Kidney Transplant Patients’ Experiences of Switching to Generic Immunosuppressants
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Introduction

Following the introduction between 2009 and 2013 of several new generic forms of ciclosporin, tacrolimus and mycophenolate mofetil (MMF) many UK kidney transplant units are switching patients from branded to generic immunosuppressants.

In the absence of a central outcomes database, the ESPRIT Group invited kidney transplant recipients who had been switched from branded therapies to respond to a pilot survey. The aim was to gain knowledge of patients’ experiences and to assess the feasibility of a larger survey to contribute to a new central database to provide important information for both healthcare professionals and patients.

Methods

A short, 13 question, survey was compiled using SurveyMonkey and a link loaded via the ESPRIT Group website (www.esprit.org.uk).

To recruit transplant patients to the survey, the Group collaborated with the Renal Patient Support Group, who invited patients to respond via their dedicated Facebook facility. The Polycystic Kidney Disease Charity and National Kidney Federation also publicised the survey to their members. Finally, transplant co-ordinators were encouraged to highlight the survey to their patients. The survey ran between May 30th and August 31st 2013.

Results

A total of 80 complete and partial responses were received. Over 70% of patients surveyed had switched at least one drug. The drugs reported switched were tacrolimus (44%), MMF (36%), and ciclosporin (9%).

Most switches (84%) were undertaken by the transplant unit, but one patient reported being switched by their GP and six by their pharmacist when they presented their prescription.

When asked how consulted they felt about being switched, nearly 60% of patients said they felt less than fully consulted. Of these, half reported not being consulted at all.

According to the patients, the need to save money and medical benefit were the two main reasons given for the switch. Fifteen percent of patients reported that no reason was given.

The time taken to achieve stable levels after switching varied from immediately to six months. When patients were asked how often drug levels were monitored during the switch, responses ranged from not at all through once immediately after the switch, to weekly, fortnightly and quarterly. After switching, around 30% of patients required a change of dose before they were stabilised on their new immunosuppressant and 13% reported that they needed to be changed back to their original immunosuppression.

When asked their views on the prospect of switching, nearly 70% of respondents were unhappy, uncertain or did not know.

When asked about side effects following switching 33% of those patients who responded said they had worsening or new side effects after the switch.

Conclusions

Whilst there are undoubtedly limitations in such patient-led research, this survey has highlighted some consistent trends in transplant recipients’ reactions to immunosuppressant switches.

The availability of generic immunosuppressants has potential economic benefits for the NHS, but there appears to be evidence of inconsistent adherence to recommended monitoring protocols that could negatively affect patient safety. In addition, greater attention to patient consultation may have improved the patients’ perceptions of the switch. The ESPRIT Group hopes to build on this pilot to carry out more extensive, scientifically robust, research among a wider group of transplant patients who have undergone switches in recent years.

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