

Dupilumab Reduces Caregiver Burden and Family Impact Among Caregivers of Pediatric Patients With Moderate-to-Severe Atopic Dermatitis in Clinical Practice: RELIEVE-AD-PED Study

Amy S. Paller^{1,2}, April Armstrong³, Zhixiao Wang⁴, Kerry Noonan⁵, Min Yang⁶, Chien-Chia Chuang⁵, Su Zhang⁶, Debra Sierka⁵, Brad Shumel⁴, Jingdong Chao⁴, Dimitri Delevry⁴

¹Northwestern University Feinberg School of Medicine, Chicago, IL, USA; ²Ann & Robert H. Lurie Children's Hospital, Chicago, IL, USA; ³University of California Los Angeles, Los Angeles, CA, USA; ⁴Regeneron Pharmaceuticals Inc., Tarrytown, NY, USA; ⁵Sanofi, Cambridge, MA, USA; ⁶Analysis Group, Boston, MA, USA

Key Takeaway

Dupilumab led to a reduction in the caregiver burden and family impact of AD as early as Month 1 in caregivers of pediatric patients with moderate-to-severe AD

AD



Full poster download
Copies of the presentation obtained through the QR code are for personal reference only

Objective

To evaluate dupilumab impact on caregiver burden and family among pediatric patients with moderate-to-severe AD based on interim data from a real-world study

Background

- Treatment with dupilumab significantly reduced disease burden on caregivers and families of patients with moderate-to-severe AD in clinical trials
- RELIEVE-AD-PED is an ongoing, prospective, longitudinal survey study of pediatric patients aged 6 months to 17 years with moderate-to-severe AD who initiated dupilumab, and their caregivers, recruited from DUPIXENT MyWay[®], a patient support program

