Patient Preferences for Faster Home-Based Subcutaneous Immunoglobulin Infusion Therapy and the Effect on Adverse Events

Patients have expressed a preference for home-based subcutaneous immunoglobulin infusion therapy, often citing the time savings in commuting time, as well as the flexible scheduling that home-based treatment provides. In this review of evidence, the opportunity to decrease time spent during infusions is explored, as well as the contrast between subcutaneous and intravenous infusion therapy. How decisions are made is also explored. Stakeholders include patients, their caregivers, and medical professionals supervising their care.

Costs associated with various treatment options have been explored in the literature, in some depth. One element of cost that is often omitted, however, is the cost of time to patients and caregivers. A conclusion that there is a substantial opportunity to save patient and caregiver time is warranted. There is an opportunity to improve infusion protocols using existing devices. Evidence suggests that the mean savings per infusion is 38.94 minutes with optimized infusion protocols, saving more than one and one-half days of waking hours over the course of a year. More research in this domain is warranted.

Introduction: Patients have expressed a preference for home-based subcutaneous immunoglobulin infusion therapy, often citing the time savings in commuting time, as well as the flexible scheduling that home-based treatment provides.

Methods: In this review of evidence, the opportunity to decrease time spent during infusions is explored, as well as the contrast between subcutaneous and intravenous infusion therapy. How decisions are made is also explored. Stakeholders include patients, their caregivers, and medical professionals supervising their care.

Results: Costs associated with various treatment options have been explored in the literature, in some depth. One element of cost that is often omitted, however, is the cost of time to patients and caregivers. Evidence suggests that the mean savings per infusion is 38.94 minutes with optimized infusion protocols, saving more than one and one-half days of waking hours over the course of a year.

Discussion: A conclusion that there is a substantial opportunity to save patient and caregiver time is warranted. There is an opportunity to improve infusion protocols using existing devices. More research in this domain is warranted.

Conclusion: Many conclusive statements can currently be made from current data including: flow rates impact patient satisfaction with and adherence to SCIG, there is an impact that infusion times make on patient's willingness to switch from IVIG to SCIG, faster infusion times increase patient satisfaction with equivalent tolerability, there remain economic advantages of SCIG over IVIG in the United States, and finally patient adherence to SCIG and IVIG are equivalent although physicians tend to believe the misconception that IVIG might have an advantage.