When the leaflet doesn't fit patient needs

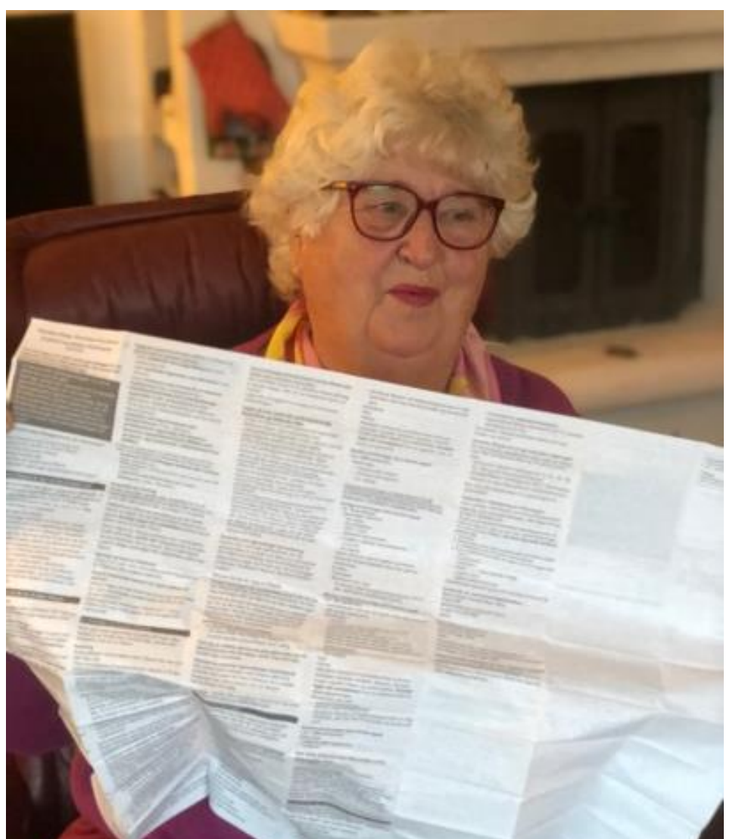
- Sigurd Maurud, Department of Public Health Sciences, University of Oslo

FACTS & FIGURES

Start date:	01/11/2020
End date:	30/06/2026
Industry Lead:	Pfizer
Coordinator:	University of Oslo
IMI funding:	9 280 000 €
EFPIA in kind:	8 938 750 €
Other:	1 187 000 €
Total Cost:	19 405 750 €
Project website:	gravitatehealth.eu
Social media:	@gravitatehealth

CHALLENGE

Poor medication adherence contributes to an estimated **200 000 premature deaths in Europe every year.** Package leaflets and other health education material are dense, generic and written for everyone. Digitalising them makes something new possible: the same approved content, focused for the person reading it. **Gravitate-Health built the G-lens®**, an open-source tool that focuses approved product information on what matters to a person, without concealing or filtering it.



Picture: Hanne Bjertnes, UiO

'Maria' with a leaflet containing everything, and almost nothing for her.

APPROACH & METHODOLOGY

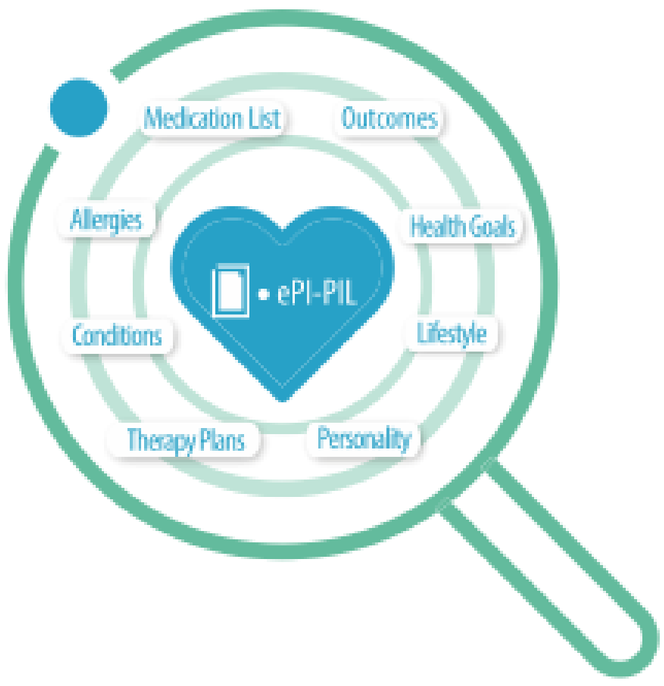
Focusing only works if you know what matters. I asked people with inflammatory bowel disease (IBD).
Three linked sub-studies at a Norwegian tertiary referral centre, combining qualitative and quantitative data:

- Patient interviews and clinician focus groups
- Audit of telephone consultation notes with patients
- Cross-sectional patient survey: health and digital health literacy, adherence, illness perceptions, quality of life
- Topic modelling and clustering.

RESULTS

- I identified three patient profiles, separated by whether patients prioritised symptom management, health promotion, or neither.
- Health information needs vary with diagnosis, age, gender, disease duration and capacity.
- Nearly 70% of patients fell into the group with the lowest health and digital health literacy. They had **significantly higher disease activity, lower treatment adherence**, and were less likely to receive biological therapy.
- Literacy is not a side issue: in this sample it tracked disease activity and adherence.

Gravitate-Health needed to know what to focus on. My PhD supplied it.



The G-lens® focuses approved product information on what matters to individual patients, without removing any of it.

VALUE OF IMI COLLABORATION

45 partners, 15 countries. Regulators, pharmaceutical companies, hospitals, standards bodies, SMEs and patient organisations, all around one table: a multi-stakeholder configuration that only public-private partnerships assemble. For me it meant a clinical PhD feeding directly into an open-source tool built by software engineers, tested on regulator-approved product information, and evaluated with a European market in mind. It meant co-developing the project personas, and running the 'ePI is on FHIR' webinar series with industry partners.

CAREER IMPACT

In 2020, I knew none of this vocabulary: ePI, FHIR, interoperability, regulatory process. Now I do.

Five years as a researcher at the coordinating institution of a 45-partner consortium built capacity that a single-institution PhD does not: consortium meetings across Europe, co-responsibility for Gravitate-Health Collaborative Community webinars, and delivering the closing conference in Brussels.
Five international presentations. Three papers (so far).
I defended my PhD in 2026 and now work as a researcher in BEAMER, another IMI project.

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