

The Impact of Immune Thrombocytopenia (ITP) on Activities of Daily Living: Findings reported by UK patients and physicians from the ITP World Impact Survey (I-WISH)

N.COOPER¹, D. PROVAN², M. MORGAN³, T. BAILEY⁴, B.TAYLOR⁵

1 Hammersmith Hospital, Imperial College, London, UK

2 Barts and The School of Medicine and Dentistry, London, UK

3 ITP Support Association, Bedfordshire, UK

4 Adelphi Real World, Bollington, Cheshire, UK

5 Novartis Pharmaceuticals, London, UK



INTRODUCTION

- Immune Thrombocytopenia is an autoimmune disease which affects up to 4,000 patients in the UK¹ and is characterised by a reduced platelet count (clinically defined as a platelet count of less than 100 x 10⁹/L)²
- There are a number of first- and second-line treatments available for ITP. Treatment strategies aim to achieve a platelet count which is associated with preventing spontaneous bleeding³ and ultimately improve quality of life (QoL)
- The I-WISH study capture patient and physician perceptions on how ITP impacts patients' activities of daily living

AIMS & METHODS

- The ITP World Impact Survey (I-WISH) is a cross-sectional survey of ITP patients and treating haematologists across thirteen countries. Overall, 1507 patients and 472 physicians participated in the study between December 2017 and August 2018
- Patients were recruited via both the ITP Support Association UK and by treating physicians. Eligible patients were aged 18 or over at point of data capture and were diagnosed with ITP
- As part of the survey, patients were asked to complete the ITP Life Quality Index (ILQI) which assessed the burden of their disease on various aspects of their daily life. Physicians were asked similar questions pertaining to their perception of how ITP impacted patients' ability to perform activities of daily living, including impact on physical activity, sex life and travel plans
- A steering committee of expert physicians and patient advocacy ITP specialists designed and endorsed the survey materials
- Here we present data from UK patients and physicians
- Impact statements on emotional burden and activities of daily living were asked using a 7-point Likert scale with high agreement and satisfaction scores = 5-7

Demographics

- 31 physicians and 120 patients participated in the UK. Mean (SD) patient age was 55 (14.17) years and over two thirds of patients were female (68%)
- On average, patients reported to having been diagnosed for 11.4 (10.25) years
- Over two thirds (68%) of patients reported their current health state to be ≥ 5 using a 7-point Likert scale (7 is excellent health)
- Physicians were primarily specialised in either haematology or haematology-oncology and had reported a mean ITP caseload of 47.5 (39.22). The majority of patients were based in university/teaching hospitals (77%) versus regional/community hospitals (23%)
- Patient and physician demographics are summarised in **table 1**

