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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



Click [here](#) for Nordimet® (methotrexate) Prescribing Information and adverse event reporting.



Subcutaneous methotrexate (MTX) and the management of rheumatology post-COVID-19 pandemic: Insights from a rheumatology nurse consultant

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Responding to the challenges of the COVID-19 pandemic

The rheumatology team at Handsworth Wood Medical Centre implemented a contingency plan for the remote management of patients very early in the COVID-19 pandemic.

“ We were ahead of the game. To protect our vulnerable patients, the centre shut down and we moved to remote management a week before national lockdown measures were implemented. ”

The impact of remote consultations on the management of rheumatology patients

PROS

- Minimised impact of COVID-19 on treatment and treatment decisions
- HCPs could remotely access electronic patient records (e.g. to review blood results)
- Remote prescriptions allowed for rapid processing by local pharmacies

CONS

- Initial patient and HCP concerns regarding the use of immunosuppressants (e.g. MTX)
- Lack of face-to-face contact

Abbreviations: HCP, healthcare professional; MTX, methotrexate.

One of the main problems during the pandemic was a lack of face-to-face contact with patients. Before COVID-19, patients would be seen monthly to review disease activity, discuss their treatment and modify their treatment plan as required. Although the virtual world has continued to allow patients to be followed closely, the absence of face-to-face consultations has, in some instances, been challenging; members of the rheumatology team report missing visual and non-verbal clues.

During the pandemic, it became apparent that patients should be trained on monitoring their condition and providing more reliable information about their disease activity. Dawn's team developed tools to equip patients with the skills, techniques and language needed to help them learn more about disease activity and how to accurately report their symptoms.

“ We ask the questions: Is the hand swollen? Is it red? Is it inflamed? Is it at the knuckles? Is it the knuckles in the middle or is it at the end of the knuckles? ”

Like in many other primary care practices, patients at Handsworth Wood Medical Centre were encouraged to use the online consultation and triage platform, eConsult, during the pandemic. eConsult allows patients to consult their own NHS general practitioner which online can be accessed 24 hours a day helping clinicians to be fully informed prior to patient consultations.

Switching unresponsive or intolerant patients from oral to subcutaneous (SC) MTX presented a unique set of challenges during the pandemic, as patients could not attend in-person training on how to use Nordimet® after it had been prescribed. To overcome this, Dawn's team wrote to patients explaining how Nordimet® works, and after watching the instructional video <https://nordimet.co.uk/patient/>, most patients were able to self-administer successfully. In addition, several patients requested a telephone consultation while they were performing their injection, which proved to be a successful strategy.

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 supervision¹.

Supporting rheumatology patients post-pandemic

When considering the role of the rheumatology nurse consultant post-pandemic, Dawn highlights the importance of responding and adapting to change. Clinicians are increasingly advocating for enhanced rheumatology services in primary care, such as those provided by Dawn's team at Handsworth Wood Medical Centre.

There are real opportunities for rheumatology nurses to be more involved in enhancing and improving patient care. Nurses have a responsibility to support rheumatology services to make it easier for commissioners to continue to deliver high-quality patient care.

“ It is increasingly important to provide rapid access to rheumatology treatment and services for all patients, as well as having the resources to be able to concentrate on patients with the greatest needs at specific time-points along their disease pathway. ”

After many years working in the field, Dawn recognises the importance of immunosuppressants in rheumatology and estimates that ~98% of her patients with inflammatory arthritis are currently taking or have previously received MTX. SC MTX has fewer gastroenterological side effects when compared with oral administration², making it a vital treatment modality for many patients.

“ We know that SC MTX is associated with fewer gastrointestinal problems compared with oral MTX and we consider it to be the key drug in our arsenal. ”

“ We should be selling the story that auto-injection pen devices have come a long way; they are pretty much pain-free, easy to use and intuitive. ”

Treatment choice and patient empowerment are critical. Dawn notes that part of a nurse's role is to advocate for patients by improving access and allowing choice to ensure they receive the most appropriate treatment option.

“ As soon as you get the choice and the engagement, then it empowers the patient. The patient stays on the treatment. They understand the treatment. They become the master. ”

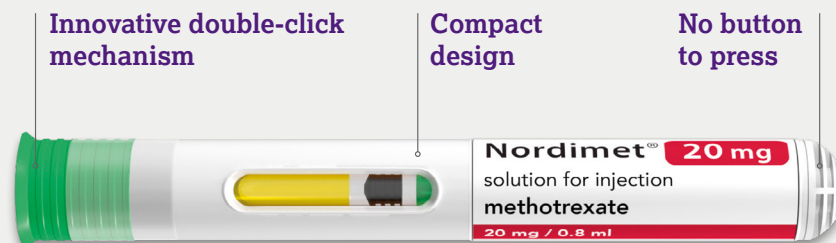
Management of rheumatology patients post-pandemic

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

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[®]*,³

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

74% of MTX users who switched to Nordimet[®] were happy to switch without a nurse appointment**,⁴

**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:

1. Nordimet[®] Summary of Product Characteristics. Available at: <https://www.medicines.org.uk/emc/product/2473/smpc#gref>.
2. Bianchi G et al. *Adv Ther* 2016;33:369–378.
3. Hudry C et al. *Rheumatol Ther* 2017;4:183–194.
4. Homer D. Poster presented at the Annual Conference of the British Society for Rheumatology, 30 April–2 May 2019: Abstract E006.