

Treatment Satisfaction with Topical Therapies in Adolescent and Adult Patients with Moderate-to-Severe Atopic Dermatitis: A Real-World Study in the United States

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OBJECTIVE

- To describe the healthcare provider-reported treatment satisfaction in adolescent and adult patients with moderate-to-severe AD using topical therapies in the US.

CONCLUSION

- Most patients on TM reported using topical treatments twice a day.
- Patients on systemics had higher baseline severity at initiation.
- While about 1/3 of patients were currently flaring irrespective of type of treatment, most HCPs were satisfied with the current treatment, and >50% of them determined it to be successful.
- However, among the HCPs satisfied with treatments, 51% of HCPs still believed that better control can be achieved in patients using TM and 33% in patients using TAS.
- The results indicate unmet treatment needs and a need for better treatment recommendations for adolescent and adult patients with AD.

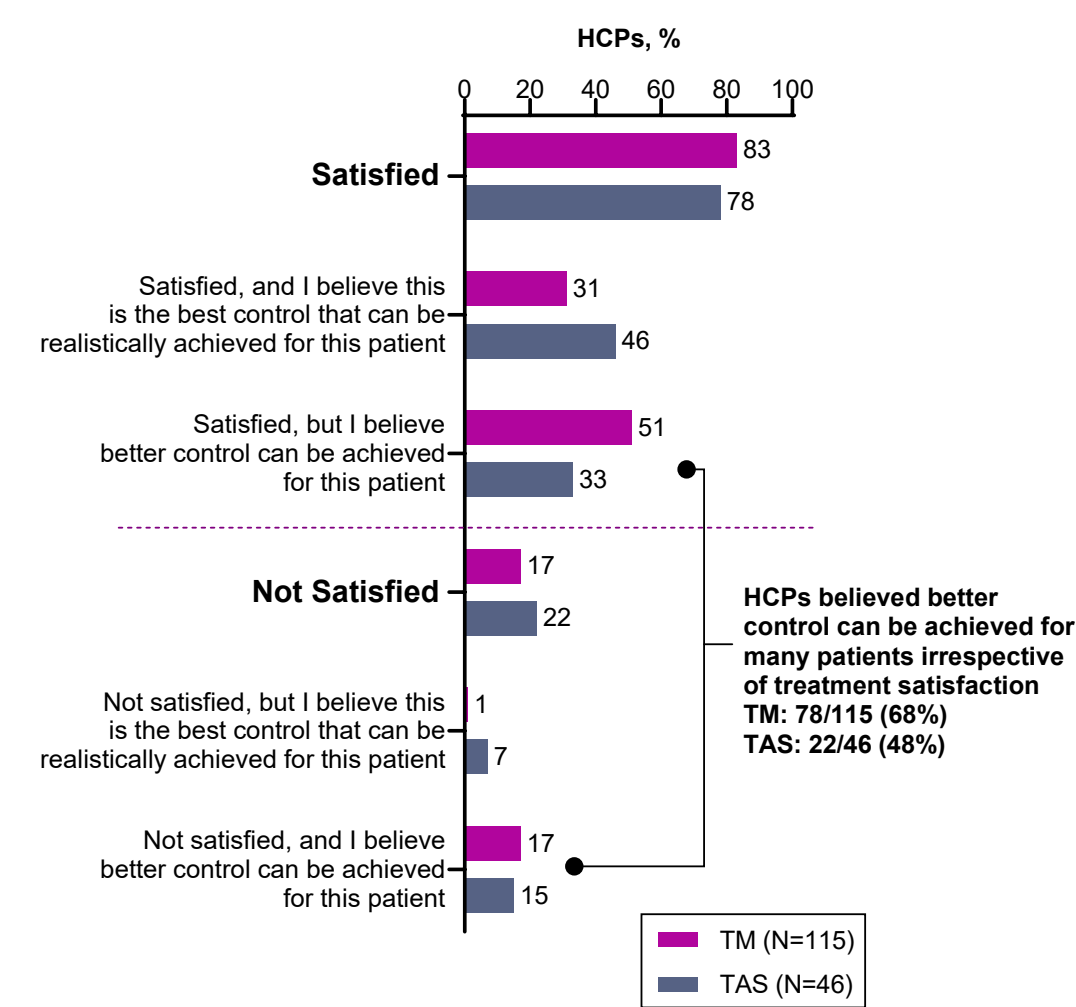
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BACKGROUND

