

# The impact of moderate-to-severe atopic dermatitis on sleep in adolescent patients from the Adelphi Real World Disease Specific Programme (DSP)™

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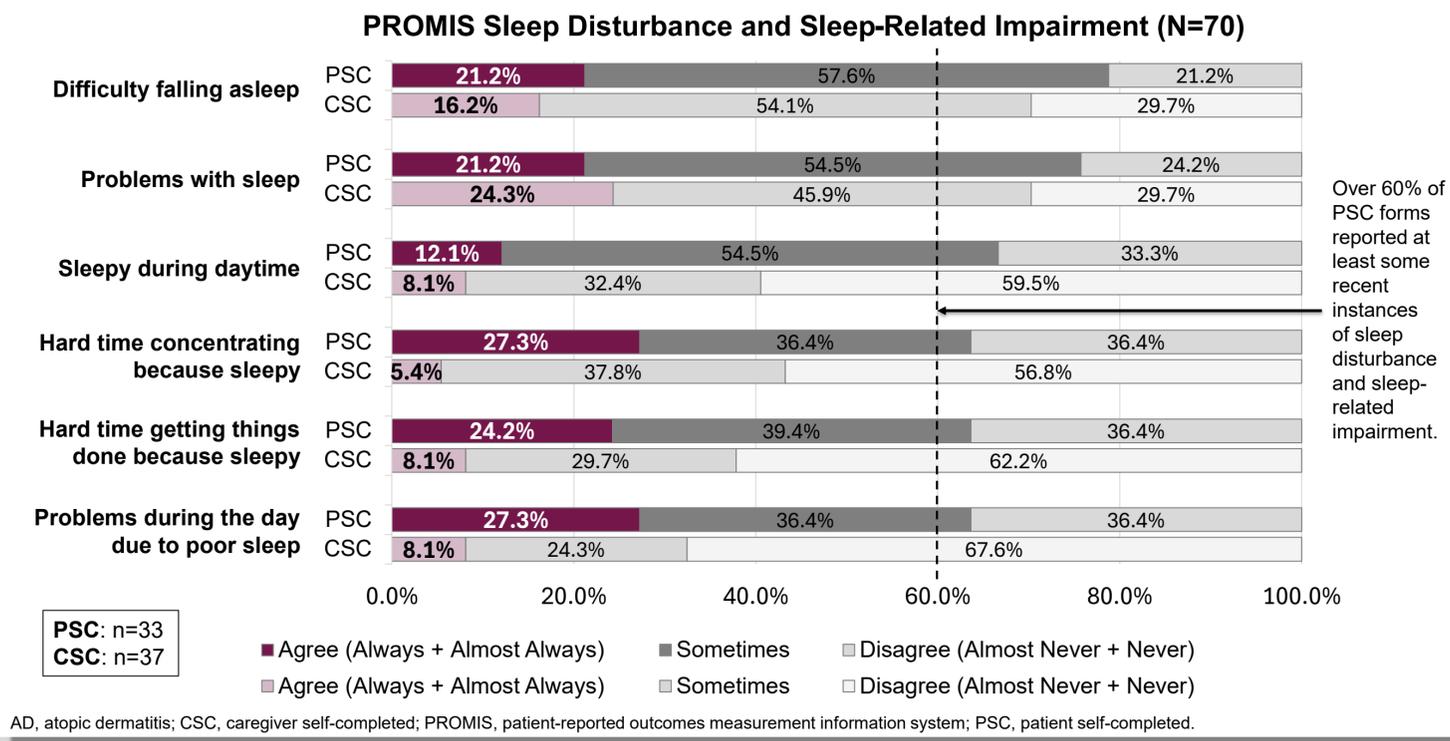
## OBJECTIVE

- To describe the impact of atopic dermatitis (AD) on sleep in adolescent patients with moderate-to-severe AD, using real-world data from the Adelphi Real World Pediatric Atopic Dermatitis Wave II DSP™.

