

Patient Perspective: Logistics of Intravenous Iron Administration and Adherence to Therapy

Les Louden, PharmD, MS; ¹ Barbara J. Wilson, MS, RN, AOCN, ACNS-BC; ² Eun-Ju Lee, MD; ³ Sonia Talwar, PharmD ⁴

¹ St. Joseph's Hospital, BayCare Health System, Tampa, Florida; ² Self-Employed Clinical Nurse Specialist; ³ Weill Cornell Medicine, New York City, New York; ⁴ Pharmacosmos Therapeutics Inc., Morristown, New Jersey

Background

Iron deficiency anemia (IDA) affects ~5 million people in the US¹ and has a significant impact on health and quality of life.² Iron stores can be replenished with oral iron tablets or, if ineffective or poorly tolerated, through intravenous (IV) iron.² Despite the effectiveness of IV iron, some patients miss or delay appointments, leading to incomplete treatment response.

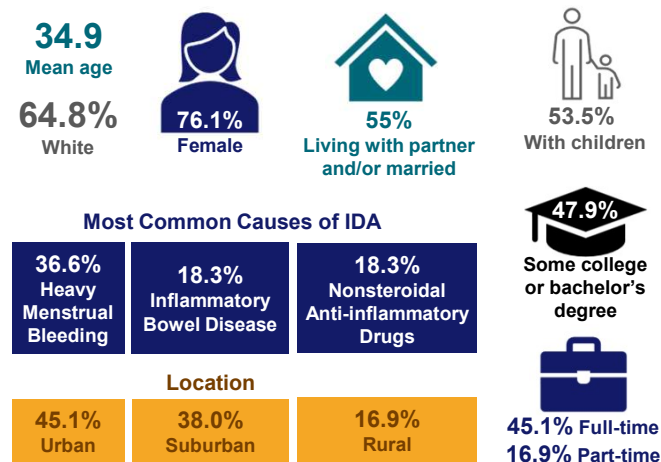
Objective

To identify barriers to treatment with IV iron from the patient perspective.

Methods

In 2023, patients (> 18 years) in the United States were asked to complete a survey conducted by The Harris Poll. 323 screened patients who had a confirmed diagnosis of IDA and were receiving IV iron therapy were asked to respond to a 10-minute, 46-question online survey. 71 out of 323 patients who were prescribed at least 2 infusions and missed at least 1 infusion were evaluated. The questions queried demographics, appointment logistics, IV iron infusion experience, the impact of infusion on daily activities, the reasons for missing doses, and ways to improve patient adherence.

Figure 1. Patient characteristics

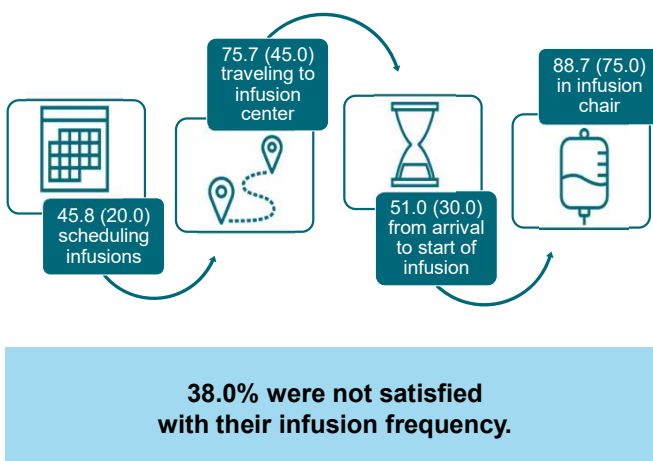


Convenience should be included and discussed when determining IVI treatment choice because it plays an important role in patient adherence.

Results

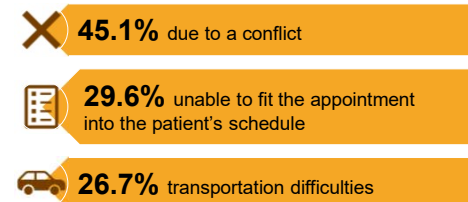
- A total of 323 patients completed the survey.
- 193 patients (59.8%) were prescribed at least 2 IV iron infusions/month. Of these 193 patients, 71 (36.8%) reported missing ≥1 dose.
- These 71 patients received an average of 2.6 IV iron infusions/month
- The most frequently reported adverse impacts of IV iron treatment on quality of life were having to schedule life around infusions (80.3%), missing important events (64.8%), and interference with productivity (63.4%).
- >30% of patients reported missing events, spending time with loved ones, work, and time for other responsibilities due to IV iron infusions.

Figure 2. Mean (median) minutes spent on IV iron appointments



This study was funded by Pharmacosmos Therapeutics, Inc.

Figure 3. Most common reasons for a skipped or missed infusion



84.5% agreed that fewer infusions would improve adherence.
85.9% would have preferred a single dose option.

Conclusions

- Despite the therapeutic benefits of IVI, more than one-third of patients prescribed ≥ 2 IV iron infusions/month missed an infusion.
- Each infusion in a treatment course requires nearly 4 hours to arrange and receive, which negatively affects a patient's treatment experience.
- Patients expressed preference for a single-dose treatment, which may improve adherence and quality of life.

Limitations

This study may be subject to self-report bias. The survey was completed by a small sample of patients; the results may therefore not be generalizable to all patients treated with IV iron therapy. The sample was limited to patients who were currently receiving IV iron therapy and may therefore not reflect the perspectives of patients who have completed a full treatment course.

References

1. Miller JL. Iron deficiency anemia: a common and curable disease. *Cold Spring Harbor Perspectives in Medicine*. 2013; 3(7).
2. Camaschella C. Iron-deficiency anemia. *N Engl J Med*. 2015;372(19):1832–43.

Disclosures

Les Louden, Barbara J. Wilson, and Eun-Ju Lee are consultants of Pharmacosmos Therapeutics, Inc. Sonia Talwar is an employee of Pharmacosmos Therapeutics, Inc.