

# Urticaria Voices: Patients' perspective on the negative impact of chronic spontaneous urticaria on their lives as well as their treatment goals

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## CONCLUSIONS

- Majority of the CSU patients (80%) in this study were inadequately controlled on their current treatment, with most of them (82%) being on the antihistamine medication
- Inadequately controlled patients reported a significantly higher negative impact across all HRQoL domains compared to adequately controlled patients. The most impacted domains were mental and emotional wellbeing, social life, intimate relationships and activities of daily living
- The results further suggest that treatments that target sustained relief, improved control and HRQoL are important for CSU patients. Therapies which address these treatment goals and improve HRQoL of patients with CSU are needed

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## INTRODUCTION AND OBJECTIVES

- Chronic spontaneous urticaria (CSU) is defined as the occurrence of wheals, angioedema or both without definite triggers for more than 6 weeks<sup>1</sup> and can significantly impact health-related quality of life (HRQoL)<sup>2</sup>
- This study investigated the patients' perspectives on the burden of CSU on their HRQoL and their personal treatment (Tx) goals

## MATERIALS AND METHODS

- Urticaria Voices was designed as a global (US, Canada, UK, Germany, France, Italy, and Japan) cross-sectional online quantitative survey for patients with CSU
- Eligible adult (18+) patients had a self-reported clinician-provided diagnosis of CSU and were currently following a prescribed treatment
- Patients were recruited from online nationally representative panels and patient advocacy groups
- The 40-minute online survey consisted of 70 custom-made questions and 3 Patient Reported Outcomes Measures (PROMs)
- The survey also included the Urticaria Control Test (UCT), a 4-item questionnaire, capturing patients' perceived severity of their chronic urticaria in the last four weeks<sup>3</sup>
- The perceived negative impact of CSU on 6 HRQoL domains and the personal importance of 16 treatment goals were assessed with a 10-point Likert scale

## RESULTS

- About, 582 CSU patients (62% female, mean [SD] age 42 [11.9] years) participated in the Urticaria Voices study (Table 1)
- 80% of the patients with CSU were inadequately controlled (UCT score < 12; Table 1) and reported a significantly higher negative impact of CSU on the HRQoL domains than controlled patients (Table 2), particularly for mental and emotional wellbeing, social life, intimate relationships and activities of daily living
- Among inadequately controlled patients (Figure 1), 82% reported currently taking antihistamine (AH) medication for their CSU after their doctor had already switched the type of AH on average 2.4 times and increased their dosage on average 2 times
- The most important treatment goals for CSU patients (Table 3) were being free of itch and hives, having complete control over symptoms, improved quality of life and staying in remission over the long term

Table 2. Patients with inadequately controlled disease report significantly worse impact on HRQoL

| Impacted HRQoL domains                 | All patients with CSU (N=582) Mean [SD] | Adequately controlled patients with CSU* (N=114) Mean [SD] | Inadequately controlled patients with CSU** (N=468) Mean [SD] | P values |
|--|---|--|---|----------|
| Mental and emotional wellbeing         | 6.0 [2.8]                               | 4.9 [3.0]  | 6.3 [2.6]   | < 0.001* |
| Social life and intimate relationships | 5.5 [2.9]                               | 4.6 [3.1]  | 5.8 [2.7]   | < 0.001* |
| Activities of daily living             | 5.4 [2.9]                               | 4.2 [3.0]  | 5.6 [2.8]   | < 0.001* |
| Family life                            | 5.0 [2.8]                               | 3.7 [2.9]  | 5.3 [2.7]   | < 0.001* |
| Professional and academic life         | 4.8 [3.0]                               | 3.2 [2.8]  | 5.2 [2.9]   | < 0.001* |
| Finances                               | 4.7 [2.8]                               | 3.2 [2.7]  | 5.0 [2.8]   | < 0.001* |

Note. \*Patients with a UCT score ≥12. \*\*Patients with a UCT score <12. The negative impact was assessed from "Not at all negatively affected" (1) to "Extremely negatively affected" (10). Statistically significant differences between adequately and inadequately controlled patients were assessed with independent samples t-tests assuming unequal variances due to the different sample sizes.