## CONCLUSION

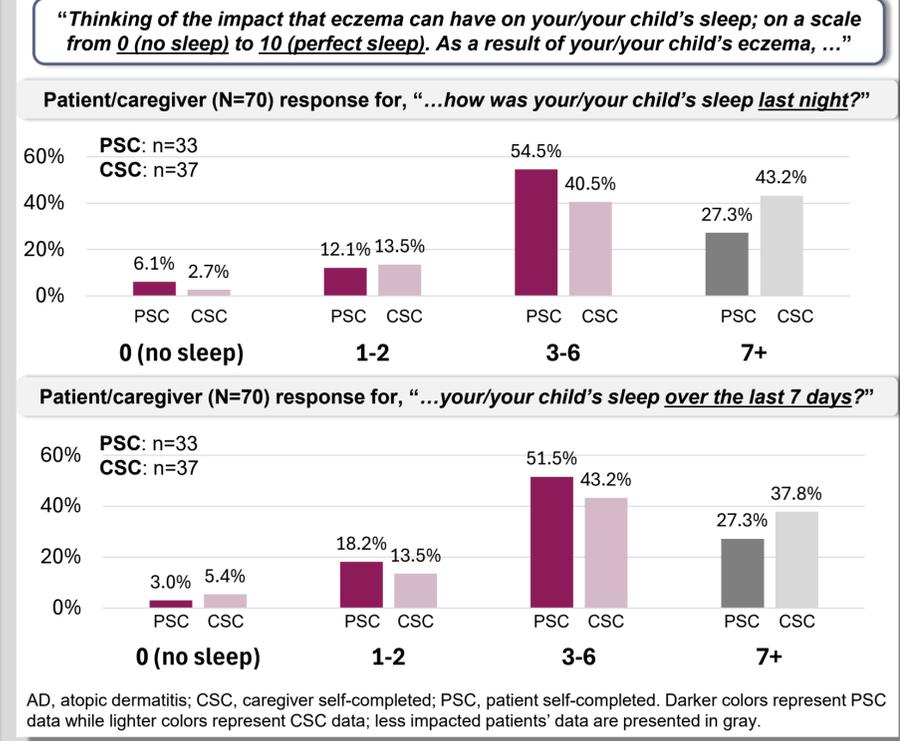
- Approximately half of adolescent patients with moderate-to-severe AD, or their caregivers, reported the patient at least sometimes experienced sleep impairment and sleep-related day-to-day disruption.
- Most (~7/10) adolescents with moderate-to-severe AD and their caregivers reported that the patient recently experienced sleep disturbance and sleep-related impairment.
- Although causation cannot be determined, these results indicate that many adolescents with moderate-to-severe AD may be impacted in their daily life due to sleep disturbance.

Approximately half of adolescents with moderate-to-severe AD, or their caregivers, reported the patient had recently experienced sleep disturbance and sleep-related impairment.



AD, atopic dermatitis; CSC, caregiver self-completed; PROMIS, patient-reported outcomes measurement information system; PSC, patient self-completed.

Most (~7/10) patients/caregivers reported at least a moderate impact (scores of 3 to 6) of AD on the patient's recent sleep.

