

(W04) SWITCHING DISEASE MODIFYING THERAPIES DUE TO INTOLERABLE INJECTION PAIN: A NURSING PILOT STUDY

Background: Injection pain from subcutaneous administration is often reported by patients receiving disease modifying therapies for multiple sclerosis (MS) and can contribute to missed injections and therapy cessation. Injection and site care strategies that nurses recommend to their patients are not always successful in managing this adverse reaction and consideration has to be given to an alternate therapy. Previous studies have shown that patients experienced less pain when taking interferon beta 1-b (Betaseron®) as compared to interferon beta 1-a (Rebif®). Based on this data it was decided to evaluate injection pain after switching from beta interferon 1-a or glatiramer acetate (Copaxone®) to interferon beta 1-b.

Methods: Patients reporting significant injection pain at their yearly follow up appointment at the MS Clinic were identified by their neurologist or clinic nurse. Those who missed injections or altered their treatment schedule were offered the opportunity to participate in the study. Patients completed a visual analogue scale rating injection site pain of 3 consecutive injections of their current therapy, followed by 3 consecutive injections of beta interferon 1-b. Pain was rated immediately after injection, after 10 minutes, and at 1 hour. Telephone consultation with an MS nurse occurred after the 3rd and 6th injection. Upon completion of the comparison trial, patients were allowed to choose which therapy they preferred.

Results To Date: Since March 2007, 6 patients were identified and agreed to participate. Five patients were taking beta interferon 1-a and 1 patient was taking glatiramer acetate. Less pain was recorded after taking interferon beta 1-b for all patients evaluated to date.

Conclusions: Interferon beta 1-b produced less injection pain than current subcutaneous therapy in 6 of our patients to date. All 6 patients decided to switch therapies to interferon beta-1b.

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