

ACCESS TO ANTI-TNF DRUGS FOR ANKYLOSING SPONDYLITIS IN THE UK – A SURVEY OF RHEUMATOLOGY DEPARTMENTS

Hamilton L₁, Gilbert A₂, Graham K₁, Skerrett J₂,
Dickinson S₂, Gaffney K₁

₁Norfolk and Norwich University Hospital,
Norwich, ₂NASS, London

Background

- Ankylosing Spondylitis (AS) is a chronic inflammatory condition involving the spine, peripheral joints and extra-articular systems. Its prevalence is 1-2% (Braun et al Arthritis Rheum 1998 41(1):58-67).
- AS presents in early adulthood, causing severe spinal restriction in 40% of patients (Carette et al Arthritis Rheum 1983 26:186-90).
- Almost a third of patients with AS are unable to work and more suffer work instability (Barlow et al Arthritis Rheum 2001 45(5):424-9).

Anti-TNF drugs in AS

- Anti-TNF drugs have been shown to significantly improve measures of disease activity, reduce inflammation on MRI scanning and improve work capacity.
- In the UK in May 2008 NICE (the National Institute for Health and Clinical Excellence) approved the use of anti-TNF therapy for patients with AS meeting the modified New York criteria who also have a BASDAI ≥ 4 and spinal pain VAS ≥ 4 cm on 2 occasions.
- NICE approval means that primary care trusts (PCTs) are legally-bound to fund drugs for patients fulfilling these criteria.

Looking Ahead

- In April 2010 NASS (the National Ankylosing Spondylitis Society) published 'Looking Ahead: Best practice for the care of people with ankylosing spondylitis (AS).
- This set out 7 recommendations to ensure universal high quality care for people with AS in the UK.
- As part of this project we sought to establish what services were currently available for people with AS in the UK.

Methods

- An email was sent to a named consultant rheumatologist at all 171 acute trusts in England, Scotland, Wales and Northern Ireland. This contained a link to a web-based survey with 41 questions examining the service provision for patients with AS.
- Consultants with a known interest in AS were preferentially included.
- For the purposes of the survey patients were considered to have AS if they met the modified New York criteria
- The results were collated by SurveyMonkey. Statistical analysis was performed using Stata.

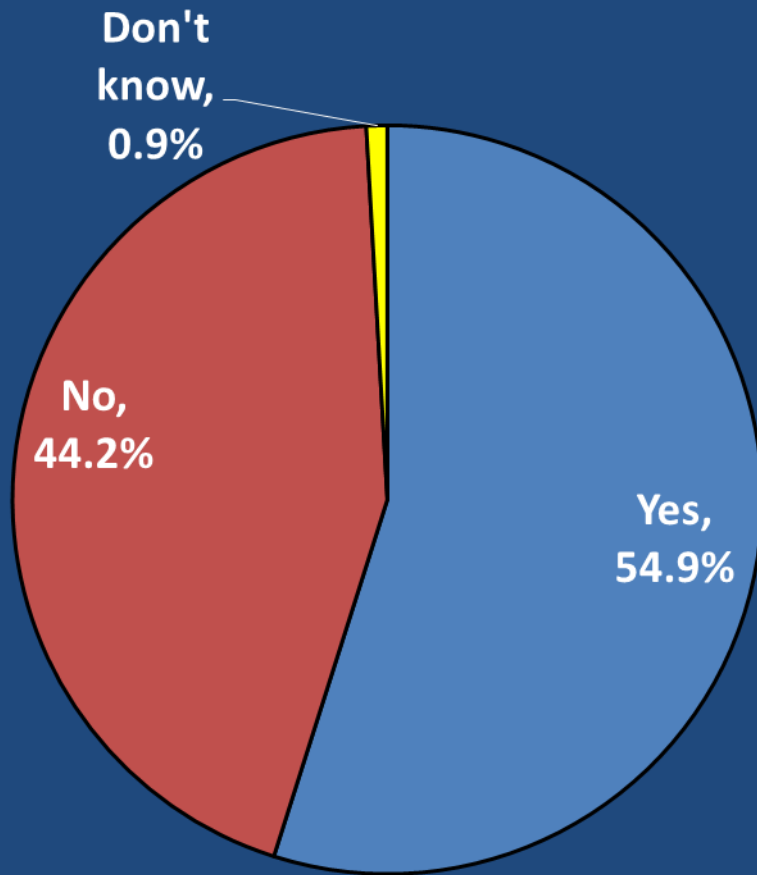
Results – hospital demographics

A total of 117 responses were received (response rate 68%)

