Impact of chronic spontaneous urticaria on health-related quality of life domains: Country-specific data from patients participating in the Urticaria Voices study

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KEY FINDINGS AND CONCLUSIONS

- The majority of patients report ongoing symptomatic disease despite treatment
- Most patients received H1-AH therapy, of whom 84% reported inadequate CSU control, measured by UCT score
- Across countries, patients with CSU report high levels of negative impact across HRQoL domains, with mental and emotional well-being were most consistently ranked as being negatively impacted
- Patients in most countries (except Japan) sought additional services (e.g. dietetics, psychology and homeopathy) in an effort to manage their disease
- New treatments effectively alleviating the burden of CSU symptoms are required to support patients, general and mental well-being

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OBJECTIVE

• Herein, we report country-specific data on the impact of CSU on HRQoL domains. We also report additional services (e.g. dietician or

- Chronic spontaneous urticaria (CSU) is characterised by itch, hives and/or angioedema for more than 6 weeks¹ and can significantly impact health-related quality of life (HRQoL)²
- The Urticaria Voices study aimed to assess perceptions of patients with CSU and physicians treating CSU on various aspects of disease management
- We previously reported pooled data on the unmet needs of patients with CSU, burden of disease on HRQoL and worldwide patients' experiences on living with CSU from the Urticaria Voices study^{3,4}

psychological support) adopted by patients for relief from their CSU symptoms

METHODS

- Urticaria Voices was designed as a global (Canada, France, Germany, Italy, Japan, the UK and USA), cross-sectional, online survey of anonymised patients with CSU and physicians treating CSU, conducted between February 2022 and September 2022
- Eligible adult patients had a self-reported clinician-provided diagnosis of CSU and were currently following a physician-prescribed treatment
- Patients provided an electronically signed informed consent before completing a 40-minute online survey, which comprised questions on socio-demographics, Urticaria Control Test (UCT) and treatments received (duration of treatment was not recorded). No patient identifiers were collected
- Patients who were recruited from the general population panel were remunerated according to fair market value, while those recruited via patient advocacy groups were not
- Data were analysed descriptively, and results are reported as % (n/N) or in terms of top 3 box, middle 4 box and bottom 3 box scores, pooled and by country

RESULTS

INTRODUCTION

- Overall, 582 patients with CSU (62% female, mean [SD] age: 42 [11.9] years) participated in the study
- Of these, 79% (460/582) reported being on H1 anti-histamine (H1-AH) therapy, of whom 84% (386/460) reported inadequate control (UCT<12)
- Globally, 36% of patients reported a high negative impact of CSU on their daily life, 56% reported moderate negative impact and 8% were neutral (Figure 1)



