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.

Guidelines recommend second-generation H1-antihistamines (H1-AH) as the first-line treatment option.

However, there is limited availability of real-world data from physicians treating CSU on the current therapies, with available treatment options 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 conducted in patients with CSU and CSU-treating physicians.

Physicians (dermatologists or allergists/immunologists) treating patients with CSU completed a 30-min online survey between February 2022 and August 2022 and rated their responses on an 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 among 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 36% of physicians did not follow any specific guidelines.

Physicians reported that currently, 80% of their patients were on H1-antihistamines (H1-AH); H1-AH, 57% H1-AH, 23%, 29% on steroids (oral/patch/ injected) and 21% on omalizumab.

However, a wide range was reported in country-wide data. About 66% and 26% of physicians in the USA and Italy, respectively, prescribed H1-AH, while 25% and 19% of physicians from Japan and France, respectively, prescribed steroidal (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
- Guidelines recommend second-generation H1-antihistamines (H1-AH) as the first-line treatment option
- However, there is limited availability of real-world data from physicians treating CSU on the current therapies, with available treatment options and challenges they face while treating patients with CSU

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; including difficulties in early and accurate diagnosis, managing patient expectations and inadequate symptom control.

• Physicians preferred second-line treatment for patients inadequately controlled on H1-AH, includes quadrupling (32%) or doubling (35%) the current H1-AH dose or switching to omalizumab (17%) or another H1-AH (10%).

• Although quadrupling of the H1-AH dose was preferred as the second-line treatment after H1-AH, there was a wide range reported in U.S. 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 non-oral H1-AH, with the extent of satisfaction ranging from 86% (Canada) to 50% (Japan) between physicians from participating countries (Figure 3).

• Similarly, 33% of physicians globally were satisfied with H1-AH, with country-wide split ranging from 50% in Canada to 26% in Japan.

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

- Physician satisfaction was rated by the physicians on a 10-point scale, with 1 representing ‘not at all satisfied’ and 10 representing ‘fully satisfied’.
- The results are reported in terms of percentage for top 3 score options, i.e. scores of 9, 8 and 10

• Physician reported challenges included difficulties in early and accurate diagnosis, managing patient expectations and inadequate symptom control.

• Physicians believed that complete control is possible in 72% of their patients.

• Despite the fact that H1-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’ frustration/expectations (33%) and treatment-related (50%), (23% to 14%) in Canada and France, respectively.

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