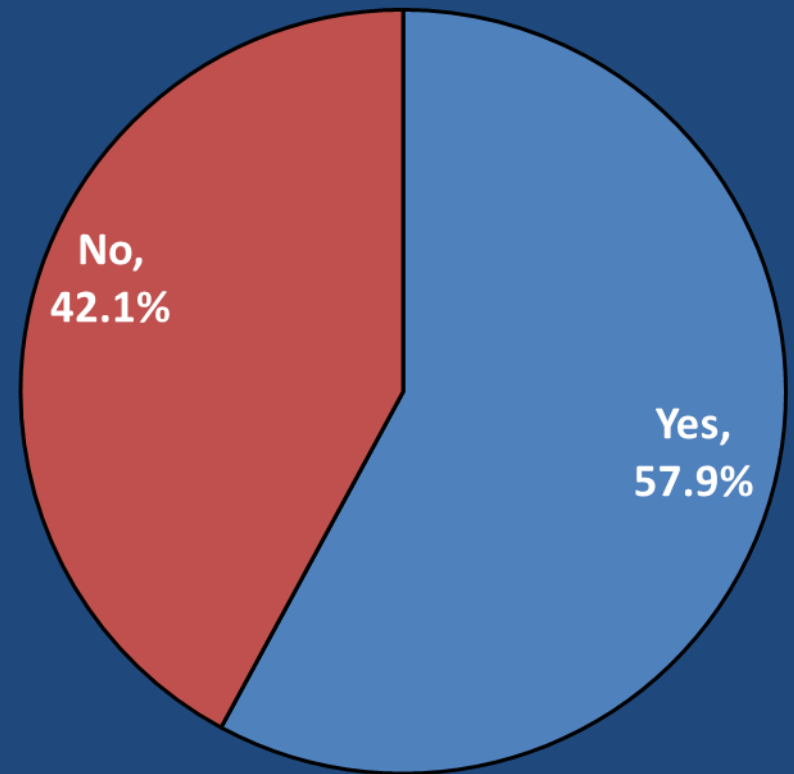
Type of hospital	Count	Percentage
Polyclinic	3	2.6%
District General Hospital	92	78.6%
Tertiary Referral centre	20	14.9%
No answer	2	1.7%
Teaching hospital	Count	Percentage
Yes	71	60.7%
No	43	36.8%
No answer	3	2.6%

Setting	Count	Percentage
Inner city	20	17.1%
Urban	41	35.0%
Rural	12	10.3%
Mixed	43	36.8%
No comment	1	0.8%
Number of AS patients	Count	Percentage
0-99	35	29.9%
100-499	63	53.8%
> 500	4	3.4%
Don't know or no answer	15	12.8%

Do you have a clinician with a special interest in AS?



Do you run dedicated AS or SpA clinics?

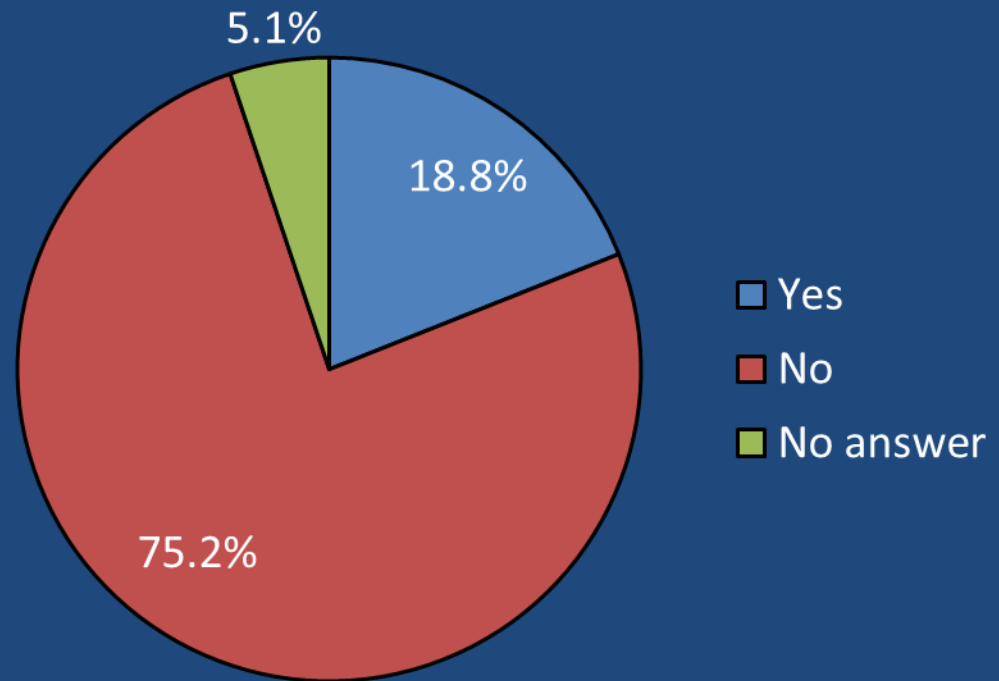


N = 117

All trusts prescribed anti-TNF drugs for AS, but with a wide variation (range 3-200 patients).