- Atopic dermatitis (AD) is an increasingly prevalent chronic heterogeneous inflammatory skin disorder characterized by pruritus and eczematous lesions.^{1,2}
- While topical therapies have been the mainstay for AD, several novel systemics are now indicated for adolescents and adults with moderate to severe AD.³
- Real-world data on treatment satisfaction and disease activity while using topical therapies alone or in combination with advanced systemics is necessary to identify reasons for dissatisfaction and unmet needs in AD management.

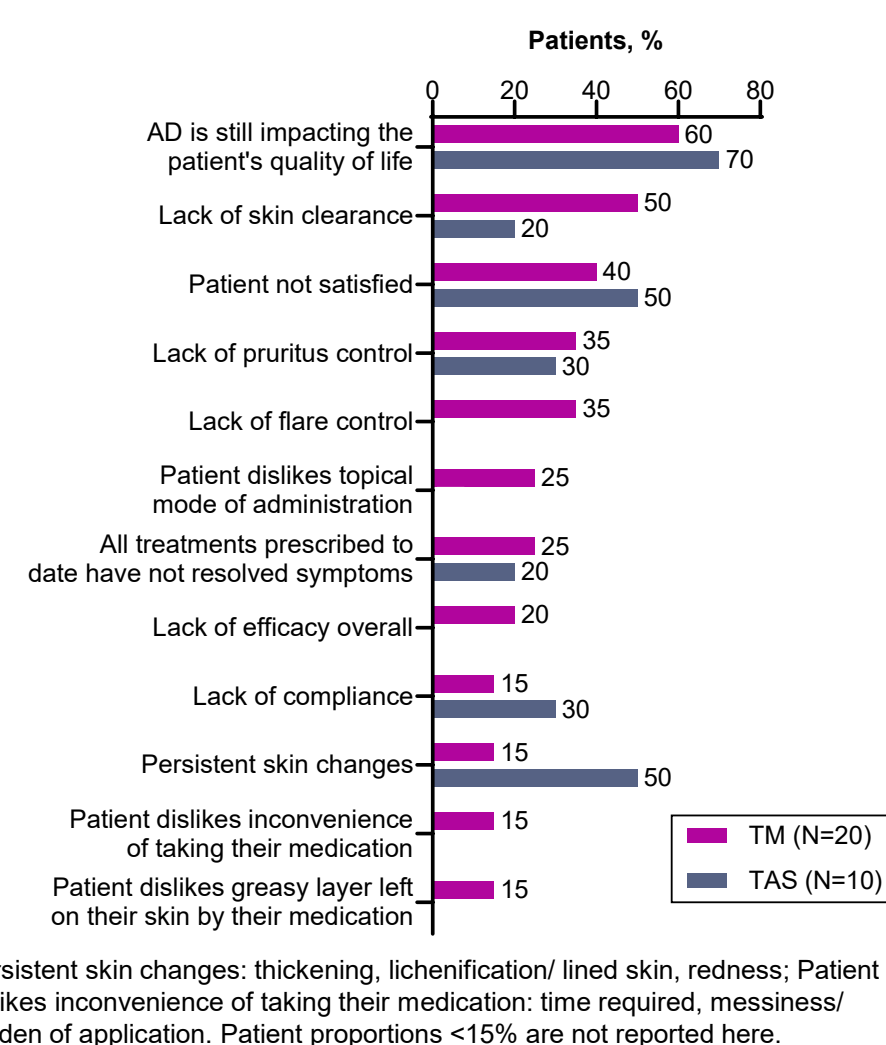
KEY RESULTS

Treatment Satisfaction (HCP-reported)

