Patients with atopic dermatitis not on systemic therapy have high rates of severe, uncontrolled disease, and considerable impact on quality of life

Eric Simpson1, Christian Fenske2, Alvin Li3, Zach Dawson2, Yolanda Muñoz Maldonado2, Kaylee Ho2, Kayla Callahan1, Linda Stein Gold4, Seemal Desai5,6, Alexandra Golant7, Douglas DiRuggiero8, Jonathan I. Silverberg9

1Oregon Health & Science University, Portland, Oregon, USA; 2Eli Lilly and Company, Indianapolis, Indiana, USA; 3CorEvitas LLC, Waltham, Massachusetts, USA; 4Henry Ford Health System, Detroit, Michigan, USA; 5Innovative Dermatology, Plano, Texas, USA; 6The University of Texas Southwestern Medical, Dallas, Texas, USA; 7Icahn School of Medicine at Mount Sinai, New York, USA; 8Skin Cancer and Cosmetic Dermatology Center, Rome, Georgia, USA; 9George Washington University School of Medicine and Health Sciences, Washington, DC, USA

BACKGROUND AND OBJECTIVE

The decision to start systemic therapy in patients with atopic dermatitis (AD) or complex atopic dermatitis in real-world settings is based on assessment of disease severity, patient and caregiver quality of life, and preferences, prioritized by symptom severity and comorbidities.1,2

Real-world data on patients with AD not on systemic therapy in terms of disease burden, comorbidities, and clinical and treatment characteristics, as well as unmet needs and preferences, are lacking among real-world patients with AD who are candidates for systemic therapy. We evaluated sociodemographic characteristics, disease burden, and preferences among patients with AD not on systemic therapy in real-world settings.

METHODS

This cross-sectional study described the overall disease burden, sociodemographic, and clinical characteristics, and disease activity among patients with AD not on systemic therapy. A total of 1,296 patients with AD were newly treated with non-systemic therapy at the time of enrollment.

RESULTS

Patients with atopic dermatitis not on systemic therapy have high rates of severe, uncontrolled disease, and considerable impact on quality of life. The non-systemic therapy group had elevated rates of severe disease at enrollment (91.5% vs 81.4%, p<0.001). The PRO scores for the non-systemic therapy group indicate elevated burden from AD on quality of life and disease control. Systemic therapy patients reported lower disease severity, higher EASI, and lower productivity impairment compared to non-systemic therapy patients.

CONCLUSION

Patients prescribed systemic therapy at enrollment have lower rates of severe disease, increased disease burden, decreased quality of life, and need for disease control compared to those not on systemic therapy. E elevated rates of severe, uncontrolled AD in the non-systemic therapy group may indicate potential delayed or undertreatment of patients, highlighting an unmet need. The decision to initiate a systemic therapy is multifactorial. Factors including disease severity and patient-reported disease burden should be taken into consideration to improve care.