies ADHt RA

-Few results on ADHt RA levers

- *Some potential strategies*
(on other chronic diseases)

-Some results in *digital health* research

-Some few *nudge* research results

-**Further experimental study on *digital nudging***
could help to lever ADHt RA
(according to “profile types"),
based on behavioral and communicational sciences

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SYSTEMATIC LITERATURE REVIEW AND IMPLICATIONS FOR DIGITAL M-HEALTH COMMUNICATION

THEORETICAL STUDY

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