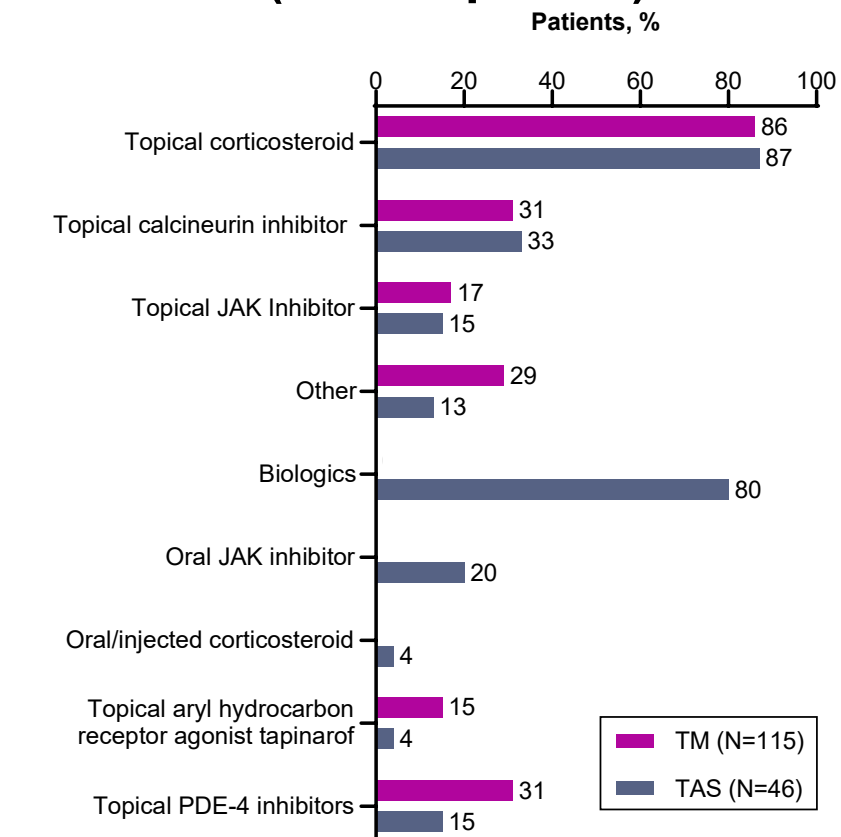


Reasons for Dissatisfaction (HCP-reported)

- 20/115 (17%) and 10/46 (22%) of HCPs reported reasons for dissatisfaction in patients on TM and TAS, respectively.

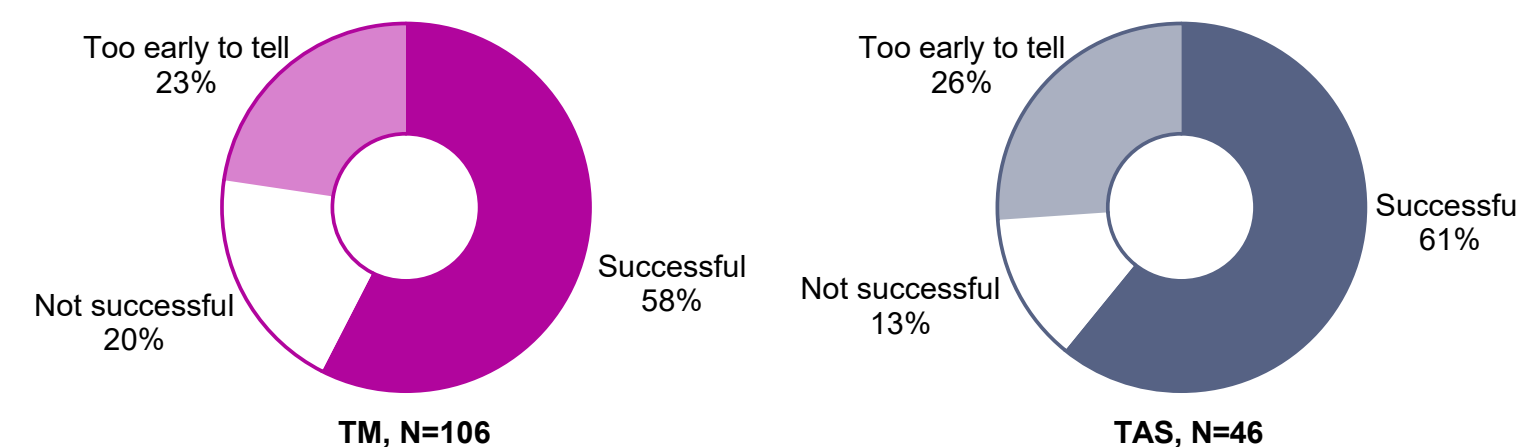


Type of Treatment (HCP-reported)



