



# Case study

## Autoimmune disease



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Making the most of medicines

# Autoimmune disease

## Behavioural Insights Research™ and print content development

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### Overview

Identifying and dismantling barriers to treatment adherence and optimising the support role of clinicians.

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### Problem

There was a need to consolidate the fundamental disconnect between patient adherence and physicians' beliefs about their patients' adherence.

Dialogue between the two parties was not sufficiently open as to allow the patient to feel comfortable discussing their levels of adherence, and levels of motivation to adhere.

There were significant 'gaps' in the initial support programme where patients felt that they did not receive enough information or timely support.

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### Situation

This specific disease is a chronic, progressive one, for which there is no cure. Early diagnosis and appropriately-prescribed treatment can, however, minimise the impact on patients' lives, but this effect is contingent on optimum treatment adherence.

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### Value

Implementing a suite of academically-validated tools and frameworks within a programme of Behavioural Insights Research™ reliably determined the balance of beliefs in the personal need for treatment and concerns about that treatment across the patients recruited, and predicted a correlation between those beliefs and their treatment adherence.

Those insights then segmented the audience, allowing for tailored materials which address and dismantle both the perceptual (motivational) and practical (ability-related) barriers to adherence while concurrently encouraging open and honest dialogue between patient and clinician.

Maintaining patients' intrinsic motivation to adhere through timely reminders and offers of further support also identified and will address issues which arise between scheduled appointments and consultations.

Our approach also complements existing support programmes, which facilitated smooth integration and built on patient care pathways to seamlessly optimise the interaction between patient, clinician, and medicine.

The feedback loop incorporated in the intervention's design takes into account the impact of the intervention on uplifting adherence as well as qualitative patient and clinician response to adapt and refine the programme to best fit its environment.

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### Implications

Designing an addition to existing support protocol which would guide and enhance discussion facilitated open and honest dialogue between patient and clinician, leading to more productive consultations.

Integrating a feedback loop guides and supports intervention development in such a way that it best adapts the programme to fit patient and clinician need, promoting uptake as effectively as possible.

Tailoring materials to 'personalise' the medicine to the patient engages them on a far deeper level than is normally achieved in standard adherence interventions, and working to dismantle both the perceptual and practical barriers to treatment adherence significantly increases the likelihood of success.

Encouraging intrinsic motivation in the patient to adhere to their treatment regimen promotes good self-management and will occasion a significant, meaningful uplift in adherence over the longer term of treatment.

Creating materials to support HCPs as well as patients in the programme instils confidence in the provider to give best possible care to the patient, informed by latest thinkings and best practice.