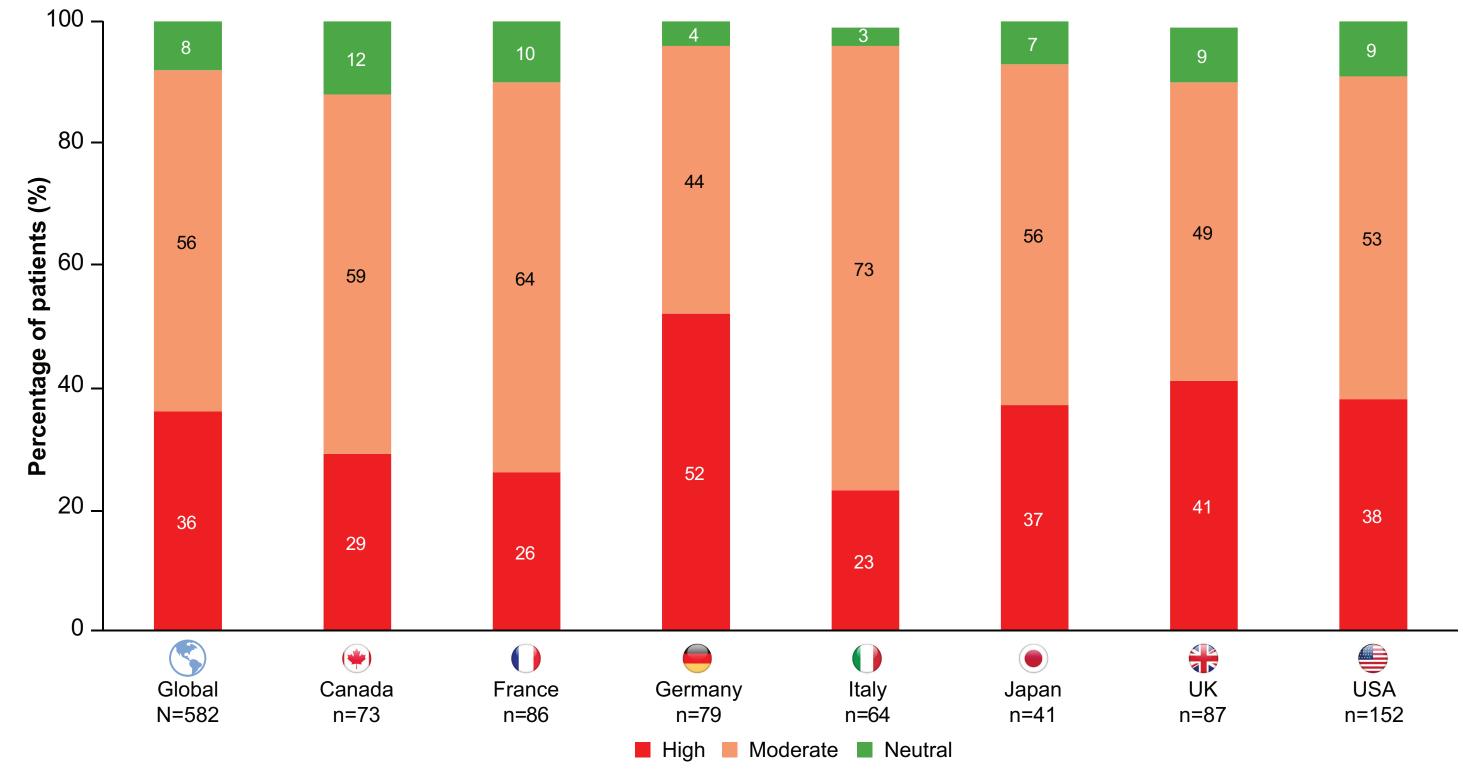