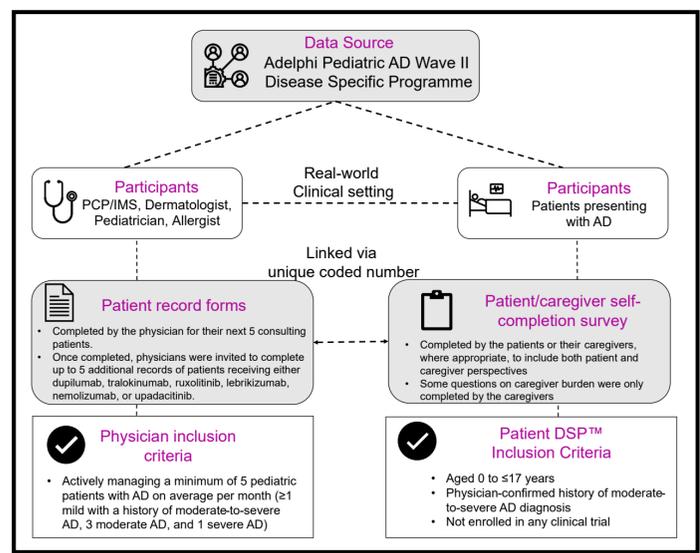


## BACKGROUND

- Atopic dermatitis (AD) is a chronic, inflammatory skin condition characterized by intense itching and eczematous lesions and often begins in early childhood, with 90% of AD patients exhibiting symptoms within the first five years of life<sup>1</sup>
- AD can create a multi-dimensional burden that significantly impairs quality of life (QoL) for both patients and caregivers, particularly through sleep disturbances.
- Disrupted sleep in younger patients may hinder neurodevelopment and is not only distressing for patients but also impacts caregivers, contributing to overall emotional strain and reduced daily functioning; however, real-world data on this impact of adolescent AD remains limited.

## STUDY DESIGN

- This study analyzed data from a cross-sectional survey in the 2025 Adelphi Real World (ARW) Pediatric AD Wave II DSP™, conducted in the US with elements of retrospective data collection<sup>2,3,4,5</sup>.
- This analysis focused on moderate-to-severe adolescent patients (aged 12-17) with completed PSC/CSC forms (N=70).
- Patients (n=33) (or their caregiver [n=37] on behalf of the patient) voluntarily completed the validated sleep disturbance/impairment items (PROMIS), as well as other questions assessing recent symptom severity and sleep quality.



AD, atopic dermatitis; ARW, Adelphi Real World; CSC, caregiver self-completed; DSP, Disease-Specific Programme; PROMIS, patient-reported outcomes measurement information system; PSC, patient self-completed; US, United States.

AD, atopic dermatitis; PCP, primary care provider. \*Patients/caregivers' participation was voluntary, and informed consent was obtained.

## Patient demographics

### Adolescents with moderate-to-severe AD (N=70)

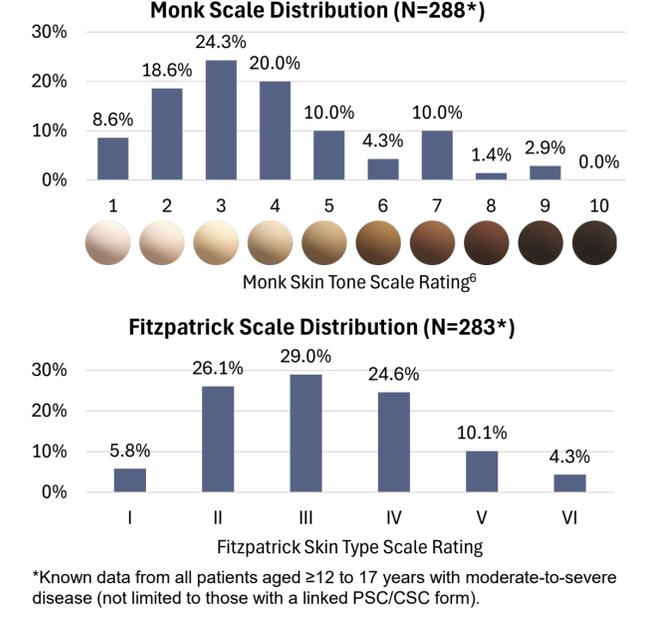
Age (years), mean (SD)	14.9 (1.5)
Female, n (%)	33 (47%)
BMI, mean (SD)	22 (3.6)
Ethnicity, n (%)	
White	43 (61%)
South or Central American Native	9 (13%)
Black, AA, African, or Caribbean	8 (11%)
East or Southeast Asian	6 (9%)
South Asian (Indian subcontinent)	3 (4%)
American Indian, Indigenous American, or Alaska Native	2 (3%)
Time since AD diagnosis (years), mean (SD)	6.1 (5.3) <sup>a</sup>

<sup>a</sup>n=46, as the physicians of 24 patients (34%) responded that they did not know. All data in the table is HCP-reported. AA, African American; AD, atopic dermatitis; BMI, body mass index; n/N, number; SD, standard deviation.