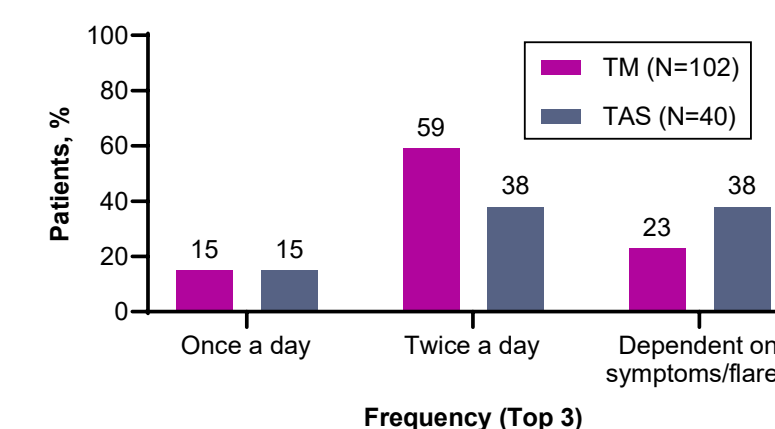
Topical corticosteroids include low and medium potency, potent and very potent topical corticosteroids. Topical calcineurin inhibitors include tacrolimus, and pimecrolimus. Topical JAK inhibitor includes ruxolitinib cream. Oral/injected corticosteroids include prednisone, methylprednisolone and cortisone. Biologics include dupilumab, tralokinumab, lebrizumab, nemolizumab. Oral JAK inhibitors include abrocitinib, baricitinib and upadacitinib. Topical PDE-4 inhibitors include crisaborole and roflumilast. Other includes phototherapy, wet wraps, bleach bath, antibiotic for skin infection, antihistamine, pain medication and "Other (specify)".

Treatment Success (HCP-determined)



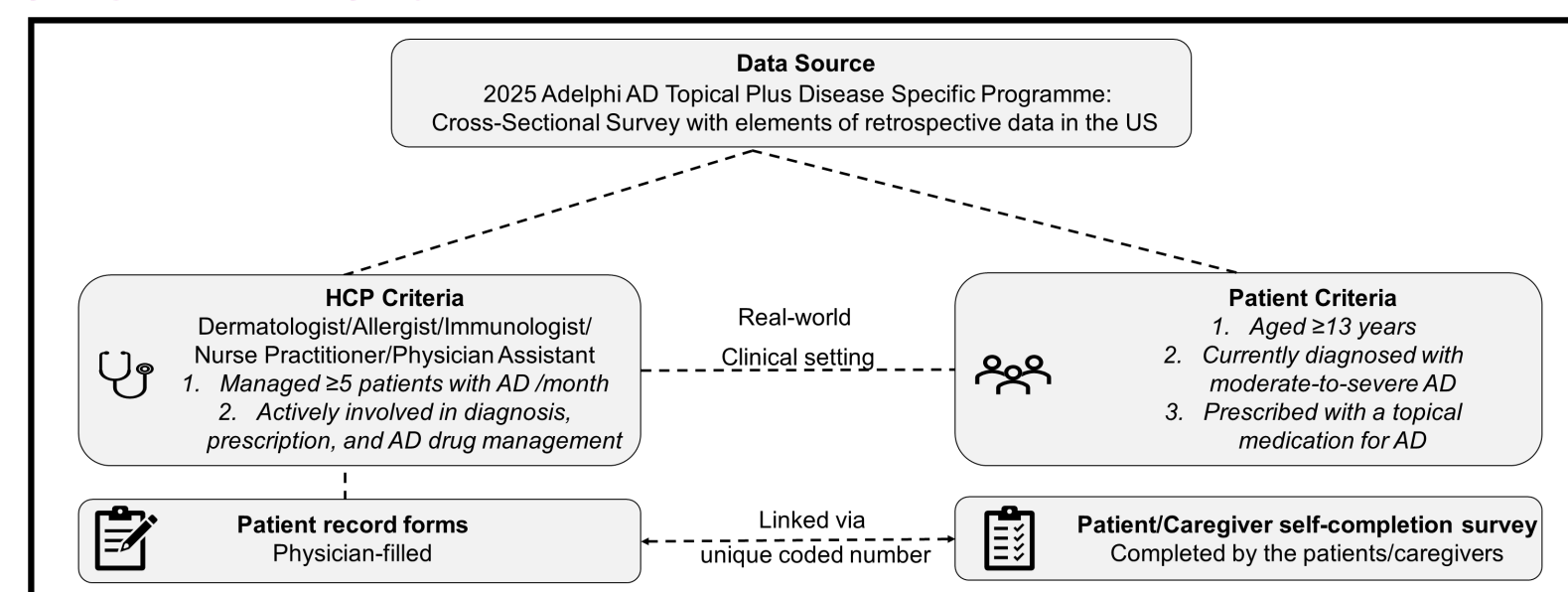
This data was not collected for patients who started their treatment on the day of data collection (n=9).