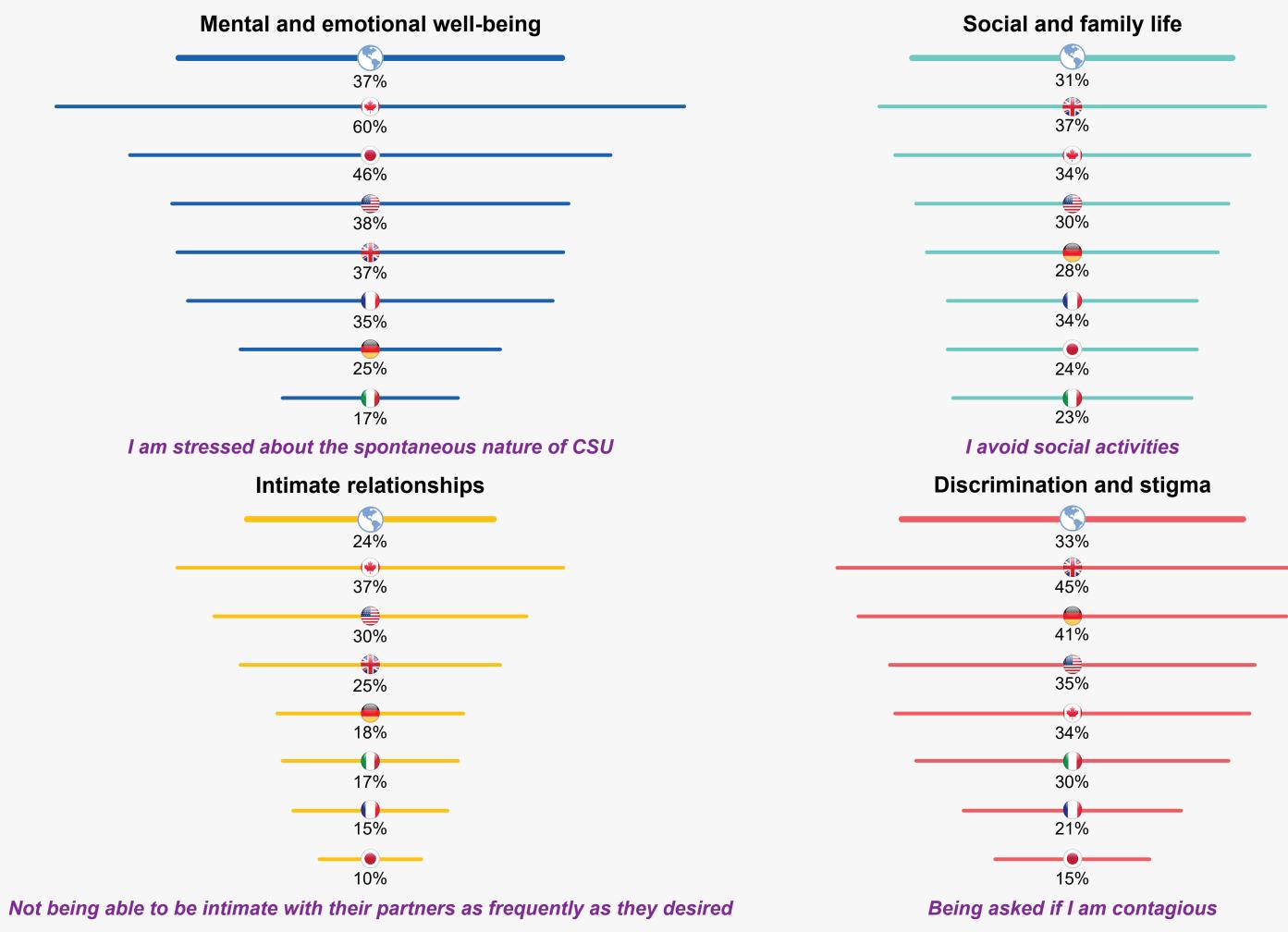