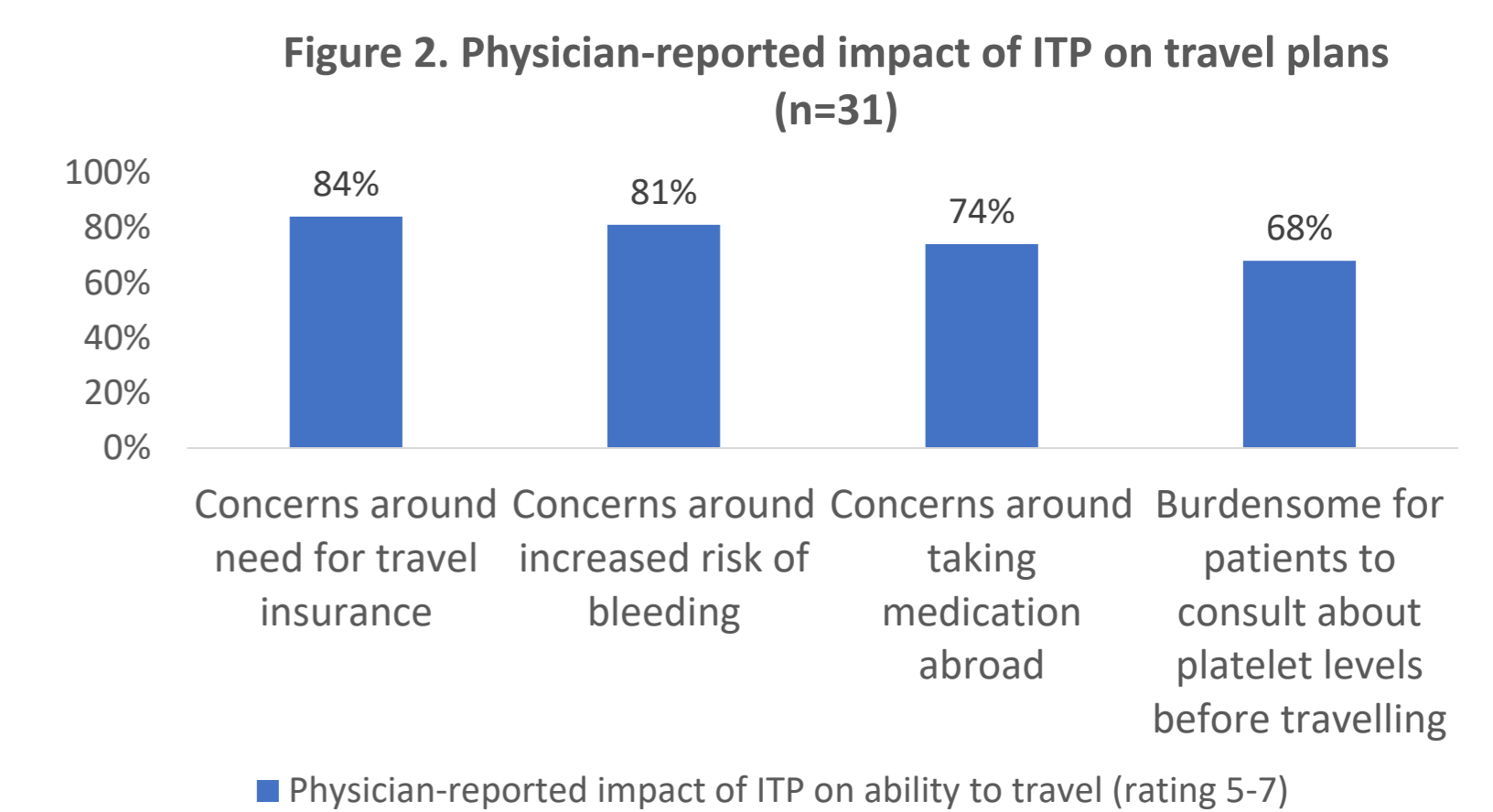
Table 1. Respondent demographics

Patient Demographics	Patients (n=120)
Age, mean (SD)	55.0 (14.17)
Gender: female, n (%)	
Years since diagnosis, mean (SD)	11.4 (10.25)
Self-reported current health state (7 is excellent health)	
Score of 1-3, n (%)	11 (9)
Score of 4, n (%)	27 (23)
Score of 5-7, n (%)	81 (68)
Physician Demographics	Physicians (n=31)
Primary speciality	
Haematology, n (%)	27 (87)
Haematology-Oncology, n (%)	4 (13)
Current ITP caseload, mean (SD)	47.5 (39.22)
Primary setting	
University/Teaching hospital	24 (77)
Regional/Community hospital	7 (23)

