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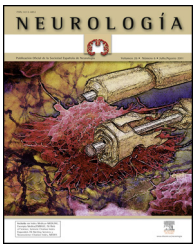

ORIGINAL ARTICLE

From high doses of oral rivastigmine to transdermal rivastigmine patches: user experience and satisfaction among caregivers of patients with mild to moderate Alzheimer disease☆

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Abstract
Introduction: Rivastigmine, a treatment for mild to moderate Alzheimer disease (AD), is the first cholinesterase inhibitor to be available in the transdermal format. We aim to describe user experience and satisfaction with the rivastigmine patch, as well as any clinical changes perceived in patients.
Methods: Observational, cross-sectional, multicentre study with 239 investigators and 1851 informal caregivers of patients with mild to moderate AD. Patients were treated with transdermal rivastigmine patches for ≥6 months and had previously received high doses of oral rivastigmine.
Results: Mean caregiver age was 59.8 ± 14.4 years and 70.9% were women. They spent 10.0 ± 7.1 hours per day providing care and 79.8% lived with the patient. Patch instructions were described as easy to follow by 97.1% of the caregivers and 92.1% of them rated patch application as easy or very easy. The most commonly cited disadvantage was adhesion problems (26.8%). Discontinuation of treatment was due to cutaneous reactions in most cases. Overall, 76.5% of the caregivers were satisfied or very satisfied with transdermal treatment and 77.4% considered that its interference with daily activities was minimal or null. The patch was preferred to oral treatment by 94.3% of caregivers. Clinical Global Impression of Change ratings improved according to 61.3% of the caregivers and 53% of the investigators. Few caregivers reported medication forgetfulness.
Conclusions: Most caregivers of patients with mild to moderate AD preferred the transdermal format of rivastigmine to the oral format. Caregivers also reported overall satisfaction, ease of use, and reduced impact on daily activities for transdermal rivastigmine format, in addition to patient improvement compared to their condition under the previous treatment.

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PALABRAS CLAVE
Enfermedad de Alzheimer;
Cuidador informal;
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Impresión Clínica Global de Cambio;
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Parche transdérmico

Experiencia de uso y satisfacción con rivastigmina transdérmica en cuidadores de pacientes con enfermedad de Alzheimer de leve a moderada previamente tratados con rivastigmina oral a dosis altas

Resumen
Introducción: Rivastigmina, tratamiento para la enfermedad de Alzheimer (EA) leve-moderada, es el primer inhibidor de la colinesterasa administrable por vía transdérmica. Se describen la experiencia de uso y la satisfacción de los cuidadores informales con los parches de rivastigmina, así como el cambio clínico percibido en los pacientes con su empleo.
Métodos: Estudio observacional, transversal y multicéntrico, con 239 investigadores y 1851 cuidadores informales de pacientes con EA leve-moderada, tratados con rivastigmina transdérmica durante $\geq$6 meses, y que previamente recibían dosis altas de rivastigmina por vía oral.
Resultados: La edad media de los cuidadores fue 59,8 $\pm$ 14,4 años (70,9% mujeres). El 79,8% compartía domicilio con el paciente, dedicando 10,0 $\pm$ 7,1 h/día a su cuidado. Para la mayoría de los cuidadores las instrucciones del parche fueron comprensibles (97,1%) y la aplicación fácil o muy fácil (92,1%). La principal dificultad mencionada fueron problemas de adhesión (26,8%). En general, los abandonos del tratamiento se produjeron por reacciones cutáneas. El 76,5% de los cuidadores estuvieron satisfechos o muy satisfechos con el parche y el 77,4% consideró que interfería poco o nada en las actividades diarias propias. El 94,3% prefirió la vía transdérmica respecto a la vía oral. La Impresión Clínica Global de Cambio fue mejor en algún grado para el 61,3% de los cuidadores y para el 53% de los investigadores. Se notificaron pocos olvidos de la medicación.
Conclusiones: La mayoría de los cuidadores de pacientes con EA leve-moderada prefirieron la vía transdérmica de rivastigmina a la vía oral, notificando satisfacción global, facilidad de uso e impacto reducido en sus actividades diarias propias con la ruta transdérmica, así como mejora de los pacientes respecto al tratamiento anterior.

Introduction

Treatment for mild to moderate Alzheimer disease (AD) is based on oral acetylcholinesterase inhibitors (AChEI) such as rivastigmine, donepezil, and galantamine.[1] These drugs have been shown to exert a dose-dependent beneficial effect on cognitive function.[2,3] However, the incidence of adverse events also increases with the dose—especially when there is no prior dose adjustment period—and with the peak plasma concentrations resulting from oral administration.[4] The first transdermal treatment for AD has now been approved: a rivastigmine patch[5] that continuously releases the drug over the 24 hours after application.[6] Dosed at 9.5 mg/day, this patch has an effect equivalent to that of higher doses of oral rivastigmine, and it is associated with fewer adverse gastrointestinal effects.[7] It has also been shown that patients treated with high doses of oral rivastigmine may change directly to the transdermal patch dosed at 9.5 ml/day with no need for a prior adjustment period and without experiencing further adverse effects.[8]

Treatment for patients with AD is generally managed by caregivers.[9] As a result, their assessment of treatment efficacy and the workload generated by the treatment may have a decisive effect on efforts to improve treatment compliance and ensure that the patient obtains the greatest benefit from the drugs prescribed.[10] Earlier studies have reported a better user experience, higher satisfaction, and less interference in the carer's daily activities with transdermal rivastigmine than with oral rivastigmine.[11,12]

The purpose of our study was to report on user experience with high doses of transdermal rivastigmine among informal caregivers of patients with mild to moderate AD. Likewise, we gathered data about caregiver satisfaction and preferences regarding the transdermal route, any improvements perceived in patients after the change from oral treatment, and treatment adherence. At the same time, we analysed user experience, satisfaction, and any perceived improvements in patients treated transdermally as reported by healthcare professionals treating patients with AD.

Patients and methods

This cross-sectional multi-centre observational study was carried out across Spain. During a 6-month period, informal caregivers were recruited consecutively during routine visits to different participating neurology, psychiatry, or geriatric care clinics. Inclusion criteria were as follows: (a) caring for a patient with mild to moderate AD (defined as a score $\geq$10 and <26 on the Mini-Mental State Exam [MMSE]) who was on stable treatment during $\geq$6 months with the highest approved dose of transdermal rivastigmine (9.5 mg/day), and who previously had received high doses of oral rivastigmine (9—12 mg/day); (b) having cared for the patient for at least 1 year; (c) being responsible for managing the patient's medications, and (d) being able to provide accurate information about the study variables. We excluded