CLINICAL APPROBATION OF AN INFORMATION LEAFLET DEVELOPED IN RUSSIA FOR PATIENTS RECEIVING TREATMENT WITH INTRAVITREAL DRUG INJECTIONS: RESULTS OF A MULTICENTER STUDY

Evgeny Bobykin¹, V. Neroev², O. Zaytseva², S. Korotkikh¹, A. Fursova³, P. Nechiporenko⁴, V. Krokhaev¹, O. Morozova¹, R. Sutyushev⁴

¹Department of Ophthalmology, Ural State Medical University, Russia
²Department of Retinal and Optic Nerve Pathology, Helmholtz National Medical Research Center of Eye Diseases, Russia
³Ophthalmology Department, Novosibirsk State Regional Clinical Hospital, Russia
⁴Department of Ophthalmology with Clinic, Academician I.P. Pavlov First St. Petersburg State Medical University, Russia


Methods: Patients who had experience of treatment with the use of intravitreal injections (IVI) were asked to read the leaflet and answer 12 questions of a developed questionnaire. 93 patients were interviewed in clinics in Moscow, St. Petersburg, Yekaterinburg, and Novosibirsk: women predominated (57, 61.3%), the average age was 63.9 years, the most common diagnosis was wAMD (52 cases, 55.9%).

Results: Leaflet was positively perceived by patients (overall rating "excellent" and "good" in 91.4% of the questionnaires), 90.3% reported that the information presented in it fully or largely corresponds to their experience of treatment with IVI. 88.2% of respondents did not experience any difficulties with reading and understanding the leaflet. Insufficient awareness of patients on issues related to the received treatment was established, as well as difficulties with the perception of information about health were identified: only 20 (21.5%) respondents answered all 5 questions of the questionnaire that assessed the assimilation of this leaflet block, 4 out of 5 questions answered 31 (33.3%) respondents. This fact underlines the importance of patient information support.

Conclusion: The results of clinical approbation of the leaflet made it possible to recommend it for use in the clinical practice of healthcare in Russia.

Financial Disclosure: No