Figure 2A. Negative impact of CSU on mental and emotional well-being, social and family life, intimate relationships and discrimination and stigma – Country-specific data

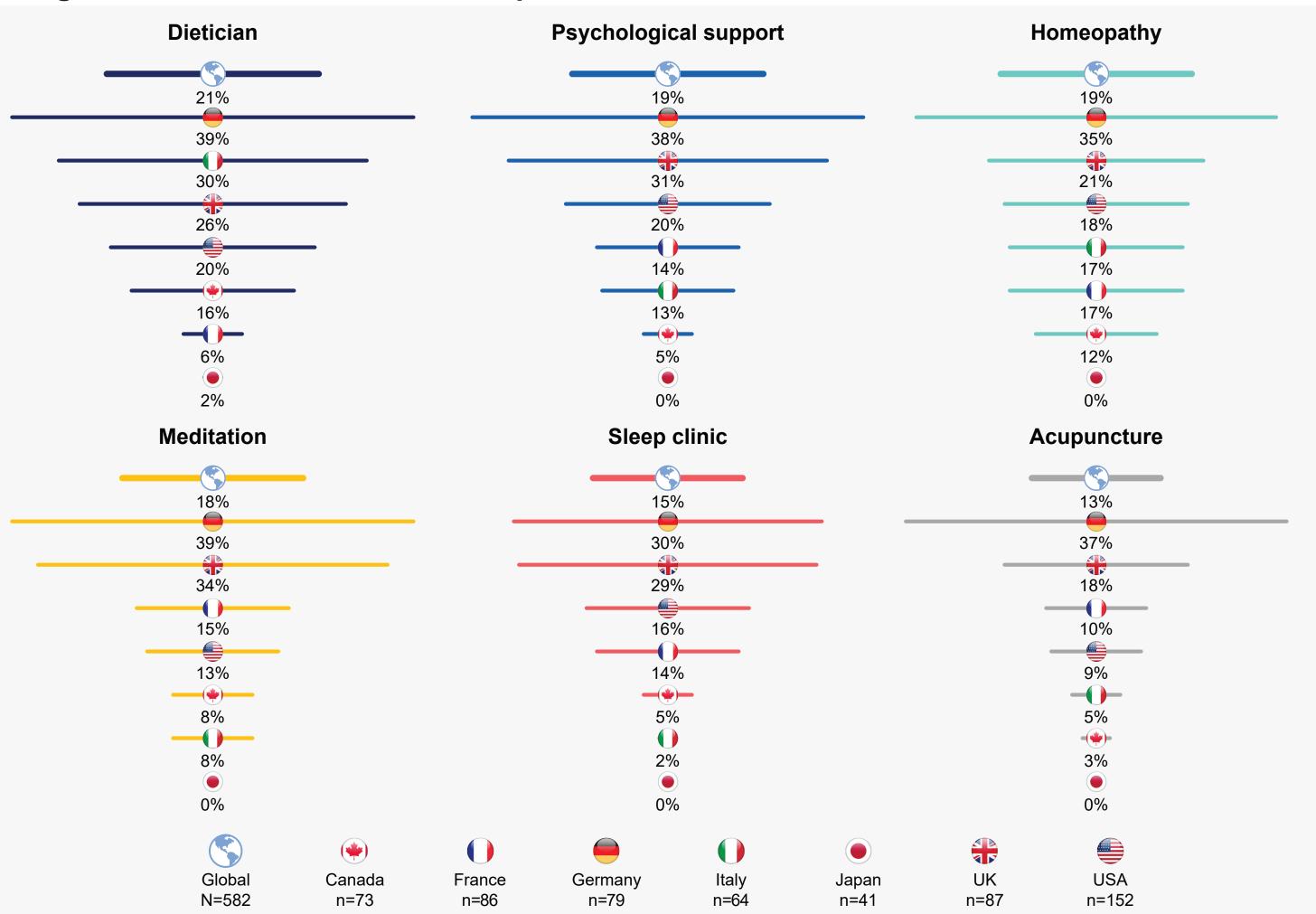


Data are presented as n (%), unless specified otherwise. Data are based on response to survey questions.

*'Top 3 box' scores refer to the percentage of patients assigning a high score of 8, 9 and 10. The 'middle 4 box' refers to the percentage of patients assigning a moderate score of 4, 5, 6 and 7 and the 'bottom 3 box' refers to the percentage of patients assigning a neutral score of 1, 2 and 3. CSU, chronic spontaneous urticaria; N, total number of patients; n, number of patients in each subgroup.

- Globally, the negative impact of CSU (at its worst symptoms) on the mental and emotional well-being was 36%, social life and intimate relationships was 31%, activities of daily living was 29%, professional and academic life was 23%, family life and fulfilling responsibilities to others was 22%, and financial life was 20%
- At the country-level, the percentage of patients reporting negative impact of CSU (at its worst symptoms) on the HRQoL domains was evident
- Mental and emotional well-being (ranging from 44% in Canada to 23% in Germany)
- Social life and intimate relationships (ranging from 40% in Canada to 16% in Germany)
- Activities of daily living (ranging from 37% in the UK to 14% in Germany)
- Professional and academic life (ranging from 28% in the UK to 14% in Germany)
- Family life and fulfilling responsibilities to others (ranging from 30% in the US to 9% in Germany), and
- Financial life (ranging from 28% in Italy to 11% in Canada)
- Patients were asked questions on the several HRQoL domains, the factors that were considered to have the highest negative impact are presented in Figure 2A
- Globally, patients reported being negatively impacted by stress due to the spontaneous nature of CSU (37%), avoiding social interactions (31%), not being able to be intimate with their partners as frequently as they desired (24%) and being stared at in public or asked whether they were contagious (33% each; Figure 2A)

Figure 2B. Percentage of patients, per country, who reported using additional services to manage their CSU in addition to their prescribed treatments



- Country-level data on the top concerns are presented in Figure 2A
- In addition to their prescribed treatments for CSU, currently, 21% (122/582) of patients consulted a dietician, 19% (111/582) reported using psychological support, 19% (108/582) reported using homeopathic therapy, 18% (104/582) reported practising meditation, 15% (90/582) consulted a sleep clinic and 13% (73/582) reported using acupuncture for relief from their CSU symptoms (Figure 2B)
- At the country-level, Germany reported using these additional services more frequently compared to other countries, while these reported uptake was extremely low (e.g. Japan; Figure 2B)

Data are presented as n (%), unless specified otherwise. Data are based on response to survey questions. CSU, chronic spontaneous urticaria; N, total number of patients; n, number of patients in each subgroup.

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