Topical Medication Application (Patient-reported)



Data presented are patient-reported only. Patients were allowed to select multiple responses such as once a day but also dependent on eczema symptoms.

STUDY DESIGN



- Patients were stratified by type of treatment:
 - TM: topical monotherapy (no concomitant systemic treatment)
 - TAS: topical + advanced systemic (oral JAK-i or biologic)
- All analyses were descriptive.

LIMITATIONS

- Physicians were asked to provide data on consecutively consulting patients to reduce selection bias, and hence, this might not constitute a true random sample, as patients with more severe disease or those who consult more regularly are potentially overrepresented in the sample.
- While the cross-sectional design of the study allows for identifying associations, it does not allow for causal relationships.
- Retrospective elements included in the study are subject to recall bias, and self-reported data could not be verified independently.

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Patient Demographics and Characteristics

Characteristic	TM (N=115)	TAS (N=46)
Age (years), mean (SD)	32.5 (17.8)	31.7 (16.9)
Female, ^a n (%)	60 (52)	29 (63)
Race, n (%)		
White	73 (63)	31 (67)
Black/African American	25 (22)	9 (20)
East/Southeast Asian	8 (7)	3 (7)
Other ^b	13 (11)	4 (9)
BSA at treatment initiation ^c , mean (SD)	20.9 (17.3)	31.9 (21.4)
Severity at treatment initiation ^c , n (%)		
Mild	2 (2)	-
Moderate	79 (69)	22 (48)
Severe	34 (30)	23 (50)
Severity at data collection, n (%)		
Moderate	97 (84)	40 (87)
Severe	18 (16)	6 (13)
Areas of body affected by eczema at data collection, n (%)		
Head and Neck	70 (61)	31 (67)
Upper limbs	89 (77)	38 (83)
Trunk	60 (52)	24 (52)
Lower limbs	79 (69)	30 (65)
Flaring at data collection, n (%)		
Mild	2 (5)	-
Moderate	23 (61)	9 (64)
Severe	13 (34)	5 (36)
Patient-reported flares in the past 12 months, n, mean (SD)	67, 3.2 (2.2)	30, 4.1 (3.9)
Frequency of reporting flares, n (%)		
All	17 (25)	8 (27)
Most	17 (25)	4 (13)
Some	29 (43)	16 (53)
None	4 (6)	2 (7)

^aBiological sex, as stated in their medical record. ^bOther includes Indian subcontinent, South/Central American Native, Native Hawaiian/Pacific Islander, Middle Eastern/North African, American Indian/Indigenous American/Alaska Native and "others (specify)". ^cRace/Ethnicity groups were not mutually exclusive - HCPs could select all ethnicities that were applicable for each patient. ^dBSA at initiation was unknown for 3 patients in TM group and 1 patient in TAS group; Severity at initiation was unknown for 1 person in TAS group.

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Abbreviations
AD, atopic dermatitis; BSA, Body surface area affected by eczema; JAK, Janus Kinase; PDE, phosphodiesterase inhibitor; SD, standard deviation.

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