



# ADHERENCE TO RILUZOLE IN PATIENTS WITH AMYOTROPHIC LATERAL SCLEROSIS: AN OBSERVATIONAL STUDY

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## Objective

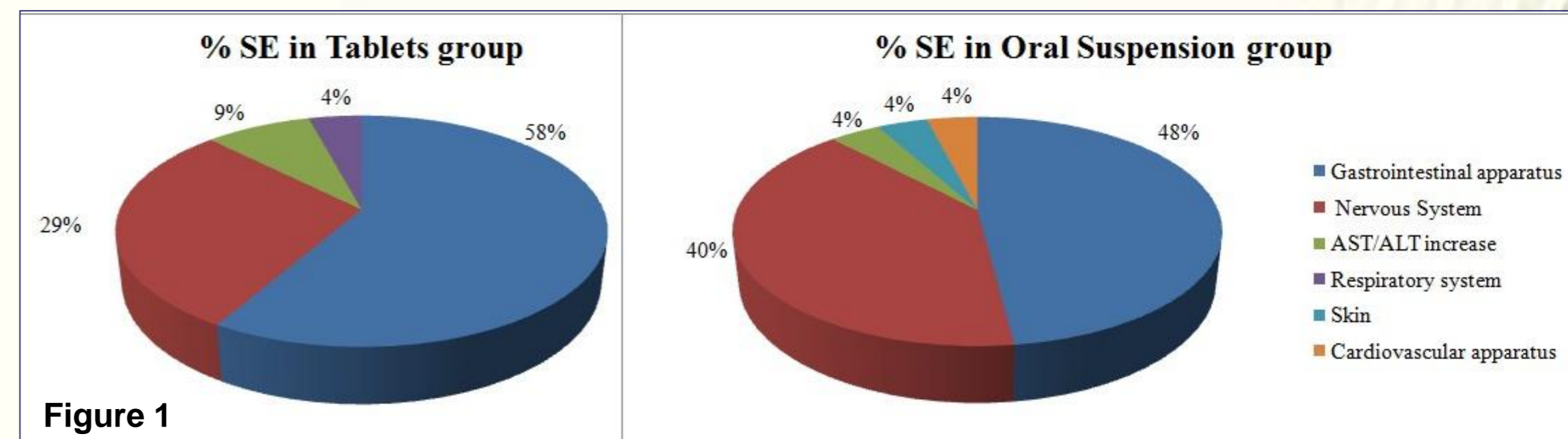
Riluzole is the first drug approved to treat Amyotrophic Lateral Sclerosis (ALS). Recently an oral suspension (OS) of Riluzole has been made available. The aim of our study was to evaluate the adherence to the two formulations of Riluzole in ALS patients.

