

# Physicians' prescribing patterns and perceptions of treatments for chronic spontaneous urticaria: Real-world data from Urticaria Voices study

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## CONCLUSIONS

- Adherence to international/local guidelines for the treatment of CSU is inconsistent with approximately one-third of physicians not following any guidelines
- Physicians face challenges in diagnosing and treating patients with CSU, including difficulties in early and accurate diagnosis, managing patient expectations and inadequate symptom control
- The predominant treatment for CSU remains second-generation H1-AH; however, physicians express low satisfaction with the treatment
- Additionally, there are variations in prescription patterns and treatment satisfaction among physicians across participating countries, indicating the need for further research to understand these differences and improve outcomes for patients



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## INTRODUCTION

- Chronic spontaneous urticaria (CSU) is characterised by the occurrence of itchy wheals (hives) and/or angioedema for more than 6 weeks and can have a major impact on patients' well-being<sup>1</sup>
- Guidelines recommend second-generation H1-antihistamines (sgH1-AH) as the first-line treatment option<sup>1</sup>
- However, there is limited availability of real-world data from physicians treating CSU on the current therapies, satisfaction with available treatments and challenges they face while treating patients with CSU

## OBJECTIVE

- This analysis from the Urticaria Voices study aims to present the prescribing patterns of physicians, their perspectives on the available treatment options and the challenges they encounter in CSU management

## METHODS

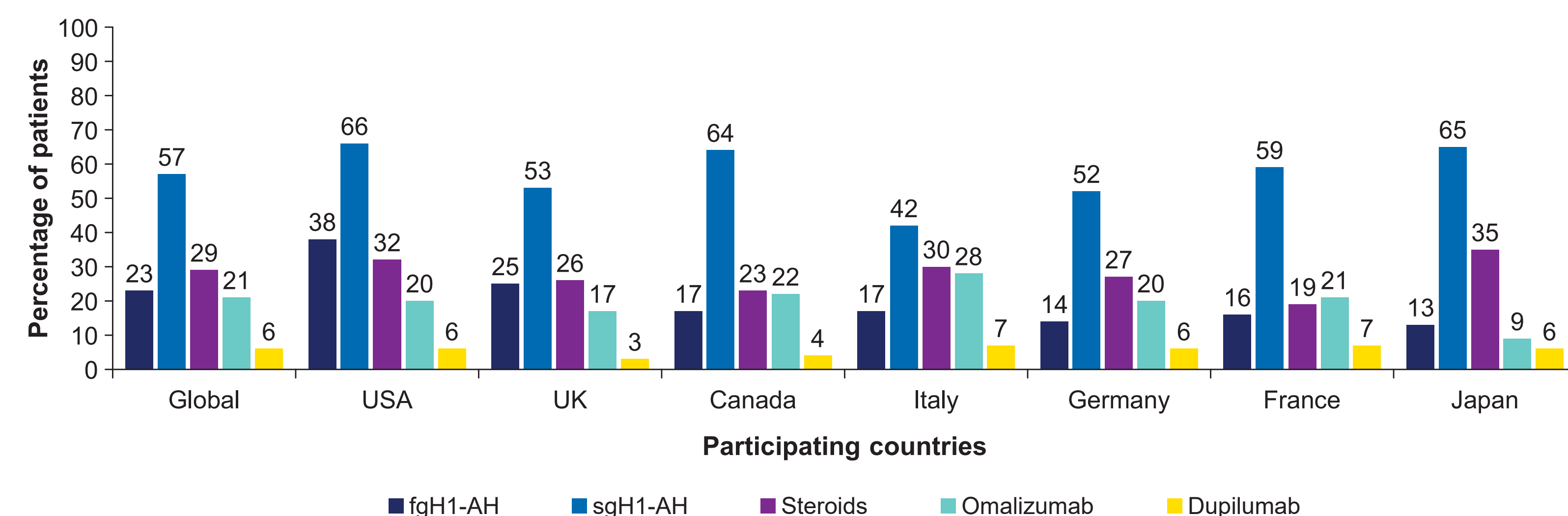
### Study Design

- Urticaria Voices is a global (United States of America [USA], Canada, United Kingdom [UK], Germany, France, Italy and Japan) cross-sectional online survey study conducted in patients with CSU and CSU-treating physicians
- Physicians (dermatologists and allergists or immunologists) treating patients with CSU completed a 30-min online survey between February 2022 and August 2022 and rated their responses either on a 10-point scale or as percentage scores

