

INTRODUCTION

A diagnosis of myeloma has a big impact on patients' physical and emotional health¹. Treatments for myeloma bring additional burden and impact on daily, family and work life². Europe has seen a broad shift of resources from acute and in-hospital treatment to care in the community³. However, the evidence for how myeloma patients feel about, and the burden experienced from different routes and locations of treatment is limited.

AIM

To understand myeloma patients' attitudes and experiences of treatment routes, locations and treatment-burden and identify predictors of treatment burden.

METHOD

A pan-European survey was distributed via Myeloma Patients Europe's network⁴ of patient organisations. The survey was available online in eight languages. Mann-Whitney U tests compared patients' attitudes by modality experience. Multiple linear regressions were conducted to predict burden of treatment type using working status (working or not working), living status (living alone or with someone), rurality and age.

How, when and where would you like to receive your Myeloma Treatments?

MPe
Myeloma Patients Europe

FILL IN OUR SURVEY
Available in the following languages:

- English
- Norwegian
- Polish
- Dutch
- French
- German

<https://moe.eutfeedback.com/treatmentsurvey>

• IN HOSPITAL?
• AT HOME?
• IN A CARE FACILITY?

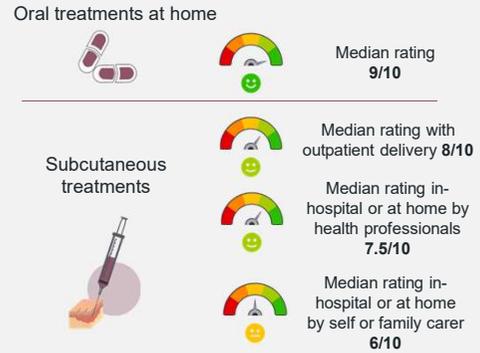
• ORAL PILLS?
• INTRAVENOUS INJECTIONS?
• SUBCUTANEOUS INJECTIONS?

• SELF-ADMINISTERED?
• BY A CARER?
• BY A DOCTOR/NURSE?

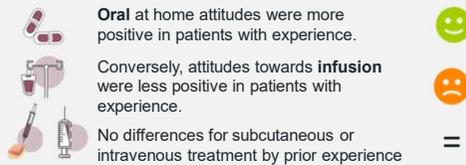
research@mpeurope.org

RESULTS

Patient attitudes

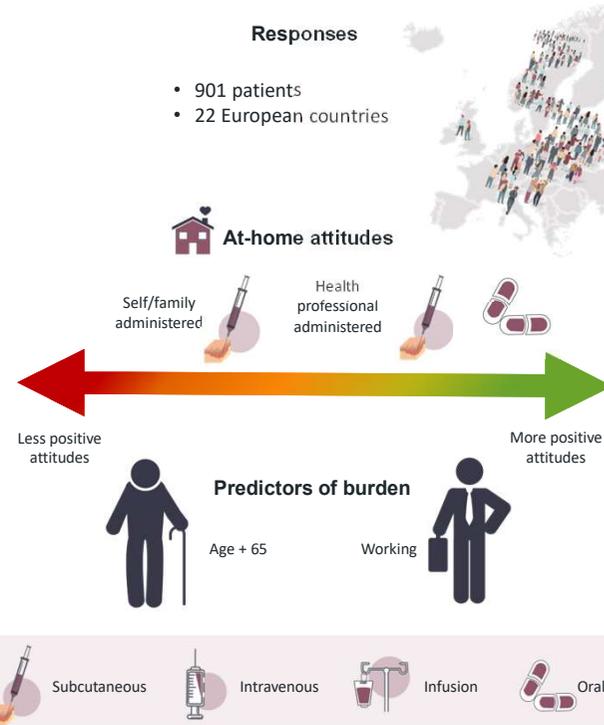


Patients with **experience** of specific treatment routes and locations had significantly different attitudes than those without.



Responses

- 901 patients
- 22 European countries



Burden

Greatest burden was reported from intravenous treatment (median 25.5/80). Least burdensome was reported from oral (median 14/80).

The hardest part of all treatments was reported to be how they affected **daily activities** and **daily life**, followed by the **emotional** burden and the burden on **family life**.

Multiple linear regression revealed that **oral** treatment burden was higher for patients who were **working** and patients **older** than 65 years old.

Patients **older** than 65 had significantly higher burden from **subcutaneous** and **infusion** treatments.

CONCLUSIONS

This research provides insights into myeloma patients' attitudes towards, and the burden experienced from different treatment modalities. Having evidence directly from patients on their perspectives on treatments is critical for efforts to improve patient-centred care and quality of life. Patients' attitudes towards at-home treatments suggests that there is some uncertainty felt towards self-administration and family-carer assisted administration. Undertaking at-home administration of myeloma treatments may create some worry and uncertainty and may not be the best option for every patient. Education and support for both patients and their families are needed to ensure patients feel comfortable and confident with at-home treatment.

These results show that burden of treatments is higher for patients who are 65 and older. With age comes the increasing risk of comorbidity and frailty, and greater susceptibility to some treatment-related toxicities and adverse events⁵, which can add additional burden to patients and families. Treating clinicians need to appreciate that older patients may well have different treatment priorities, preferences and needs.

REFERENCES

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