## Material and methods

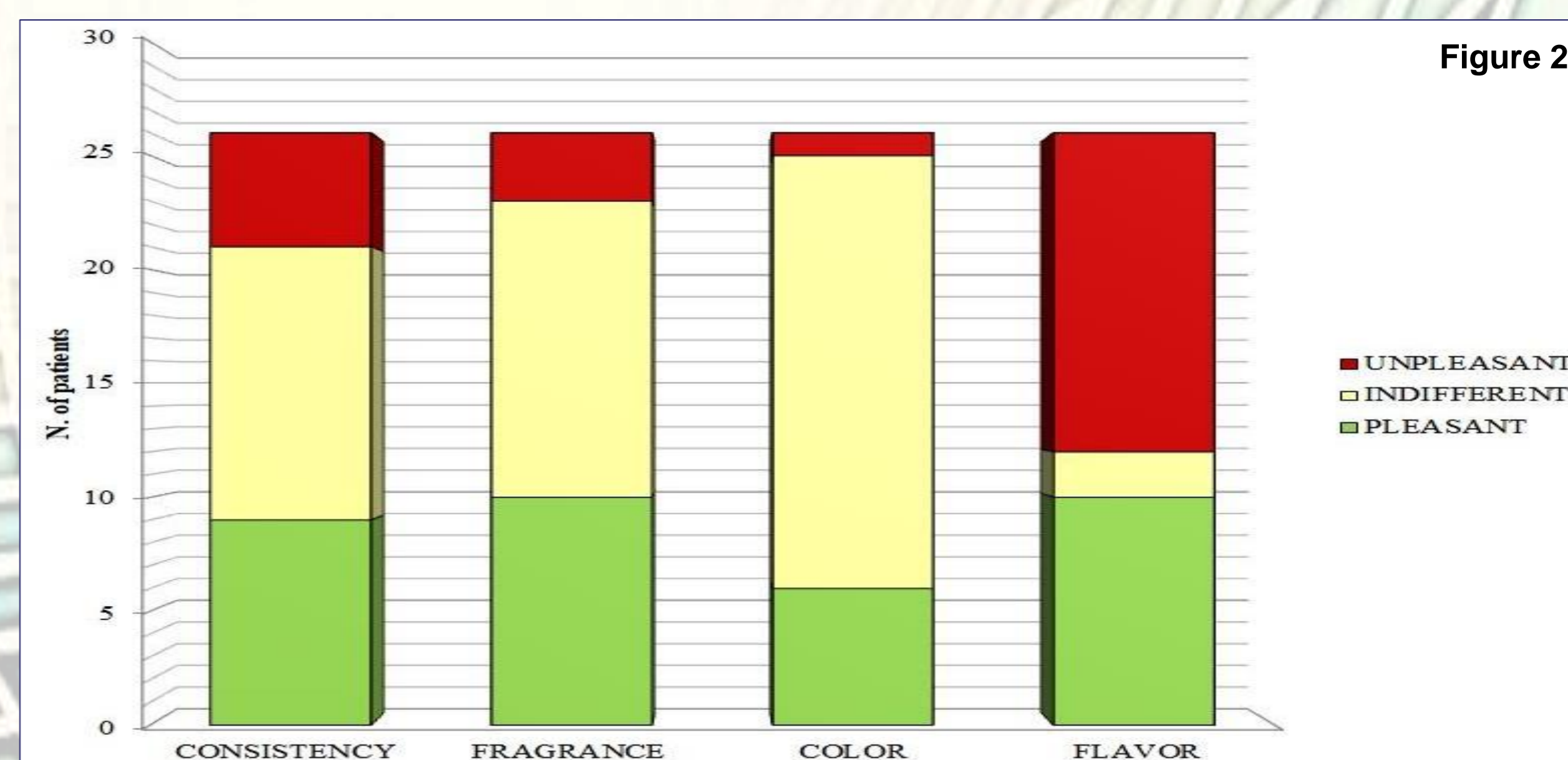
We enrolled 45 consecutive patients with ALS. At disease diagnosis, Riluzole was prescribed in the two different formulations depending on the severity of dysphagia (27/45 patients received tablets and 18/45 OS). Side effects (SEs) and treatment adherence were investigated with a questionnaire comprehensive of the "Morisky 8-item Medication Adherence Questionnaire"©.

## Results -1-

Gastroenteric complaints were the most frequent SEs (58% in tablet-group and 48% in OS-group), followed by those at Nervous system (29% and 40% respectively) (Figure 1). No serious SEs related to treatment were reported. A detailed list of SEs is reported in Table 1.



Regarding OS, consistency, fragrance and color were indifferent to majority of patients. The flavor was unpleasant in 53 % of patients (Figure 2).



## Results -2-

Riluzole therapy was discontinued in 8.9% of patients because of gastroenteric and nervous system SEs. The rate of adherence to Riluzole was independent on the formulation of the drug, and consistent with that to other medications assumed for comorbidities (p=0.004).

In the tablet-group low adherence was explained by SEs in 55.6% and by dysphagia in 44.4% of patients. In the OS-group the SEs caused low adherence in 75% of patients. Independently on the drug formulation, patients with high or medium adherence to Riluzole had a higher progression rate (p=0.002 and p=0.009 respectively) and a shorter TTG (p=0.01), compared to those with low adherence.

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## Conclusions

Gastroenteric symptoms were the most frequent SE related to tablet as well as to OS Riluzole. The rate of adherence was independent on the formulation of Riluzole and the number of medications assumed for comorbidities and it was consistent with the severity of the disease. The low adherence was caused by dysphagia and SEs in tablet-group, whereas prevalently by SEs in OS-group.

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