## RESULTS

- In total, 862 physicians (dermatologists, n=517; allergists, n=345) participated in the study. The distribution by country was as follows: the USA (n=265), Canada (n=40), UK (n=74), Germany (n=114), France (n=59), Italy (n=209) and Japan (n=101)
- Globally, more than half of the physicians (56%) reported following international/local guidelines. The percentage adherence varied across countries, ranging from 72% in the UK to 44% in France
- Therapeutic protocols (standardised or approved treatments derived from local and/or international guidelines) were followed by 19% of physicians, whereas approximately 30% of physicians did not follow any specific guidelines
- Physicians reported that, currently, 80% of their patients were on H1 anti-histamines (H1-AH; sgH1-AH, 57%; fgH1-AH, 23%), 29% on steroids (oral/topical/injected) and 21% on omalizumab
- However, a wide range was reported in country-wide data. About, 66% and 42% of physicians in the USA and Italy, respectively, prescribed sgH1-AH, while 35% and 19% of physicians from Japan and France, respectively, prescribed steroids (Figure 1)

Figure 1. Pooled and country-wide data on current treatments used by physicians for managing CSU\*



\*Physicians may have prescribed >1 type of treatment at a time  
Question to physicians: Thinking about all your CSU patients, please indicate what percentages are on the following therapies?  
CSU, chronic spontaneous urticaria; fgH1-AH, first-generation H1 anti-histamine; sgH1-AH, second-generation H1 anti-histamine; UK, United Kingdom; USA, United States of America

- Physicians preferred second-line treatment for patients inadequately controlled on H1-AH, includes quadrupling (32%) or doubling (21%) the current H1-AH dose or switching to omalizumab (11%) or another sgH1-AH (10%)
- Although quadrupling of the H1-AH dose was the preferred second-line treatment after H1-AH, there was a wide range reported: 55% of physicians in the UK and Canada vs. 3% in Japan preferred quadrupling (Figure 2)
- When asked about physician satisfaction for treatment options for managing CSU, the highest (67%) satisfaction was reported with omalizumab, with the extent of satisfaction ranging from 88% (Canada) to 50% (Japan) between physicians from participating countries (Figure 3)
- Similarly, 33% of physicians globally were satisfied with sgH1-AH, with country-wide split ranging from 50% in Canada to 26% in the USA

## Reference

- Zuberbier T, et al. *Allergy*. 2022;77(3):734–766.

## Disclosures

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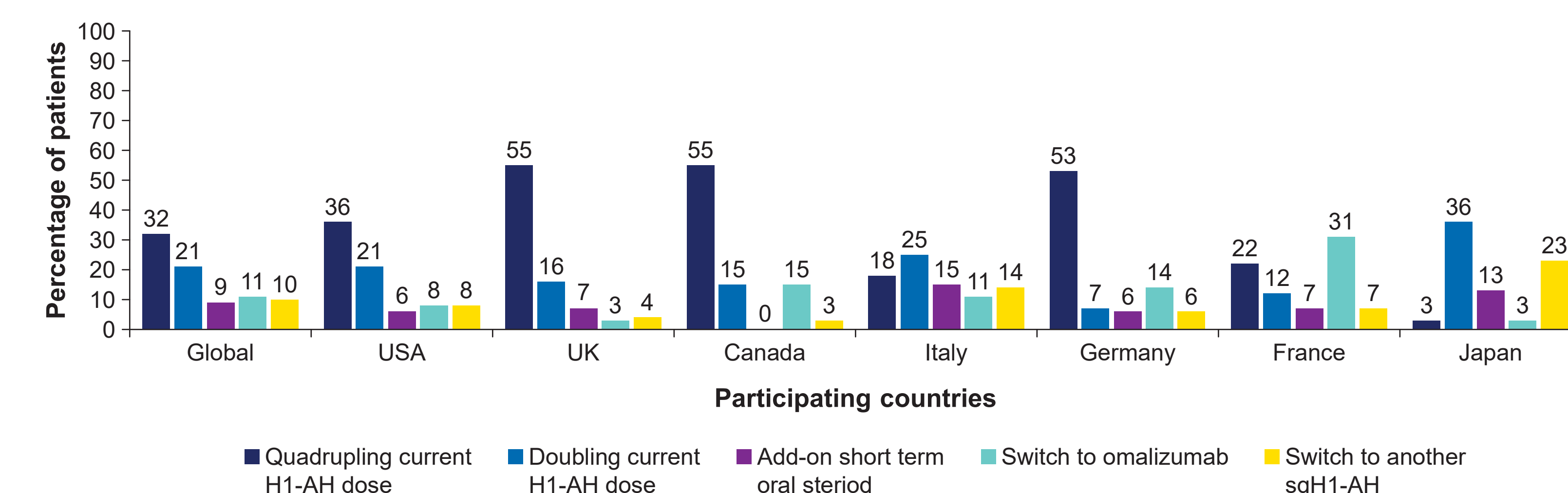
## Study Assessments

