

IMMUNOGLOBULIN DOSE ADJUSTMENT, WEANING AND CESSATION

A conversation guide for health professionals

Immunoglobulin (Ig) treatment improves the quality of life for some patients with various immune system disorders and for several immune-mediated conditions, and can be lifesaving for some conditions. However, it is not always the right or most effective option, and not everyone will require treatment long term. To ensure continued Ig treatment is appropriate, patients must be regularly reviewed. This conversation guide highlights common concerns that patients have about changes to their treatment plan, and provides key discussion points and resources

Patients may feel:

Discussion points

Uncertain about the duration of their treatment

- ▶ Inform patients early on that their treatment will be regularly reviewed to determine efficacy and monitor symptoms and side effects
- ▶ Treatment durations are evidence based and outlined in the Criteria

Uncertain about why they might need to cease or stop treatment

- ▶ Provide and discuss the NPS MedicineWise patient guide [Immunoglobulin products: when to modify or stop treatment](#)
- ▶ Explain that Ig is only continued when there is evidence of clinical benefit
- ▶ Discuss the specific tests that will be conducted at review appointments to see if Ig is helping their condition

Scared of relapse or worsening condition after changes in dosage

- ▶ Discuss the risks and benefits of continuing or stopping treatment in their circumstances
- ▶ Reassure patients that they may resume Ig therapy if they had previously responded and their symptoms return after stopping
- ▶ Schedule additional appointments with your patient to check and monitor patient's response

Unsure of which symptoms to monitor

- ▶ Discuss the disease specific symptoms that your patient should monitor and look out for when reducing their dose, or ceasing Ig treatment
- ▶ Provide and discuss the [Immunoglobulin Management and Wellbeing Plan](#) with the patient. This tool allows your patient to record and track symptoms
- ▶ Provide a treatment diary and discuss the symptoms to monitor

A lack of knowledge or support

- ▶ Set aside time in each appointment to discuss progress, answer questions, and address concerns
- ▶ Notify their GP of any changes to their treatment, this will ensure they check in with the patient and monitoring any symptoms or complications more often
- ▶ Provide educational resources, information on support groups, and contact numbers for urgent and non-urgent medical concerns

Key resources

The National Blood Authority's [Criteria for the clinical use of Immunoglobulin in Australia](#)¹ set out eligibility criteria for Ig treatments funded under national blood arrangements. The Criteria are **evidence-based**, and are **developed and maintained** by a **national** panel of health **experts**. They detail the conditions and clinical circumstances when Ig can be accessed under national blood arrangements.

The Criteria also include requirements for regular patient review as a condition for continued access, with information about when a trial in dose reduction or weaning is appropriate.

The National Blood Authority's BloodSTAR includes a [dose calculator](#)² that can be used to determine the Ig dose according to indication.

The [MSAC Ig Reviews](#)³ outline the current best evidence for clinical safety, effectiveness and cost-effectiveness of Ig in several medical conditions.

The modified FRAME acronym can be used to guide conversations about dose adjustment, weaning and stopping⁴

<p>F</p>	<p>Fortify trust Trust plays a significant role in patient—physician relationships, and clinicians should ensure patients understand the medical goals of care prior to initiating a conversation about weaning or ceasing Ig therapy.</p>	<p><i>“What is your understanding of the long-term goals of Ig treatment for your condition? Do you have any questions or concerns about your treatment that you would like to discuss?”</i></p>
<p>R</p>	<p>Recognise patient barriers to weaning or ceasing Acknowledge patient concerns, which may include fear of their condition worsening after changes to their dose, fear of relapse, and fear of being denied access to treatment once it has ceased.</p>	<p><i>“It is normal to feel nervous about changes to your treatment. Our goal is to find the treatment plan that best manages your symptoms. Rest assured that we can always return to your previous treatment protocol if your symptoms return after reducing or stopping your dosage.”</i></p>
<p>A</p>	<p>Align recommendations to goals of care Where possible, align recommended changes in dosage with the patient’s medical goals and values. Dose reduction is generally considered in stable patients.</p>	<p><i>“I understand that the number of treatment appointments is disruptive to your daily routine. Let’s take a closer look at your condition and see if there are ways we can optimise your dosage to better serve you.”</i></p>
<p>M</p>	<p>Manage cognitive dissonance Patients can experience cognitive dissonance when there is a mismatch between two ideas or beliefs, such as discontinuing a medication they perceive to be helpful. Educating the patient on the risks and benefits to weaning or ceasing can help overcome this barrier.</p>	<p><i>“Many people with your condition go into remission, but the only way to find out is to stop treatment and see what happens. Since no treatment is risk-free, we want to avoid treating people who may have already recovered, or who may respond equally well to a lower dose.”</i></p>
<p>E</p>	<p>Empower patients to continue the conversation Discuss the expected duration of treatment and the possibility of changes in dosage at the initial review, and often thereafter. Provide multiple opportunities for patients to ask questions and understand the long-term outlook for their condition.</p>	<p><i>“We will continue Ig as long as there is evidence of clinical benefit. However, in some cases Ig may only be temporary and we can discuss the possibility of reducing or stopping your dose to see if treatment is still needed.”</i></p>

References

1. National Blood Authority. Criteria for the clinical use of immunoglobulin in Australia. Canberra: NBA, 2018. <https://www.blood.gov.au/ig-criteria> (accessed 17 August 2021). 2. National Blood Authority. BloodSTAR. Canberra: NBA, undated. <https://www.criteria.blood.gov.au/DoseCalculator> (accessed 17 August 2021). 3. National Blood Authority. Health Technology Assessment Reviews of Immunoglobulin. Canberra: NBA, undated. <https://www.blood.gov.au/health-technology-assessment-reviews-immunoglobulin> (accessed 17 August 2021). 4. Felton M, Tannenbaum C, McPherson ML, Pruskowski J. Communication techniques for deprescribing conversations #369. J Palliat Med 2019;22:335–6.

VALUE IN PRESCRIBING PROGRAM – IMMUNOGLOBULIN PRODUCTS

Increasing the awareness and understanding amongst health professionals of access to immunoglobulin products in Australia, and improving health outcomes for patients through access to better health information to manage their health conditions. Funded by the Australian Government Department of Health through the Value in Prescribing Program: Immunoglobulins Products Grant.