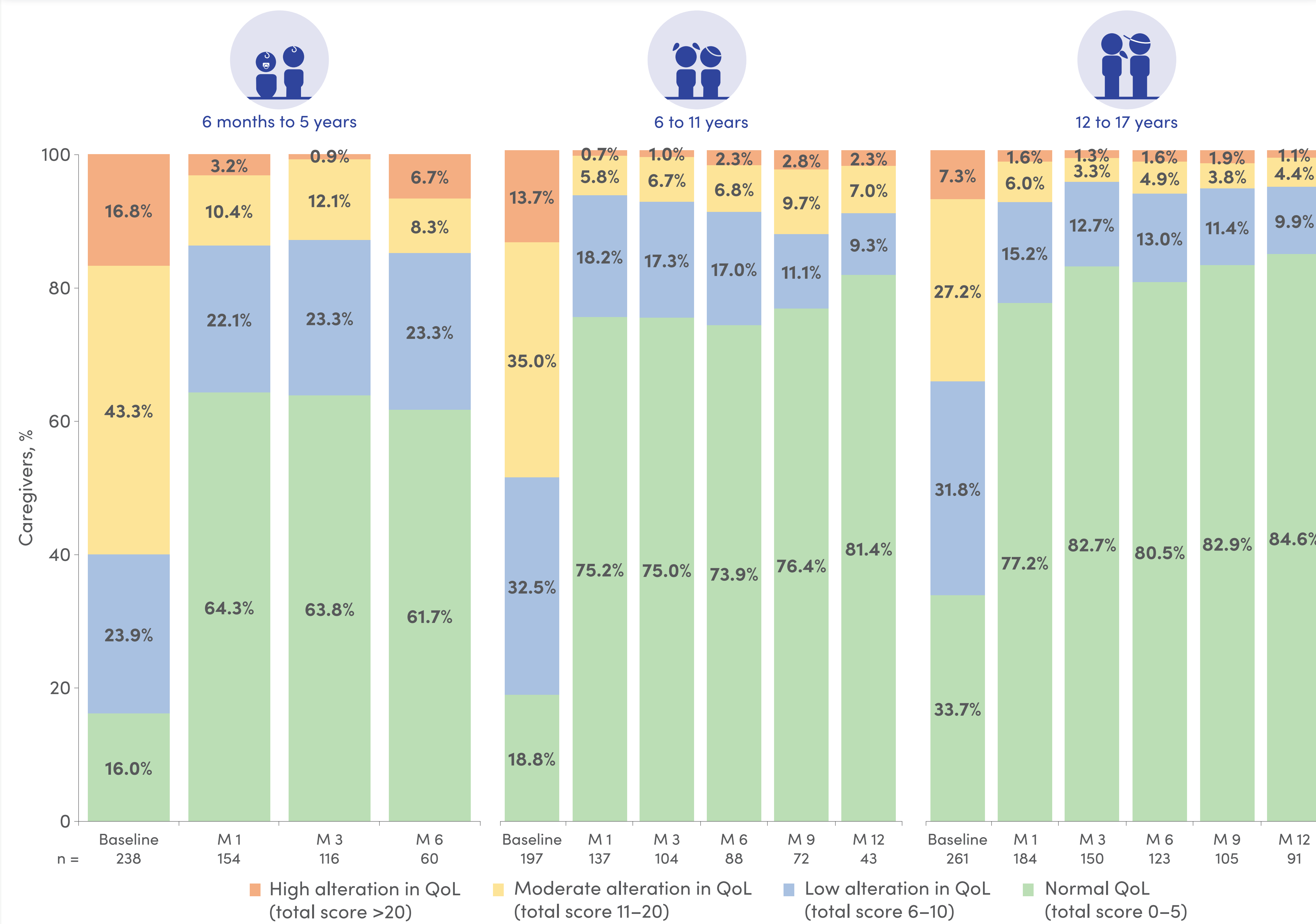
Methods

- Eligible patients from the USA and their caregivers completed surveys at baseline and at multiple time points after dupilumab initiation
- The impact of AD on caregivers and families was evaluated with a stand-alone yes/no question assessing if the caregiver experienced sleep problems because of their child's AD (with a 1-week recall period), and with the caregiver-reported impact on family by categories (DFI; range 0–30; higher scores indicate greater impact)
- Due to the nature of this study, surveys are completed on a rolling basis and sample size at each time point varies based on ongoing patient recruitment and time of dupilumab initiation
- Here, we report data up to Month 6 for the 6 months – 5 years age group and to Month 12 for the 6–17 years group

Results

- 696 caregivers of pediatric patients with AD (238 caregivers of patients aged 6 months to 5 years; 197 of 6 to 11 years; 261 of 12 to 17 years) who initiated dupilumab treatment completed baseline surveys
- The mean (SD) age of caregivers to patients aged 6 months to 5 years, 6 to 11 years, and 12 to 17 years was 34.5 (5.7), 39.8 (6.2), and 44.7 (5.7) years, respectively; 223 (93.7%), 183 (92.9%), and 234 (89.7%) were the patient's mother

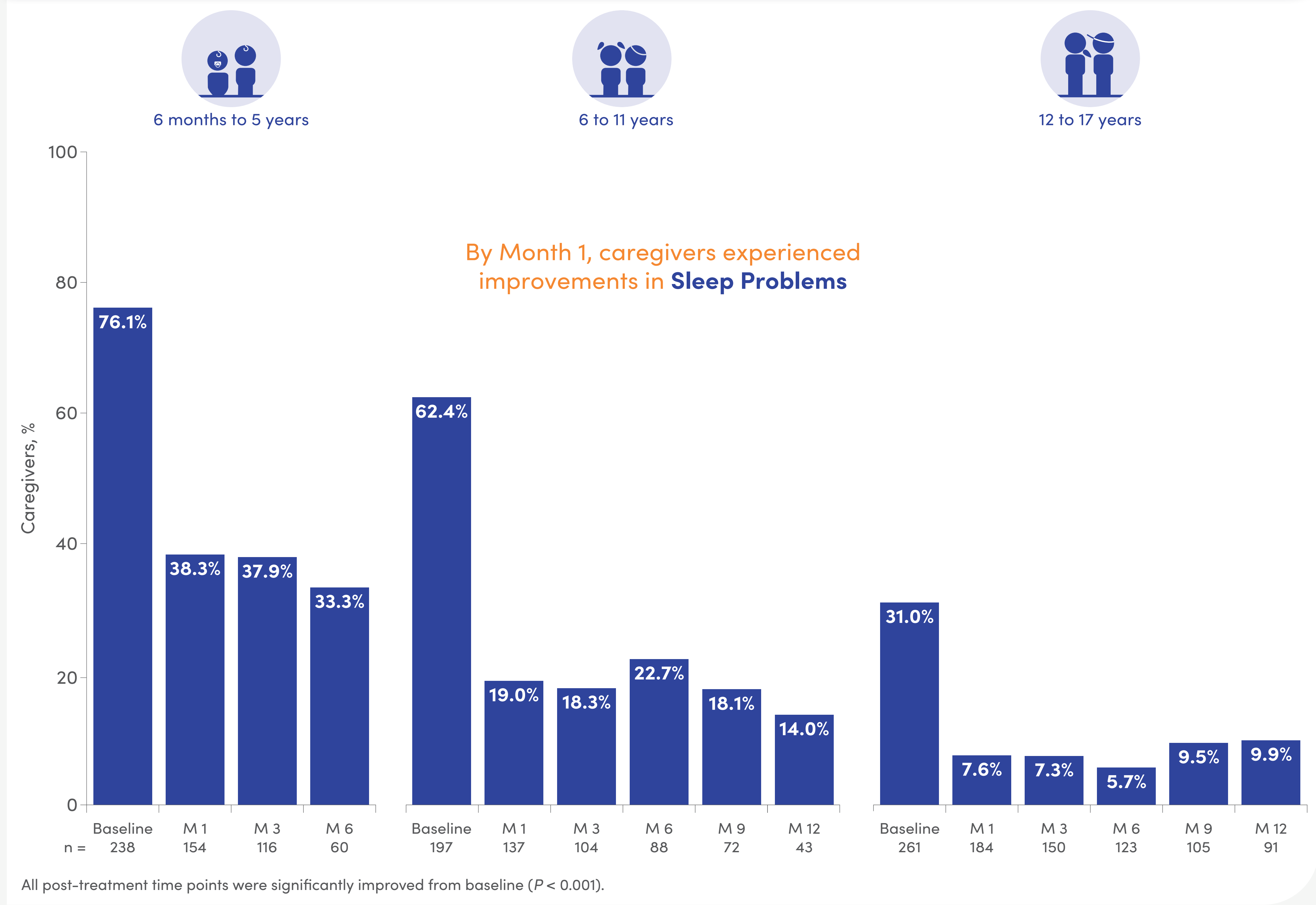
Caregiver-reported impact on family by DFI categories