- Treatment prescribing patterns were recorded as percentage scores based on 15 questions for each, current treatment options and second-line treatment options
- Treatment satisfaction was rated by the physicians on a 10-point scale, with 1 representing 'not at all satisfied' to 10 representing 'fully satisfied'. The results are reported in terms of percentage for top 3 box scores, i.e. scores of 8, 9 and 10
- Physicians' self-reported challenges in disease management were assessed as an open-ended question, and the inputs were recorded as percentage scores

## Data Analysis

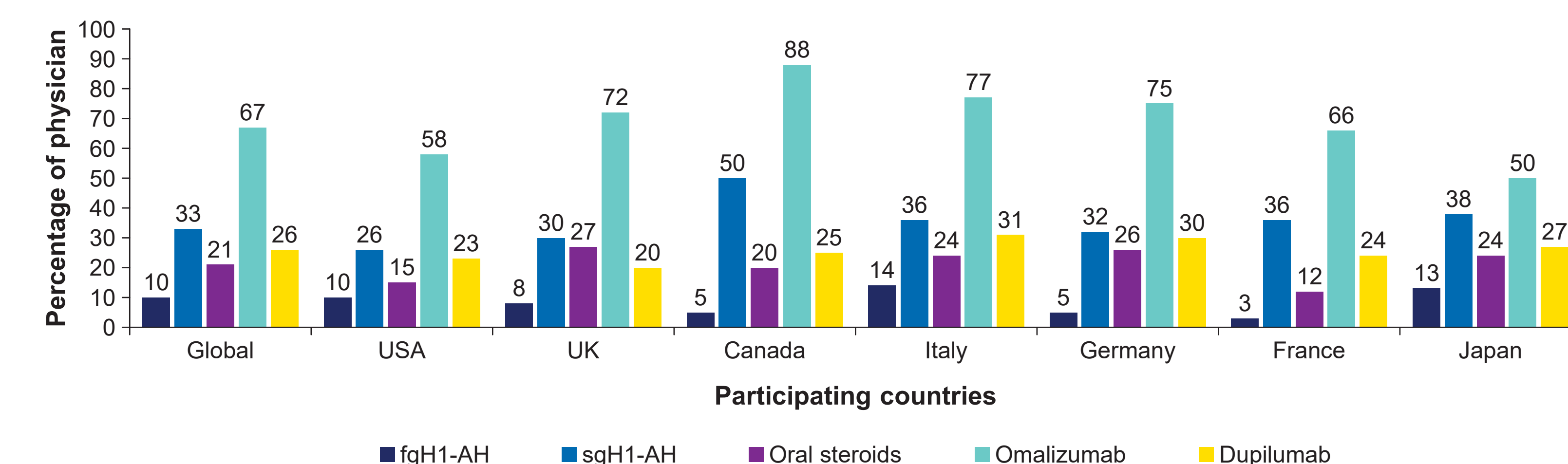
- Data were analysed using descriptive statistics and reported as percentage

Figure 2. Pooled and country-wide data on physicians' preferred second-line treatment\* used for managing their patients with CSU uncontrolled on H1-AH



\*Top 5 second-line therapies  
Question to physician: In general, what would be your immediate next step for CSU patients to whom you have already prescribed the recommended licensed dose of a second-generation H1-AH but who continue to be poorly uncontrolled and have moderate/severe activity?  
CSU, chronic spontaneous urticaria; H1-AH, H1 anti-histamine; UK, United Kingdom; USA, United States of America

Figure 3. Pooled and country-wide data on physician's satisfaction with treatment options for managing CSU



Question to physician: Regarding the clinical benefits and achieving your treatment objectives, how satisfied are you with the treatments you have prescribed for your chronic urticaria patients?  
CSU, chronic spontaneous urticaria; fgH1-AH, first-generation H1 anti-histamine; sgH1-AH, second-generation H1 anti-histamine; UK, United Kingdom; USA, United States of America

- Physician-reported challenges comprised of those related to diagnosis (39%), managing patients' frustrations/expectations (33%) and treatment-related (dosing, 14%; access, 20%; efficacy, 32%). Despite multiple challenges, physicians believed that complete symptom control is possible in 72% of their patients
- Despite the fact that sgH1-AH is most commonly used (>60% of patients) in the USA, Canada and Japan, physicians in these countries face the highest difficulty in managing patients' frustrations and expectations (Canada and USA) as well as treatment-related challenges (Japan)

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