



Global Survey Finds Disconnects Between Physicians and People Living With Rheumatoid Arthritis (RA)

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Findings Show the Importance of Patient and Physician Dialogue to Achieve Optimal Disease Management Outcomes

"The global burden of rheumatoid arthritis: estimates from the Global Burden of Disease 2010 study."

Pfizer announced results from the second phase of its global RA surveys, which assessed the relationship between physician-patient communication and overall RA disease management. The findings from more than 1,700 rheumatologists* in 15 countries builds upon results from the global patient survey findings, released in 2015, involving 3,900 adults living with RA. The combined survey data demonstrate disconnects between patients and physicians across multiple aspects of RA disease management. Most strikingly, new data from the physician survey revealed that two in three physicians stated that their patients living with RA say they feel "good enough" even though clinical assessments indicated active disease.¹

The findings show that the majority of physicians believed that setting treatment goals (78%) and developing a disease management plan (74%) with their patients is essential for the successful management of RA. Yet, corresponding results from the patient survey revealed that few have shared their treatment goals or even realize that they have a disease management plan in place.¹

“Physicians are likely discussing both goals and disease management plans with their patients; however, patients may not be aware due to differences in the language or terminology used when discussing these measures,” said RA NarRAtive Advisory Panel Co-Chair Dr. Alan Gibofsky, Rheumatologist, Hospital for Special Surgery, New York, NY. “These potential communication gaps confirm the need for a joint commitment to improved dialogue focused on changing the narrative around the management of RA.”

The addition of the physician findings provides further insights into similarities and differences in physician and patient perspectives.

Many not benefiting from shared-decision making: According to most physicians, people living with RA who are involved in making treatment decisions tend to be more satisfied with their treatment experience than those who are not as involved. And, while patients and physicians alike noted that they are satisfied with the communication they have about RA treatment, more than half of patients reported feeling uncomfortable raising concerns and fears with their physician and many worried that if they ask too many questions, it will affect the quality of their care.¹ Physician and patients can have different disease management priorities: Physicians are more likely to discuss side effects and their patients’ ability to adhere to their prescribed medication regimen than they are to discuss quality of life issues. This is despite the fact that more than half of the surveyed patients are worried that their RA will negatively affect their overall quality of life.¹ Patient advocacy groups appear to be underutilized: Although four in five physicians believed that patients who participate in RA support groups tend to be better able to live with RA, less than one quarter of patients currently participate in a support or patient advocacy group.¹

“Closing the gaps in communication between patient and physician can help improve RA management,” says Freda Lewis-Hall, MD, Executive Vice President and Chief Medical Officer, Pfizer. “We look forward to applying the learnings of the RA NarRAtive survey to tools and resources that can facilitate effective dialogue.”

What’s Next for the RA NarRAtive Initiative

The RA NarRAtive Advisory Panel aims to develop tools and resources to help improve patient-physician dialogue identified by the study findings. These solutions will strive to change the narrative around RA to bridge gaps between beliefs and practices, and overall improve management of RA.

About the RA NarRAtive Initiative

The RA NarRAtive is an international initiative aimed at elevating the important role of the patient in the management of RA. Supported by Pfizer, the RA NarRAtive initiative is directed by a global Advisory Panel comprised of 39 healthcare providers and patient group leaders from 17 countries. The purpose of the RA NarRAtive is to create positive change within the RA community by harnessing the experience of people living with RA, physicians and patient advocates, to develop solutions that break down communication barriers and change expectations to improve RA disease management.

In 2015 the RA NarRAtive initiated first-of-its-kind patient-physician surveys that initially examined the patient's perspective, discovering that a patient's perception of their RA and its treatment, as well as their relationship with their HCP, can impact the management of their disease. The combined results from the physician and patient surveys mark the second phase of research for the RA NarRAtive initiative.

Visit: Pfizer.com/RANarRAtive to learn more and download resources about the RA NarRAtive initiative.

About the RA NarRAtive Survey Methodology

The RA NarRAtive patient survey was conducted online by Harris Poll on behalf of Pfizer between September 4, 2014 and January 13, 2016 among 3,987 adults ages 18 years of age or older who have been diagnosed with RA in 15 countries [Argentina (n=217), Australia (n=481), Brazil (n=324), Canada (n=237), France (n=122), Germany (n=525), Hong Kong (n=192), Taiwan (n=90), Italy (n=204), Japan (n=354), South Korea (n=244), Spain (n=122), Turkey (n=123), the UK (n=246), and the US (n=526)].

The RA NarRAtive physician survey was conducted online by Harris Poll on behalf of Pfizer between August 14 - October 2, 2015 among 1,736 rheumatologists ages 18+ (and, in Japan, orthopedic surgeons as well) who have seen at least five (5) patients in the past month whose RA is moderately to severely active in Argentina (n=130), Australia (n=60), Brazil (n=150), Canada (n=50), France (n=149), Germany (n=150), Hong Kong (n=30), Italy (n=100), Japan (n=139), South Korea (n=100), Spain (n=100), Taiwan (n=100), Turkey (n=50), the UK (n=150), and the US (n=208). For complete research method, including weighting variables and subgroup sample sizes, please contact Steven Danehy (212-733-1538) OR visit Pfizer.com/RANarRAtive.

About Rheumatoid Arthritis

Rheumatoid arthritis (RA) is a chronic, inflammatory autoimmune disease that causes a range of symptoms, including pain and swelling in the joints,^{2,3} particularly those in the

hands, feet and knees.³ Although the exact cause of RA is unknown,³ it is considered to be an autoimmune disease, because the immune system in people with RA mistakes the body's healthy tissues for a threat and attacks them.³ Some people are at increased risk of developing RA, including people with a family history of RA, smokers and women.⁴ Three times as many women are affected by RA compared to men.³ RA affects approximately 17.6 million people worldwide⁵ and 1.6 million people in the United States.^{6,7} It can develop at any time during adulthood, but it usually occurs between 40 and 70 years of age.³

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*and, in Japan, orthopedic surgeons as well

1 Data on file. Pfizer Inc, New York, NY. [RA NarRAtive Physician Patient Surveys. 2016]

2 Lee DM, Weinblatt ME. Rheumatoid arthritis. *Lancet*. 2001; 358:903-911.

3 Medline Plus. "Rheumatoid Arthritis." Accessed 11 October 2015. Available at <http://www.nlm.nih.gov/medlineplus/ency/article/000431.htm>.

4 Mayo Clinic. "Rheumatoid Arthritis." Accessed 14 September 2015. Available at <http://www.mayoclinic.com/health/rheumatoid-arthritis/DS00020/DSECTION=risk-factors>.

5 Cross M, et al. "The global burden of rheumatoid arthritis: estimates from the Global Burden of Disease 2010 study." *Ann Rheum Dis*. 2014; 73(7):1316-22.

6 Sacks, J., Lou, Y., Helmick, C. Prevalence of Specific Types of Arthritis and Other Rheumatic Conditions in the Ambulatory Health Care System in the United States 2001-2005. Arthritis Care and Research. 2010. 62(4): 460- 464.

7 Howden, L., Meyer, J., 2010 U.S. Census Bureau results --- U.S. Census Bureau, 2010 Census Summary File 1.

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