

Multiple sclerosis disease-modifying drug use in immigrants vs long-term residents

Title character count: minimum 55, maximum 83; current 82.

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Short Title (maximum 45 characters; current=35): Disease-modifying drugs, immigrants & MS

Background Little is known about the uptake of multiple sclerosis (MS) disease-modifying drugs (DMDs) by immigrants compared to long-term residents.

Objective To describe the uptake of DMDs by immigrants and long-term residents with MS in a universal health care system.

Methods All MS cases in British Columbia (BC), Canada were identified using health administrative data. The study entry date was the most recent of: the first MS-specific or demyelinating disease diagnosis code or first DMD prescription filled, or 1-January-1996. All included persons were ≥18 years old and BC residents for ≥1 year before study entry. Follow-up ended at the earliest of death, emigration or 31-December-2012. Persons becoming a permanent resident 1985–2012 were defined as immigrants.

Results We identified 16,739 MS cases; 795 (5%) were immigrants. The mean age (standard deviation) at study entry of immigrants was 39.5 years (11.5) and of long-term residents was 44.9 years (13.4). Seventy percent of immigrants and 72% of long-term residents were women. A higher proportion of immigrants (25%) than long-term residents (19%) fell within the lowest neighbourhood income quintile at study entry. A higher proportion of immigrants had ever filled a DMD prescription during follow-up compared with long-term residents (27% versus 20%). However, overall, immigrants filled fewer non-DMD prescriptions (13 versus 27 per person-years). Nearly 50% of immigrants and 76% of long-term residents entered the study when fewer DMDs were available (1996–2005). Patterns of individual DMD uptake were generally similar between immigrants and long-term residents. However, more immigrants (7%) than long-term residents (2%) had ever filled a fingolimod prescription.

Conclusions Both immigrants and long-term residents were similar regarding DMD uptake. The use of fewer other drugs by immigrants suggests some differences in care. More work is needed to determine whether socio-demographic and other differences between immigrants and long-term residents would alter conclusions.

Acknowledgements

This study was supported by the Canadian Institutes of Health Research (CIHR) Project and Foundation grant (PJT-156363 and FDN-159934, PI: Tremlett).

Access to, and use of BC data was facilitated by Population Data BC, and approved by the BC Ministry of Health, BC PharmaNet, the BC Vital Statistics Agency, and Immigration, Refugees and Citizenship Canada. All inferences, opinions, and conclusions drawn in this abstract are those of the authors, and do not reflect the opinions or policies of the British Columbia Data Stewards.

Disclosures:

Jonas Graf has received in the last 3 years travel/meeting/accommodation reimbursements from Merck Serono, Sanofi-Genzyme, Grifols, and receives a Research Fellowship from the Deutsche Forschungsgemeinschaft (project number 438899010, GZ: GR 5665/1-1).

Huah Shin Ng receives funding from the MS Society of Canada's endMS Postdoctoral Fellowship and endMS Scholar Program for Researchers IN Training (SPRINT), and the Michael Smith Foundation for Health Research Trainee Award. During the past year, she has received funding from the Canadian Institutes of Health Research (CIHR) Drug Safety and Effectiveness Cross-Disciplinary Training Program.

Feng Zhu, Yinshan Zhao, José M A Wijnands, and Charity Evans declare no conflicts.

John Fisk receives research funding from CIHR, the MS Society of Canada, Crohn's and Colitis Canada, Research Nova Scotia, the Nova Scotia Health Authority Research Fund, and licensing and distribution fees from MAPI Research Trust.

Ruth Ann Marrie receives research funding from: CIHR, Research Manitoba, Multiple Sclerosis Society of Canada, Multiple Sclerosis Scientific Foundation, Crohn's and Colitis Canada, National Multiple Sclerosis Society, CMSC, the US Department of Defense, Biogen Idec and Roche, and is supported by the Waugh Family Chair in Multiple Sclerosis.

Orhan Aktas reports research funding from: German Research Foundation (DFG), German Ministry of Science (BMBF), German National MS Society (DMSG-LV), Biogen and Novartis; personal fees from Alexion, Biogen, EMD, Novartis, Roche, and Teva.

Philipp Albrecht reports research funding and personal fees from: European Fund for Regional Development (EFRE), Allergan, Celgene, Biogen, Ipsen, Merck, Merz, Roche; personal fees from Janssen Cilag, Lilly, and Teva.

Hans-Peter Hartung received outside this work, with approval of the Rector of Heinrich-Heine University and the CEO of University of Düsseldorf Hospital honoraria for consulting, serving on steering committees and speaking from Alexion, Bayer Healthcare, Biogen, Celgene BMS, Geneuro, LFB, Medimmune, Merck Serono, Novartis, Octapharma, Roche, Sanofi Genzyme, TG Therapeutics and VielaBio.

Sven G Meuth received honoraria for lecturing and travel expenses for attending meetings from Almirall, Amicus Therapeutics Germany, Bayer Health Care, Biogen, Celgene, Diamed, Genzyme, MedDay Pharmaceuticals, Merck Serono, Novartis, Novo Nordisk, ONO Pharma, Roche, Sanofi-Aventis, Chugai Pharma, QuintilesIMS, and Teva and his research is funded by the German Ministry for Education and Research (BMBF), Deutsche Forschungsgemeinschaft (DFG), Else Kröner Fresenius Foundation, German Academic Exchange Service, Hertie Foundation, Interdisciplinary Center for Clinical Studies (IZKF) Muenster, German Foundation Neurology, and by Almirall, Amicus Therapeutics Germany, Biogen, Diamed, Fresenius Medical Care, Genzyme, Merck Serono, Novartis, ONO Pharma, Roche, and Teva.

Helen Tremlett has received research support in the last 3 years from the: Canada Research Chair program, National MS Society, Canadian Institutes of Health Research, Canada Foundation for Innovation, MS Society of Canada, and the MS Scientific Research Foundation.