INTRODUCTION

GPP patients continue to experience frequent flares with current traditional and off-label therapies in the real-world setting; more active disease, gender, race, ethnicity, and history of systemic infection are associated with experiencing a flare.

METHODS

Outpatient EHR data from 6 specialty dermatology networks in the OMNY Health real-world data platform from 2017 to January 2023 were accessed.

Patients were included if they met the following criteria:

- ≥ 1 GPP diagnosis code (International Classification of Diseases, 10th Revision: L40.1)
- ≥ 12 years of age at first GPP diagnosis code
- ≥ 30 days of data before the first GPP diagnosis code
- Accessible clinical notes
- Patients were indexed at their first GPP diagnosis code

Patients who subsequently experienced a GPP flare were more likely to be female, younger, nonwhite, Hispanic or Latino, have more active underlying disease, and history of systemic infection.

RESULTS

- Of 7.4 million specialty dermatology network patients, 2,154 had ≥ 1 GPP diagnosis code, and 638 patients met remaining eligibility criteria; mean follow-up time was 1.5 years
- Average age was 58 years (standard deviation: 15 years), and most patients were female (74%), white (88%), and not Hispanic or Latino (93%)
- Previous treatments at index included topical steroids (80%), other topical agents (38%), other systemic agents (14%), oral steroids (13%), and biologics (11%)
- Mean (median) body surface area was 11% (5%); 60% of patients had moderate or severe physician global assessment; 47% of patients reported pain due to GPP
- Of the 638 study patients, 404 (63%) had at least 1 flare, and 106 had 2 or more flares
- Patient characteristics by flare status in the follow-up period are presented in Figure 2

CONCLUSIONS

- Results provide insights into real-world clinical characteristics associated with GPP flare
- GPP is a chronic disease. Almost two-thirds of GPP patients experienced at least 1 flare in the real-world setting, most of whom experienced multiple flares, usually within 6 months
- Patients with greater body surface area percent, physician global assessment of severity, and pain were more likely to experience a subsequent flare
- Demographic and medical history variables were associated with GPP flare
- For most patients, GPP remains uncontrolled with current traditional therapeutics as evidenced by frequently occurring flares after index diagnosis
- This dataset is limited to outpatient EHR data from specialty dermatology networks and does not include inpatient data. Therefore, the flare rate may be underestimated.