

conducted in early adopters' pharmacies to determine success indicators for efficient and effective implementation of myCare Start on a national scale.

**Method** Over 170 pharmacies, identified as early adopters, were enrolled to participate in the initial evaluation on the myCare Start service in Switzerland. Each pharmacy was asked to recruit 10 adult patients between March 2023 and December 2024. Patients were considered eligible if they presented with a new prescription for a new long-term medication from a predefined list. Furthermore, pharmacies are requested to invite physicians in order to establish an interprofessional community centred on the myCare Start service. Using a self-controlled case series design, self-reported outcomes from patients are collected with a structured online questionnaire at baseline, 6 weeks, and 11 weeks, while self-reported outcomes from pharmacists and physicians are collected at baseline, 3 months, and 6 months. The main outcome measures are patients' and physician's recruitment rate, patients' acceptance and satisfaction as well as pharmacists'/physicians' perception on the interprofessional collaboration's quality.

**Findings** To date (April 2024) 198 patients, 176 pharmacists as well as 19 physicians have been recruited. Self-reported outcome at all time points have been collected from 120 patients, 115 pharmacists as well as 14 physicians. Preliminary analysis of the success' indicators, such as the patient's acceptance of the myCare Start's service or the quality of the interprofessional collaboration, will be presented at the symposium.

**Conclusion** This preliminary study among early adopters will guide the next steps and facilitate the effective implementation of the myCare Start's service at a national level using implementation science.

#### STAKEHOLDERS' VIEWS ON REASONS FOR POOR ADHERENCE TO RECTAL DOSAGE FORMS IN ULCERATIVE COLITIS

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**Background** Ulcerative colitis is an inflammatory bowel disease (IBD) that is limited to the colon. Firstline treatment is local with suppositories, rectal foam or clysms and is particularly effective when only a part of the colon is being inflamed. Nevertheless, adherence to rectal administration is very low in ulcerative colitis.

**Purpose** To investigate the reasons for the poor adherence to rectal dosage forms among patients, healthcare professionals (HCPs) and pharmaceutical companies; to define new approaches to improve adherence to rectal administration forms

**Method** Semi-structured one-to-one interviews with patients actively using rectal formulations, community and clinical pharmacists, gastroenterologists, IBD nurses, and pharmaceutical companies specialised in the production of rectal dosage forms were performed in person. The interviews were audio-recorded and qualitatively analysed using a deductive approach.

**Findings** 8 patients (22–77 years old, 3 female) were interviewed in spring 2023. Interviews with 3 gastroenterologists and 2 IBD nurses working in hospitals in the region of Basel (Switzerland), 4 community pharmacists and 2 representatives of pharmaceutical companies are still ongoing. No clinical pharmacist was familiar with ulcerative colitis and rectal dosage forms. All patients were aware of advantages of rectal administration and reported a variety of problems leading to poor medication adherence to rectal products in ulcerative colitis: insert the product into the rectum, bowel urgency, handling of clysms, sexuality, intimacy or hygiene. HCPs sometimes missed to advise patients about their worries. However, patients sometimes do not dare to ask, and sometimes especially the doctors do not have time for an in-depth discussion. IBD nurses have more time for the patients. Furthermore, many stakeholders recognise a lack of practical

knowledge and incomplete instructions to patients. Community pharmacies, although dispensing rectal preparations, have a minor function in the counselling. A major obstacle is the lack of visual aids, such as booklets or pictures for the patients. A QR-code on the package or the patient leaflets of rectal dosage forms might facilitate the use, when patients could watch an application-video at home on their own. This input was approved by all interview partners.

**Conclusion** Several factors contribute to poor adherence to rectal products in ulcerative colitis. Training sessions for clinicians and pharmacists, patient-oriented demonstration materials and visual aids, availability of tips and tricks on the use of rectal administration could be helpful.

#### PERFORMANCE OF THE MEDICATION ADHERENCE UNIVERSAL QUESTIONNAIRE (MAUQ) IN PATIENTS UNDER ORAL ANTINEOPLASTIC MEDICATION

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**Background** The Medication Adherence Universal Questionnaire (MAUQ) (available at [www.mauq.org](http://www.mauq.org)) was created as a universal instrument to assess, not only the level of medication adherence, but also the weight of four different factors that influence adherence: Positive attitude towards health care and medication, Lack of discipline, Aversion toward medication, and Active coping with health problems. MUAQ was initially tested in general population attended in primary care centers.

**Purpose** To evaluate MAUQ performance in cancer patients attended in the outpatient pharmacy of a district hospital.

**Method** Patients treated with oral antineoplastic drugs dispensed in the outpatient pharmacy of a district hospital in Portugal were included for the study (Jan-2023 – Jun-2023). The cross-cultural adapted versions of two instruments, the MAUQ and the specific part of the Beliefs about Medicines Questionnaire (BMQ-specific), were applied (administered by trained pharmacists) to the patients during their visit to the outpatient pharmacy to obtain the anti-cancer treatment. Overall scores of the two instruments, as well as the scores of the four domains of the MAUQ and the two components of the BMQ-specific (i.e., necessities and concerns) were calculated. Pearson's correlations between the scores (overall and domain) of the two instruments were calculated. Also, to evaluate the concordance with the original MAUQ structure, a confirmatory factor analysis (CFA) using a bifactor model was conducted. The study was approved by the HGSO ethics committee (145/2022).

**Findings** A total of 100 patients, with a mean age of 56.9 years (SD 11.7), being 73% females, were included. Mean MAUQ score was 85.7 (SD 11.3) with a median of 86 points (out of 112). Necessities component of the BMQ-specific showed a correlation ( $r=0.497$ ) with MAUQ Positive attitude towards health care and medication domain, and moderate ( $r=0.341$ ) with the MAUQ overall score. Concerns component of the BMS-specific correlated ( $r=-0.583$ ) with the MAUQ Lack of discipline domains and the MAUQ score ( $r=0.443$ ), and in a weaker way ( $r=-0.219$ ) with MAUQ Aversion toward medication domain. The subtraction between BMQ-specific necessities and concerns components correlated with all the MAUQ domains except the Active coping with health problems and the overall MAUQ score. The CFA showed a good fit with the original MAUQ structure (CFI = 0.993; RMSEAs = 0.015 [CI 0.000–0.057]).

**Conclusion** The MAUQ demonstrated an adequate performance in cancer patients under oral antineoplastic medication, with discriminant power among the four components that influence non-adherent behaviors.