RESULTS

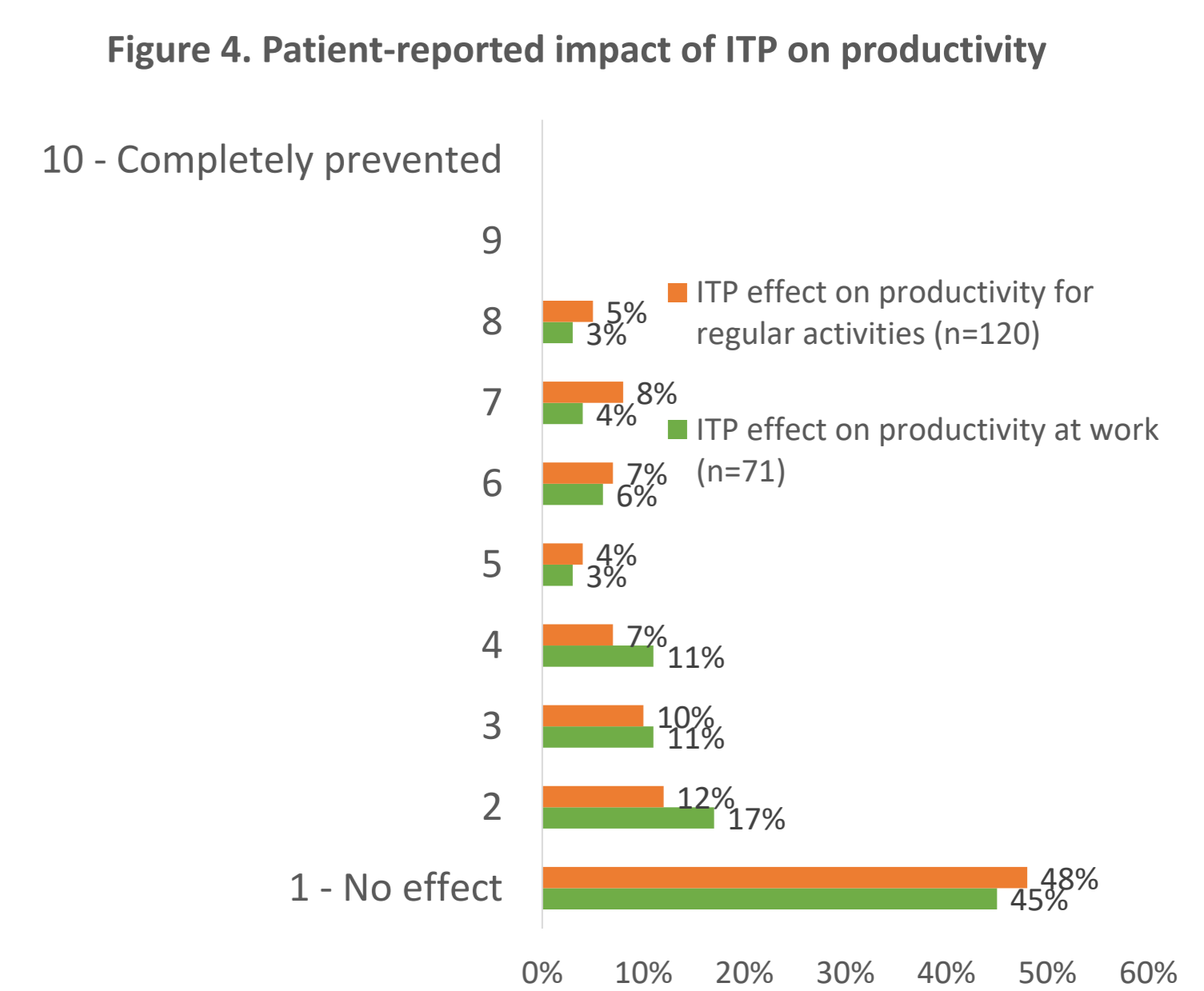
Impact on travel plans

- Overall, at least two thirds of physicians reported ITP to have a high impact (rating 5-7) on each aspect of travel shown in **figure 2**. The leading travel-related impacts reported by physicians were concerns around the need for travel insurance (84%) and concerns around increased risk of bleeding (81%)



Impact on ability to work

- Overall, just over half (59%) of the patient sample were in work at the point of data capture, either full-time (33%) or part-time (26%) (**figure 3**)
- Of those patients in employment, patients reported to have worked an average of 28.5 hours in the past 7 days, missing 2.2 hours on average due to their ITP
- 16% of those patients 'currently' working reported ITP to have a high impact (score ≥ 5) on their productivity at work, while 24% of patients reported ITP to have a high impact on their productivity for regular activities (**figure 4**)
- Figure 5** shows the direct effect of ITP on patients' working life. The top three impacts reported by patients were 'seriously considered reducing hours at work' (46%), 'reducing hours at work' (34%) and 'considered terminating job' (31%)



