# Patient-reported barriers to accepting a technological adherence package in the MAGNIFY trial.

Andrew P Dickens<sup>1</sup>, David Halpin<sup>2</sup>, Victoria Carter<sup>1</sup>, Derek Skinner<sup>1</sup>, Kai Beeh<sup>3</sup>, James Chalmers<sup>4</sup>, Allan Clark<sup>5</sup>, Nasir Hannan<sup>6</sup>, Alan Kaplan<sup>7</sup>, Konstantinos Kostikas<sup>8</sup>, Hilary Pinnock<sup>9</sup>, Nicolas Roche<sup>10</sup>, Omar Usmani<sup>11</sup>, Job F.M. van Boven<sup>12</sup>, Paul Mastoridis<sup>13</sup>, Karen Mezzi<sup>14</sup>, Steve Davis<sup>15</sup>, David Price<sup>1</sup>

<sup>1</sup>Observational and Pragmatic Research Institute, Singapore; <sup>2</sup>University of Exeter Medical School, College of Medicine and Health, University of Exeter, UK; <sup>3</sup>Clinical Research, Insaf Respiratory Research Institute, Wiesbaden, Germany; <sup>4</sup>Scottish Centre for Respiratory Research, University of Dundee, Ninewells Hospital and Medical School, Dundee, UK; <sup>5</sup>Norwich Medical School, University of East Anglia, UK; <sup>6</sup>Research and Innovation at the Priory Gardens Surgery, UK; <sup>7</sup>Family Physician Airways Group of Canada, Stouffville, Ontario, Canada; <sup>8</sup>Respiratory Medicine Department, University of Ioannina, Greece; <sup>9</sup>Asthma UK Centre for Applied Research, Usher Institute, The University of Edinburgh, Edinburgh, UK; <sup>10</sup>Department of Respiratory Medicine, APHP-Centre University of Paris, Cochin Hospital and Institute (UMR1016), Paris, France; <sup>11</sup>Faculty of Medicine, National Heart & Lung Institute, Imperial College London & Royal Brompton Hospital, UK; <sup>12</sup>Department of Clinical Pharmacy & Pharmacology, University Medical Center Groningen, University of Groningen, Netherlands; <sup>13</sup>Novartis Pharmaceuticals Corporation, East Hanover, New Jersey, USA; <sup>14</sup>Novartis Pharma AG, Basel, Switzerland; <sup>15</sup>Interface Clinical Services, Yeadon, Leeds, West Yorkshire, UK.

### Introduction

COPD exacerbations lead to increased mortality and disease progression. Maintenance inhaled therapies can reduce exacerbation risk amongst COPD patients, but non-adherence reportedly ranges from 20-60% in this population. The ongoing cluster randomised trial MAGNIFY is investigating the use of technological adherence support as a solution to this problem, but there is little evidence regarding patients' willingness to accept such devices.

### Aims and objectives

To explore patient-reported barriers to accepting a technological adherence package.

### Methods

COPD patients were eligible for MAGNIFY if aged 40 years or above, with  $\geq 2$  moderate/severe exacerbations in the last two years and with  $\leq 50\%$  adherence to mono/dual therapy. Eligible patients received a phone call from a pharmacist who conducted a remote patient review and invited them to use the digital support package, comprising an Ultibro Breezhaler and adherence support technology. Patients declining the package were asked to provide reasons.

# Results

Out of 331 patients clinically suitable for the adherence package, 113 (34.1%) declined the adherence package. Reasons for declining included: no smartphone/not compatible phone (n=89), unwilling to change inhaler (n=8), unwilling to use inhalers regularly (n=5), life events (n=2), another health condition (n=1), no reason (n=8).

# Conclusions

Most patients declined the adherence package for practical reasons, such as lacking a compatible smartphone, rather than unwillingness to use technology. Though this is interim data from a single trial, it suggests that technophobia may not be an important barrier to patients accepting technological adherence support.