All post-treatment time points were significantly improved from baseline ($P < 0.001$).

- Mean (SD) DFI score significantly improved from baseline (12.9 [7.4], 11.6 [6.8], and 9.3 [6.6] of caregivers of age groups 6 months to 5 years, 6 to 11 years, and 12 to 17 years, respectively) to Month 1 (5.1 [5.9], 3.8 [4.4], and 3.6 [4.7]). Improvements from baseline were maintained at Month 6 for the 6 months to 5 years group (mean [SD] of 5.1 [6.4]) and at Month 12 for the 6 to 11 years and 12 to 17 years groups (3.3 [4.8], and 2.5 [4.0])

Proportion of caregivers reporting sleep problems



All post-treatment time points were significantly improved from baseline ($P < 0.001$).

Conclusion

Dupilumab led to a reduction in the caregiver burden and family impact of AD as early as Month 1 in families of pediatric patients with moderate-to-severe AD, accompanied by improvement in sleep, all of which were sustained to Month 6 for the 6 months to 5 years age group and to Month 12 for the 6 to 17 years group in a real-world study

AD, atopic dermatitis; DFI, Dermatitis Family Impact; M, month; QoL, quality of life; SD, standard deviation.

Acknowledgments and funding sources: Research sponsored by Sanofi and Regeneron Pharmaceuticals Inc. Medical writing/editorial assistance was provided by Maria Coimbra-Dores, PhD, of Excerpta Medica, and was funded by Sanofi and Regeneron Pharmaceuticals Inc., according to the [Good Publication Practice guidelines](#).

Disclosures: Paller AS: AbbVie, BioMendics, Dermavant, Eli Lilly, Incyte, Johnson & Johnson Innovative Medicine, Regeneron Pharmaceuticals Inc., UCB – investigator; Abeona, Arcutis, BioCryst, Boehringer Ingelheim, Castle Creek, Chiesi, Dermavant, Johnson & Johnson Innovative Medicine, Krystal, LEO Pharma, Lilly, L'Oréal, MoonLake Immunotherapeutics, Pelthos, Quoin, Regeneron Pharmaceuticals Inc., Sanofi – consultant; AbbVie, Abeona, BioCryst, Daiichi Sankyo, Galderma – data safety monitoring board. Armstrong A: AbbVie, BMS, Dermavant, Dermira, Janssen, LEO Pharma, Lilly, Modernizing Medicine, Ortho Dermatologics, Regeneron Pharmaceuticals Inc., Sanofi, Science 37, UCB – investigator and/or consultant. Wang Z, Delevry D, Chao J, Shumel B: Regeneron Pharmaceuticals Inc. – employees and shareholders. Noonan K, Chuang C-C, Sierka D: Sanofi – employees, may hold stock and/or stock options in the company. Yang M, Zhang S: Analysis Group (a company that received research funds from Sanofi-Regeneron Pharmaceuticals Inc. during the conduct of the study) – employees.

Presented at the Winter Clinical Dermatology Conference (WCH); Maui, HI, USA; January 16–21, 2026.