The ability to prescribe anti-TNF drugs within NICE guidelines was not related to whether a department had a specialist interest (χ^2 $p= 0.345$) or ran specialised clinics (χ^2 $p = 0.198$)

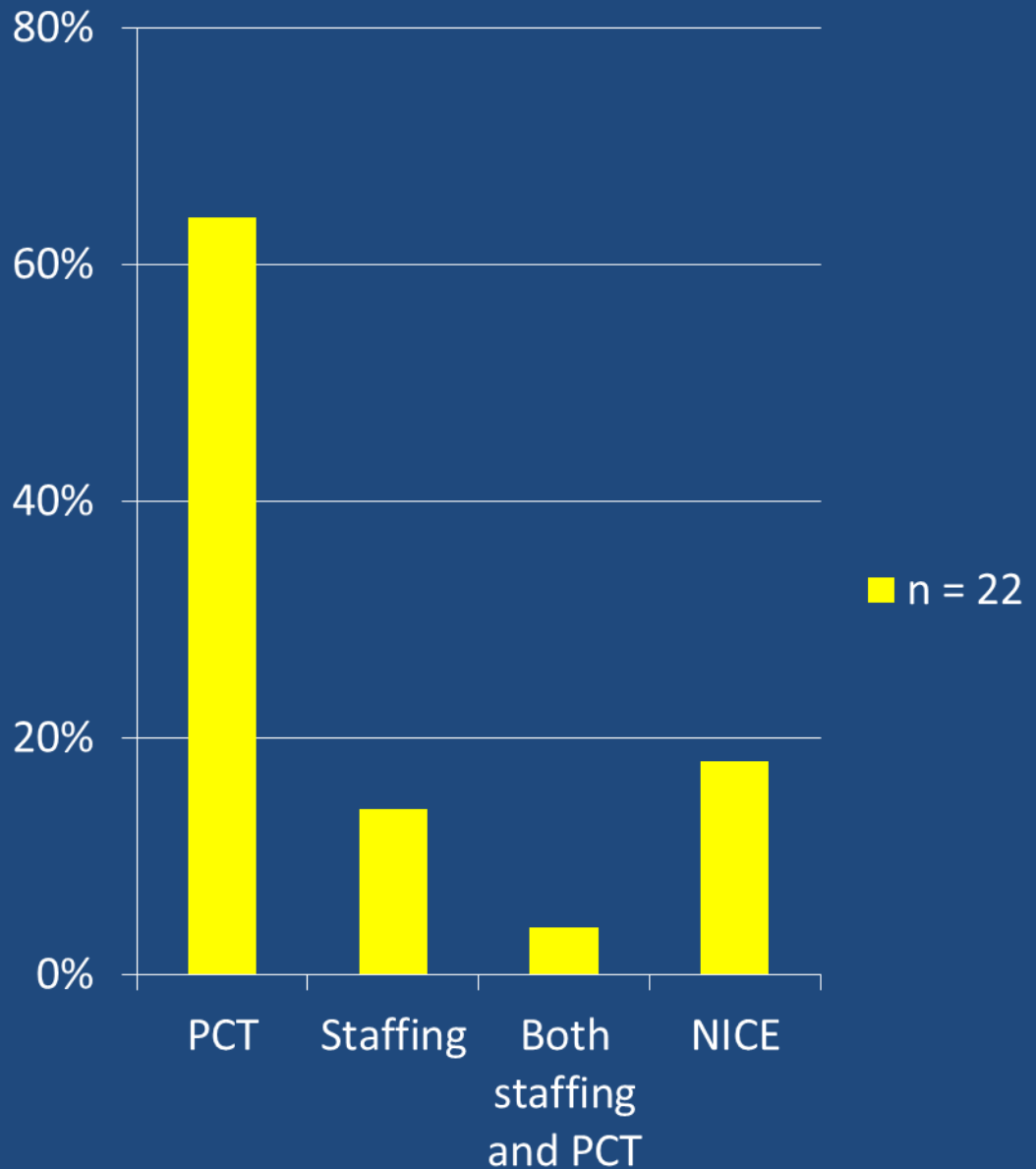
Is your ability to give anti-TNF therapy limited?



N=117

Reasons why access to anti-TNF drugs is limited

The majority cited rationing by PCTs or equivalent NHS funding bodies, though for some lack of staff in the department was a limiting factor. Four respondents felt that the NICE guidelines themselves limited access.



Conclusions

- Despite NICE approval over 2 years ago for the use of anti-TNF drugs in severe AS, access is still being restricted and UK patients are being denied optimal treatment.

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