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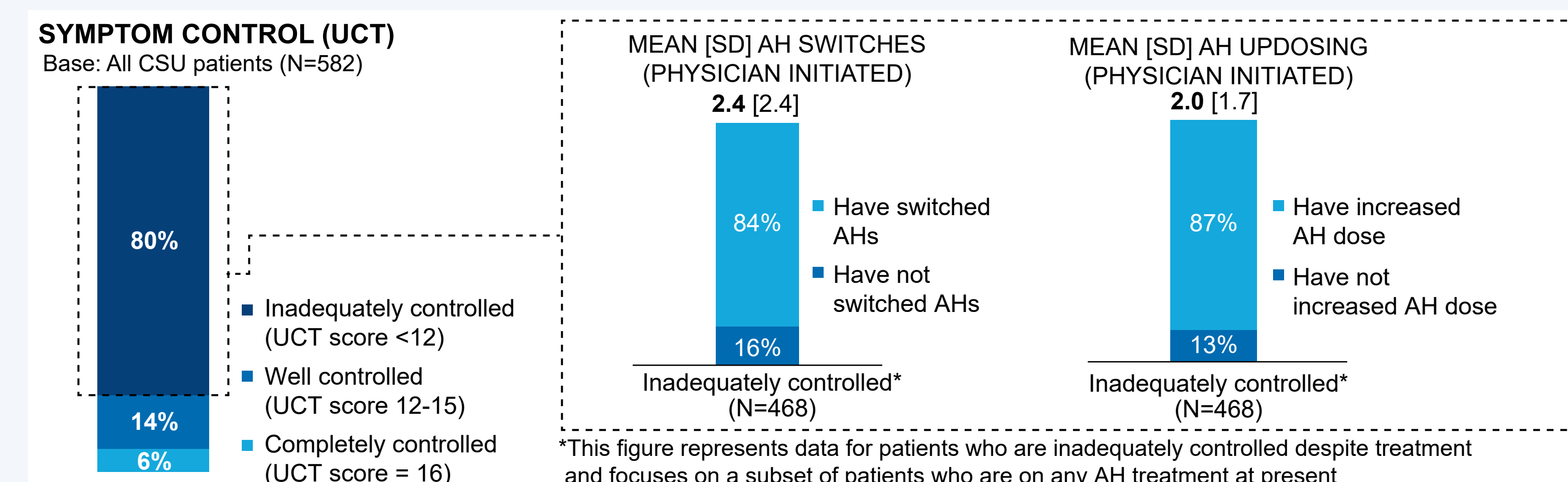
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Table 1. Demographic characteristics of patients with CSU

|  | All patients with CSU (N=582) |
|--|-------------------------------|
| <b>Age (years)</b>                                       |                               |
| Mean (SD)  | 42.2 (11.9)                   |
| (95% CI)   | (41.2-43.2)                   |
| <b>Gender, N (%)</b>                                     |                               |
| Female   | 362 (62%)                     |
| Male   | 220 (38%)                     |
| <b>Country, N (%)</b>                                    |                               |
| USA  | 152 (26%)                     |
| Canada   | 73 (13%)                      |
| UK   | 87 (15%)                      |
| Germany  | 79 (14%)                      |
| France   | 86 (15%)                      |
| Italy  | 64 (11%)                      |
| Japan  | 41 (7%)                       |
| <b>Years since symptom onset, mean (SD)</b>              | 9.2 (10.3)                    |
| <b>Years since diagnosis, mean (SD)</b>                  | 7.1 (8.5)                     |
| <b>Years delay symptom onset to diagnosis, mean (SD)</b> | 2.0 (5.4)                     |
| <b>Number of comorbidities, mean (SD)</b>                | 2.4 (2.7)                     |
| <b>UCT<sup>3</sup> control, N (%)</b>                    |                               |
| Inadequately controlled (UCT score < 12)                 | 468 (80%)                     |
| Well controlled (UCT score = 12-15)                      | 80 (14%)                      |
| Completely controlled (UCT score = 16)                   | 34 (6%)                       |

Note. SD = standard deviation.

Figure 1. Inadequate level of control in patients with CSU despite treatment



\*This figure represents data for patients who are inadequately controlled despite treatment and focuses on a subset of patients who are on any AH treatment at present

Table 3: Importance of treatment goals in patients with CSU

| Treatment goals  | Patients with CSU (N=582) Mean [SD] |
|--|-------------------------------------|
| Be free of itch and hives  | 7.9 [2.5]                           |
| Complete control over chronic urticaria symptoms (itch, hives and/or angioedema) | 7.7 [2.7]                           |
| Improve overall quality of life  | 7.6 [2.7]                           |
| Staying in remission from symptoms over the long term                            | 7.6 [2.7]                           |
| Good (but not complete) control over chronic urticaria symptoms                  | 7.4 [2.6]                           |
| Improved sleep   | 7.2 [2.7]                           |
| Have no more visible skin defects  | 7.2 [2.8]                           |
| Improve general functioning  | 7.1 [2.8]                           |
| Improve mental and emotional wellbeing   | 7.1 [2.8]                           |
| Use a minimum of medications   | 7.1 [2.6]                           |
| No more burning sensation  | 7.1 [2.9]                           |
| No more pain   | 7.1 [2.9]                           |
| Minimize side effects of treatment   | 6.8 [2.8]                           |
| Be free of angioedema  | 6.7 [3.2]                           |
| Keep the costs of the treatment affordable                                       | 6.6 [2.9]                           |
| Be less dependent on doctors and clinical visits                                 | 6.6 [2.8]                           |

Note: The personal importance was assessed from "Not at all important" (1) to "Extremely highly important" (10).