Neurology and Therapy

Multiple Sclerosis Patients Treated With Diroximel Fumarate in the Real-World Setting Have High Rates of Persistence and Adherence

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Why carry out this study?

Persistence to a diseasemodifying therapy for MS is vital for optimal treatment

Though clinical studies have reported a favorable GI tolerability profile in DRFtreated patients compared with DMF-treated patients, no real-world studies to date have characterized persistence or adherence to DRF treatment.



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outcomes.

The objective of this study was to evaluate persistence to therapy, discontinuation rates due to gastrointestinal adverse events (GI AEs), and adherence in patients with MS treated with DRF in realworld clinical practice.



What was learned from the study?

The high level of both overall persistence (88.6%) and adherence (mean PDC: 91.4%) reported in this first real-world analysis of DRF-treated patients further supports DRF as a valuable treatment option for patients with MS.

This analysis addresses a knowledge gap in the practice of neurology regarding persistence, adherence, and treatment discontinuation due to GI AEs in patients with MS treated with DRF in real-world clinical practice.





Figure 1: Persistence to DRF in the overall study population (N = 160). Dashed lines represent 95% CIs. The Kaplan-Meier– estimated proportion of patients remaining persistent on DRF therapy at 8 months was 88.6% (95% CI 82.5–92.7).

Abbreviations:

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MS = Multiple Sclerosis; DRF = Diroximel Fumarate; DMF = Dimethyl Fumarate; GI = Gastrointestinal; AE = Adverse events; PDC = Proportion of days covered; CI = Confidence interval

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