Impact on activities of daily living

- Figure 1a** shows the proportion of patients who indicated ITP at least 'sometimes' impacts energy levels, capacity to exercise, ability to perform daily activities and sexual activity. **Figure 1b** displays the proportion of physicians who perceive high impact of ITP in similar activities
- The majority of patients (84%) reported that ITP at least 'sometimes' impacts their energy levels versus two thirds of physicians (64%) reported a high impact of fatigue
- Nearly three quarters (73%) of patients reported ITP to impact capacity to exercise at least 'sometimes', aligning with 70% of physicians who indicated a high impact
- Patients and physicians agreed on the impact of ITP on activities of daily living. 68% of patients reported that ITP impacted them undertaking everyday tasks while 67% of physicians recognised a similar impact

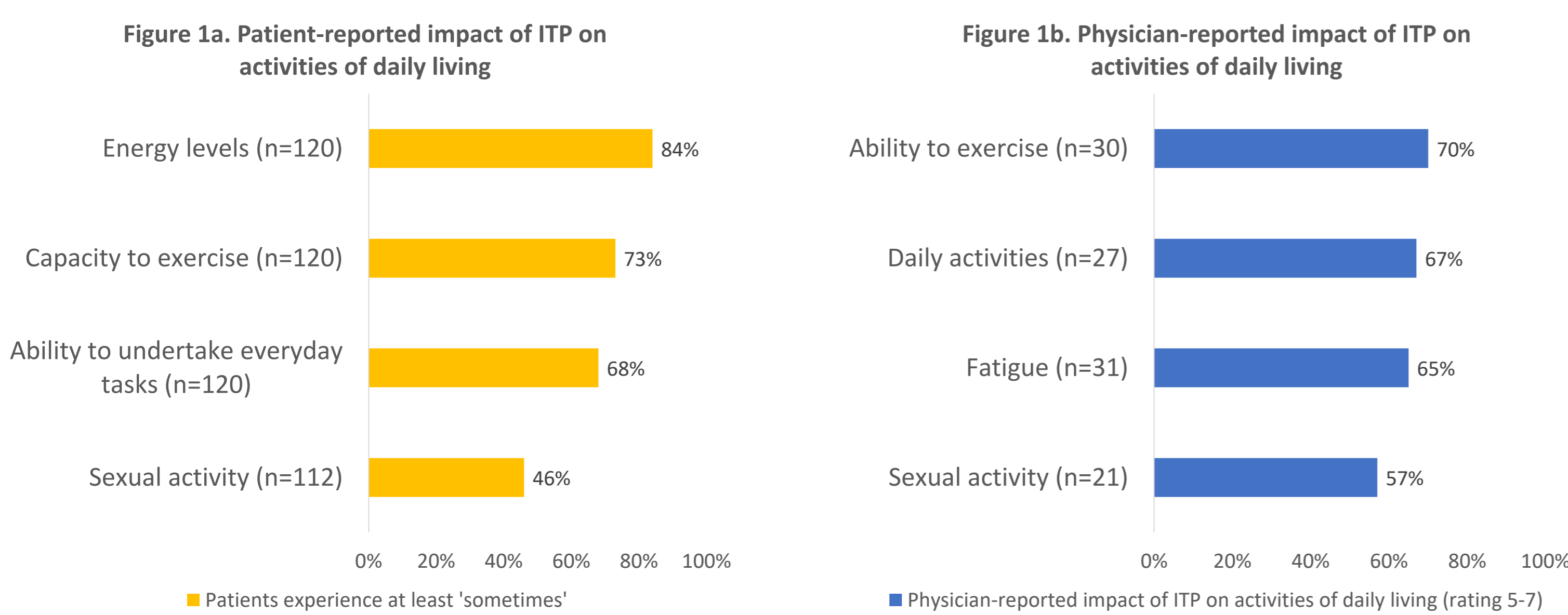


Figure 3. Patient employment status at point of data capture

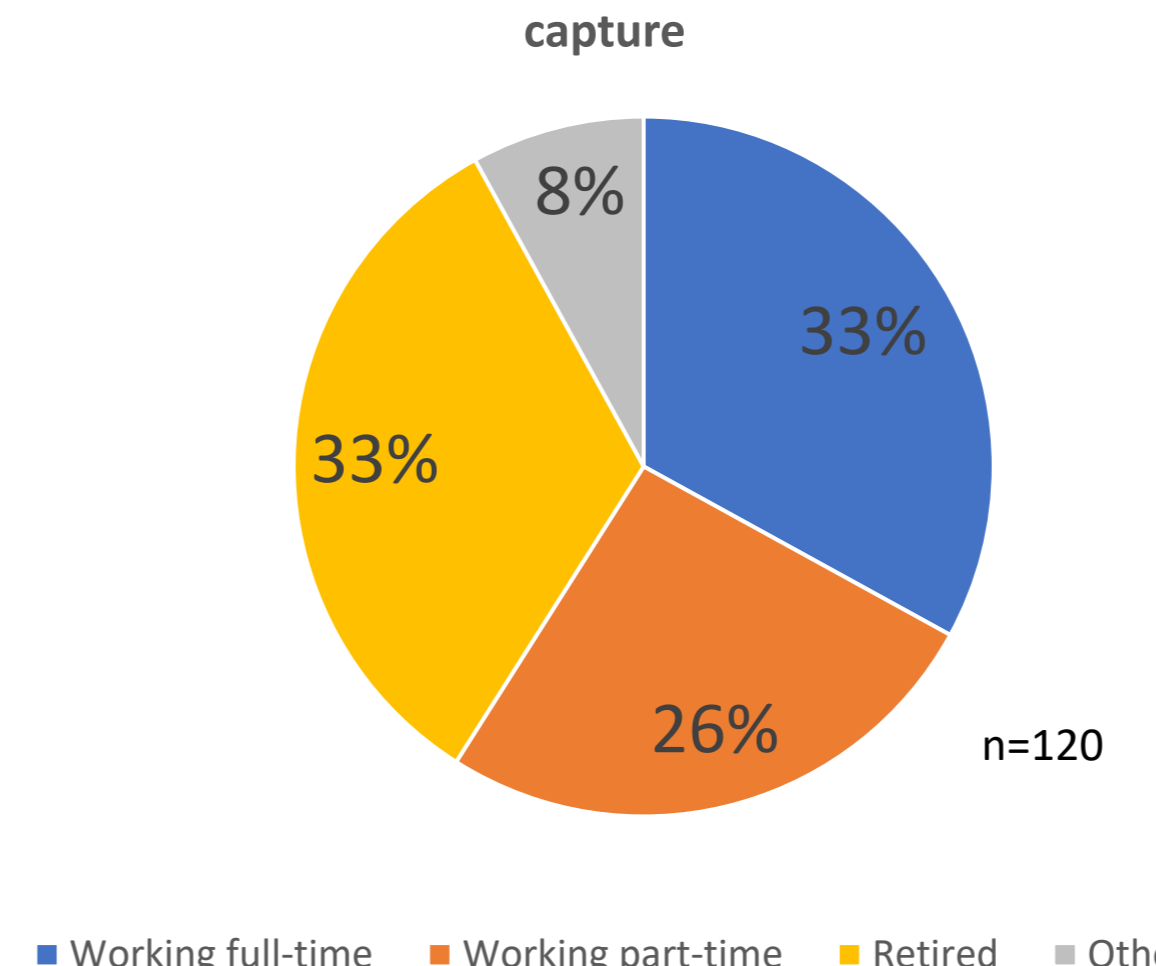
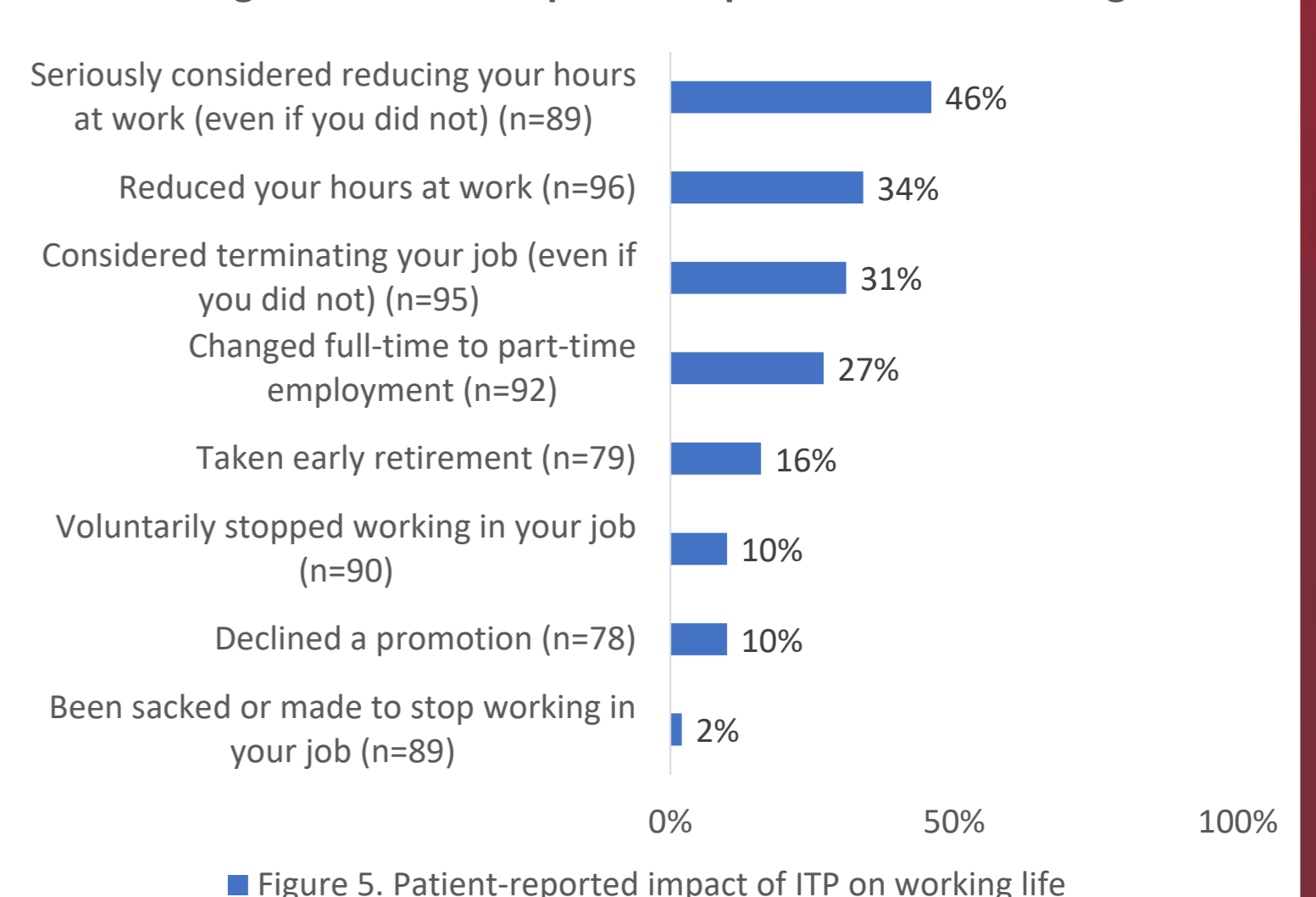


Figure 5. Patient-reported impact of ITP on working life



CONCLUSIONS

- Overall, there is alignment between patients and physicians on the impact of ITP on patients' ability to perform activities of daily living, with reduced energy levels being reported by the vast majority of patients
- Patients also reported a considerable impact of ITP on their productivity, with a third of patients reporting to have reduced work hours due to their disease and over a quarter changing from a full-time to a part-time role
- These data highlight the daily burden of living with ITP which impact patients' ability to perform routine activities and work, and demonstrate the need for greater disease control

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CONTACT INFORMATION

Please contact Barbara Taylor:
barbara-1.taylor@novartis.com