INTRODUCTION AND OBJECTIVES

- Chronic spontaneous urticaria (CSU) is characterised by the occurrence of itchy wheals (hives), angioedema or both for >6 weeks, which occurs without specific external stimuli.

- In the recently published real-world data from A World-wide Antihistamine-Refractory chronic urticaria patient Evaluation (AWARE) study, the mean weekly Urticaria Activity Score (UAS7) scores consistently decreased throughout the 2-year study period from 17.6 at baseline to 5.2 by the end of the study.

- However, CSU remains uncontrolled in many patients despite treatment and has a substantial negative effect on health-related quality of life (HRQoL).

- Here, we investigated the correlation between CSU symptom control and HRQoL using real-world data from the AWARE study.

MATERIALS AND METHODS

Study design

- We used data from the 2-year, prospective, non-interventional, multinational, global real-world AWARE study (Europe, Central and Latin America, Asia-Pacific, and the Middle East) that examined CSU patients with or without chronic inducible urticaria who were refractory to treatment with at least one antihistamine.

- Within the repeated measurement model, a compound symmetry covariance matrix was chosen between visits. From this model, least squares means for the different UAS7 bands and, DLOI and CU-Q2oL scores were estimated.

- Pearson correlation coefficients for DLQI and CU-Q2oL scores with UAS7 activity bands were calculated.

- In the present analysis, the cut-off date for the analysis was chosen up to Year 1 due to limited data availability, thereafter.

RESULTS

Baseline demographics and disease characteristics

- A total of 2931 patients were included in the analysis. Patients' demographics and baseline disease characteristics are presented in Table 1.

Table 1. Patient demographics and baseline disease characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>N=2931</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years</td>
<td>45.4 (15.0)</td>
</tr>
<tr>
<td>Women, n (%)</td>
<td>2144 (73.1)</td>
</tr>
<tr>
<td>Region, n (%)</td>
<td></td>
</tr>
<tr>
<td>Europe</td>
<td>1947 (66.4)</td>
</tr>
<tr>
<td>LATAm</td>
<td>502 (17.1)</td>
</tr>
<tr>
<td>AMAC</td>
<td>482 (16.4)</td>
</tr>
<tr>
<td>Patients with CSU diagnosis only, n (%)</td>
<td>2152 (72.6)</td>
</tr>
<tr>
<td>Patients with CSU+CIndU diagnosis, n (%)</td>
<td>779 (26.4)</td>
</tr>
<tr>
<td>Patients with angioedema, n (%)</td>
<td>1522 (51.9)</td>
</tr>
<tr>
<td>Time since diagnosis of CU, years</td>
<td>5.1 (7.4)</td>
</tr>
</tbody>
</table>

- The DLQI consists of 10 items and covers 6 domains including symptoms and feelings, daily activities, leisure, work and school, personal relationships, and treatment. DLOI scores range from 0–30, with higher scores indicating poorer HRQoL (i.e., more impairment).

- The CU-Q2oL consists of 23 items and measures 6 domains of HRQoL: “pruritus” (2 items), “swelling” (2 items), “impact on activities” (6 items), “sleep problems” (5 items), “limits” (3 items) and “looks” (5 items). CU-Q2oL total scores range from 0–100, with a higher score indicating a more severe negative impact on HRQoL.

- In the present analysis, DLQI and CU-Q2oL scores between adjacent UAS7 disease activity bands were compared up to 1 year.

Statistical analysis

- For the DLQI and CU-Q2oL scores, means for the different UAS7 disease activity bands were estimated using a repeated measurement model with age, sex and angioedema as fixed effect and visits within subject up to 1 year as repeated factor.

- In real life, CSU patients free of wheals and itch significantly report better HRQoL as compared to patients with higher disease activity, indicating that lower urticaria activity significantly correlates with better quality of life.

CONCLUSIONS

- Patients’ Quality of Life: Analysis from a Worldwide Real-World Database (AWARE Study)

- Complete Control of Wheals and Itch in CSU Significantly Correlates with Better Patients’ Quality of Life: Analysis from a Worldwide Real-World Database (AWARE Study)

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Conflict of interest

Liane F.R., Jenssen M., Kovacs A., Balp M-M., Maurer M., Ortmann C., Kandra A., Thomsen SF., Zuberbier T. and Smeets K. declare no personal or financial relationships with any individuals or organizations that could inappropriately influence (bias) their work. All authors participated in the development of the poster for presentation. The authors Frank Sahra Bordea and Anuja Shrivastava (Novartis Healthcare Pvt. Ltd., Hyderabad) for medical writing and editorial support, which was funded by Novartis Pharma AG, Basel in accordance with the Good Publication Practice (GPP3) guidelines (http://www.ismpp.org/gpp3).

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