**Disclosures:** A Paller has served as an investigator for AbbVie, Biogen, Dermavant, Eli Lilly and Company, Incyte, J&J Innovative Medicine, has served as a consultant for AbbVie, Arcutis Biotherapeutics, BioCryst, Boehringer-Ingelheim, Castle Creek, Chiesi, Dermavant, Eli Lilly and Company, J&J Innovative Medicine, Krystal, LEO Pharma, L'Oréal, MoonLake Immunotherapeutics, Pelthos, Quin, Regeneron, and Sanofi; Regeneron, TWI, and UCB, and has served on data monitoring boards for AbbVie, Abnova, Biocryl, Daiichi Sankyo, and Galderma. V. Prajapati has served as an advisor, consultant, and/or speaker for AbbVie, Actelion, Angen, Apogee Therapeutics, Aranz, Arcutis Biotherapeutics, Aspen, Bausch Health, BioAMP/J&J Pharma, Biocrypt Solutions, Boehringer Ingelheim, Bristol Myers Squibb, Canadian Psoriasis Network, Celgene, Colson, Cophar, CorEvitas, Eczema Society of Canada, Eli Lilly and Company, Galderma, GlaxoSmithKline, Homecan, Incyte, J&J Innovative Medicine, Janssen, Johnson & Johnson, Kenvue, Knight Therapeutics, LEO Pharma, Medexus, Nia Health, Novartis, Organon, Paladin, Padiapharm, Pfizer, Regeneron, Sanofi Genzyme, Sun Pharma, Tribute, and UCB; has served as an investigator for AbbVie, AnaplyBio, Apogee Therapeutics, Arcutis Biotherapeutics, Arena, Asana, Bausch Health, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Concert, CorEvitas, Dermavant, Dermira, Eli Lilly and Company, Galderma, Incyte, J&J Innovative Medicine, Janssen, LEO Pharma, Nektar Therapeutics, Nimbus Lakshmi, Novartis, Pfizer, RAPT Therapeutics, Regeneron, Reasone, Roche, Sanofi Genzyme, Sun Pharma, Takeda, UCB, and Vyne Therapeutics; and has received grants from AbbVie, Bausch Health, Janssen, LEO Pharma, Novartis, and Sanofi Genzyme. M.E. Gonzalez has received consulting fees from Arcutis Biotherapeutics, Eli Lilly and Company, Organon, Pfizer, Regeneron, and Sanofi; has received speaker fees from Arcutis Biotherapeutics, Cerave, Eli Lilly and Company, Galderma, Incyte, Pfizer, Regeneron, and Sanofi; and serves as Director of the American Board of Dermatology. E. Pierce, Z. Dawson, and E. Wolf are employees and minor shareholders of Eli Lilly and Company. N. Harvey, O. Howell, and D. Bell have no potential conflicts of interest to disclose. L.F. Eichenfield has served as a consultant, speaker, advisory board member, or investigator for AbbVie, Almiral, Angen, Apogee, Arcutis Biotherapeutics, Atovia, Bristol Myers Squibb, Castle Biosciences, CorEvitas, Dermavant, Eli Lilly and Company, Foris, Galderma, Incyte Corporation, Janssen, Johnson & Johnson, LEO Pharma, Novartis, Ortho Dermatologics, Pfizer, Regeneron, Sanofi Genzyme, Takeda, Target RWE, T-Rex, and UCB. Data collection was undertaken by Adelphi Real World as part of an independent survey. Eli Lilly and Company did not influence the original survey through either the design of questionnaires or data collection. The analysis described here used data from the Adelphi Real World DSP. The DSP is a wholly owned Adelphi Real World product. Eli Lilly and Company is one of multiple subscribers to the DSP. Publication of survey results was not contingent on the subscriber's approval or censorship of the publication. Competing interests: NH, OH, and DB are employees of Adelphi Real World. The authors have nothing to declare.

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## Patient clinical characteristics



**Baseline disease severity (N=70)**  
AD severity was defined based on the validated Investigator's Global Assessment of AD (vIGA-AD)

69% Moderate AD  
31% Severe AD

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