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RAadar

A newsletter to share best practice and promote collaboration in the management of patients with rheumatoid arthritis (RA) and juvenile idiopathic arthritis.

FOR DOCTORS AND NURSES

NORDiMET[®]

methotrexate





Adapting rheumatology services for the new COVID reality: Virtual patient management and the use of Nordimet® – Insights from a consultant rheumatologist

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Adapting and remodelling rheumatology services during the COVID-19 pandemic

Despite the relentless pressures on NHS trusts during the pandemic, Dr Blake and his team have implemented service changes and improvements that have enhanced the care of rheumatology patients. A rapid remodelling of rheumatology services at UHCW required the teams to embrace virtual consultations to ensure continuity of care while protecting patients and staff. Considerable efforts were undertaken to adapt during the pandemic, which can now be leveraged to bring about lasting change for rheumatology patients.

Feedback from patients at UHCW NHS Trust regarding virtual consultations has been extremely positive.

“ COVID-19 has highlighted that many of us were ‘set in our ways’ and practising an older and more conventional system of face-to-face consultations with our patients. We’ve had to embrace technologies such as Zoom and Teams, and use all resources to provide more efficient and safer services for our patients. ”

Managing at-risk patients during the COVID-19 pandemic

Early in the pandemic, the British Society for Rheumatology and National Institute for Health and Care Excellence produced guidelines for the management of rheumatology patients.¹⁻³ These guidelines have helped the team at UHCW and rheumatology departments across the UK to deliver safe and effective care.

However, on a practical level, IT systems can often lag behind in rapidly evolving virtual environments, making it difficult for clinicians to identify at-risk patients when conventional contact and communication is not possible. Rheumatology nurse consultants, such as Dawn Porter at Handsworth Wood Medical Centre in Birmingham, have embraced virtual monthly review meetings for their rheumatology patients, asking specific questions to help patients accurately describe their disease activity.

Thanks to the efforts of the rheumatology team and IT support, UHCW has also developed systems to identify and manage at-risk patients. Dr Blake believes that this will help pave the way for more effective rheumatology services post-pandemic.

Overcoming treatment challenges post-pandemic

The use of Nordimet® for self-administration of subcutaneous (SC) methotrexate (MTX) is fully aligned to the new model of virtual patient management and avoids the requirement for at-risk patients to attend a hospital appointment. Nordimet® has a simple 2-step activation process with no button to press, thereby facilitating administration when dexterity/functional impairment make pressing a button difficult. Nordimet® also has an innovative mechanism delivering a click and gentle vibration at the start and end of the injection process, along with a viewing window providing indications of injection progress.^{4,5}

Please Note: Patients must be educated and trained in the proper injection technique when self-administering methotrexate. The first injection of Nordimet® should be performed under direct medical supervision.⁶

“ Auto-injectable SC MTX devices, such as Nordimet[®], can save patient trips to the hospital while saving time for nurses and pharmacist. ”

When patients cannot attend in-person training on the correct use of Nordimet[®], several online resources are available to provide instruction and support remote consultations (see nordimet.co.uk).

“ I was very positive about the online resources available to clinicians and patients. There is a lot of very user-friendly information in very easy-to-use formats. ”

Dawn Porter and her team wrote to patients recently prescribed Nordimet[®] explaining how Nordimet[®] works, and after watching an instructional video <https://nordimet.co.uk/patient/>, most patients were able to administer themselves. In addition, several patients requested a telephone consultation while they were performing their injection, which proved to be a successful strategy.

Patients should be encouraged to be actively involved in their treatment, and training them to self-administer may help them take control and be more empowered. However, Dr Blake cautions that patient management is a two-way process. Virtual patient management has bridged the gap between rheumatology teams and their at-risk patients, enabling patients to stay at home and communicate with physicians through virtual channels, helping to reduce the spread of COVID-19 and other infections and to ease the strain on the NHS.

Dr Blake agreed that COVID-19 has changed rheumatology clinical practice. He believes that regular use of virtual patient management is likely to be a lasting change once the COVID-19 pandemic is sufficiently contained.

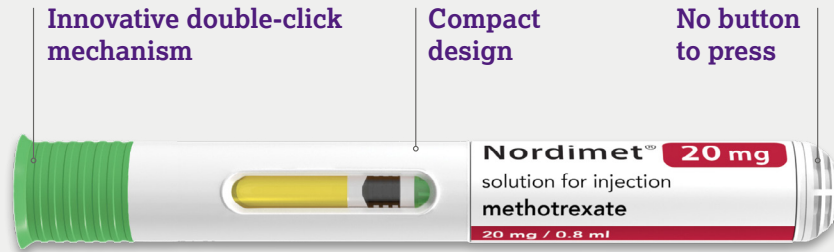
Management of rheumatology patients post-pandemic

- Ensure close monitoring of all patients, irrespective of treatment type
- Opportunities to increase adherence to medication in patients with established RA should not be missed
- Encourage patients to take up COVID-19 vaccinations/booster vaccinations

Considerations for choosing Nordimet[®]

- Nordimet[®] has audible, tactile and visual dosing indicators for confidence with every dose
- Nordimet[®] may be worth considering when people with rheumatoid arthritis have manual dexterity issues, impaired vision or hearing loss
- Training in self-administration can empower patients and help them take control of their treatment

Nordimet® – empowering your patients with a choice



Nordimet® provides clear indications at the start and end of the injection process

95% of patients new to self-injection can self-train successfully with Nordimet®*⁴

74% of MTX users who switched from Metoject® to Nordimet® were happy to switch without a nurse appointment**⁷

*Usability study of 42 patients with RA and nurses/carers. Usability based on a questionnaire with an adjusted five-point Likert scale.

**Study of 33 patients who were administering SC MTX using a button-activated device and invited to change to Nordimet®. Patients were given the choice to self-train using the Nordimet® training video or instruction from a rheumatology nurse.

Abbreviations: MTX, methotrexate; RA, rheumatoid arthritis; SC, subcutaneous.

References:

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4. Hudry C. et al. Rheumatol Ther (2007); 4: 183-194.
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