Poster 18

Patient journey and disease burden in chronic inducible urticaria (CIndU): Analysis from the Urticaria Voices study

Sabine Altrichter | sabine.altrichter@kepleruniklinikum.at

Sabine Altrichter,[1–4] Giselle Mosnaim,[5] Jonathan A Bernstein,[6] Tonya A Winders,[7] Jessica McCarthy,[8] Pallavi Saraswat,[9] Nadine Chapman-Rothe,[10] Tara Raftery,[11] Karsten Weller[1,2]

[1]Urticaria Centers of Reference and Excellence (UCARE), Institute of Allergology, Charité–Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin and Humboldt–Universität zu Berlin, Berlin, Germany; [2]Fraunhofer Institute for Translational Medicine and Pharmacology (ITMP), Allergology and Immunology, Berlin, Germany; [3]Department of Dermatology and Venereology, Kepler University Hospital GmbH, Linz, Austria; [4]Center for Medical Research, Johannes Kepler University, Linz, Austria; [5]Division of Allergy and Immunology, Department of Medicine, Endeavor Health, Evanston, IL, USA; [6]Advanced Allergy Services, LLC and Bernstein Clinical Research Center, Cincinnati, OH, USA; [7]Global Allergy and Airways Patient Platform, Vienna, Austria; [8]Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA; [9]Novartis Healthcare Pvt Ltd, Hyderabad, India; [10]Novartis Pharma AG, Basel, Switzerland; [11]Novartis Ireland Ltd, Dublin, Ireland

KEY FINDINGS & CONCLUSIONS

- Patients with CIndU (especially ≥2 CIndU subtypes) experience a prolonged disease journey, often involving multiple physician consultations
- Among patients receiving any H_1-AH (77.9%), most (79.4%) were inadequately controlled; 84% reported switching, and 55% reported updosing, underscoring the need for more effective treatment options
- While the overall burden of CIndU is high in both subgroups, social stigma-related experiences were more common in patients with ≥2 CIndU subtypes
- These findings reinforce the need for greater awareness among health care providers to reduce diagnostic delays, improve patient outcomes and the need for approved therapy options beyond H_1-AH

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INTRODUCTION

- Chronic inducible urticaria (CIndU) is defined as the recurrence of itchy wheals (hives) and/or angioedema lasting for more than 6 weeks in response to a particular stimulus triggered by environmental factors[1,2]
- Based on triggers, CIndU is further subclassified as symptomatic dermographism, cold urticaria, delayed pressure urticaria, solar urticaria, heat urticaria and vibratory angioedema, collectively referred to as physical urticaria, whereas cholinergic urticaria, contact urticaria and aquagenic urticaria are referred to as non-physical urticaria[1,2]
- CIndU may occur as 1 distinct disease or as a combination of multiple subtypes and/or with chronic spontaneous urticaria[1,2]
- Second-generation H_1-antihistamines (H_1-AH) are the only licensed treatment option for CIndU, up-dosed to 4 times if needed (off-label). However, a substantial proportion of patients have uncontrolled disease despite treatment[1,2]
- Patients with CIndU often face a prolonged and challenging journey, involving recurrent symptoms, emotional distress and continuous need to manage triggers. These factors, combined with a lack of effective therapies, contribute to a substantial disease burden and a reduced quality of life[3]

OBJECTIVE

- This analysis utilised data from the Urticaria Voices study to assess patients' journey and the disease burden associated with CIndU

METHODS

- Urticaria Voices was a global (Canada, France, Germany, Italy, UK, Japan and USA), cross-sectional, online, quantitative survey of anonymised patients with chronic urticaria and their treating physicians, conducted between February 2022 and September 2022
- Adult patients with CIndU who had a self-reported clinician-provided diagnosis of CIndU and were currently following a physician-prescribed treatment were included in this analysis
- Patients provided an electronically signed informed consent before completing a 40-minute online survey, which comprised questions on socio-demographics, treatments received and CIndU-associated burden on their lives
- Data were analysed descriptively and presented as mean (standard deviation [SD]) or percentages
- The overall negative impact on daily life was assessed by asking patients to rate how various areas of life were affected by CIndU during their worst symptoms, using a scale from 1 (not at all negatively affected) to 10 (extremely highly negatively affected). Responses were grouped into 3 categories: high negative impact (scores of 8–10), moderate negative impact (scores of 4–7) and neutral impact (scores of 1–3)
- In this analysis, we assessed patients' journey, and the disease burden associated with isolated CIndU (i.e. patients with CIndU only without comorbid chronic spontaneous urticaria, which includes 1 distinct subtype of CIndU (a single subtype of CIndU) and ≥2 comorbid CIndU subtypes

RESULTS

- This analysis included 480 patients with isolated CIndU, with a mean age of 41.1 years, of whom 65% were female. Of them, 48% (n = 231) had 1 distinct subtype of CIndU and 52% (n = 249) had ≥2 CIndU subtypes, an approximately equal distribution between the subgroups (**Table 1**)
  - A slightly higher proportion of patients in the ≥2 CIndU subtype group versus 1 distinct CIndU group were on current treatment with any H_1-AH (80.3% vs 77.9%)

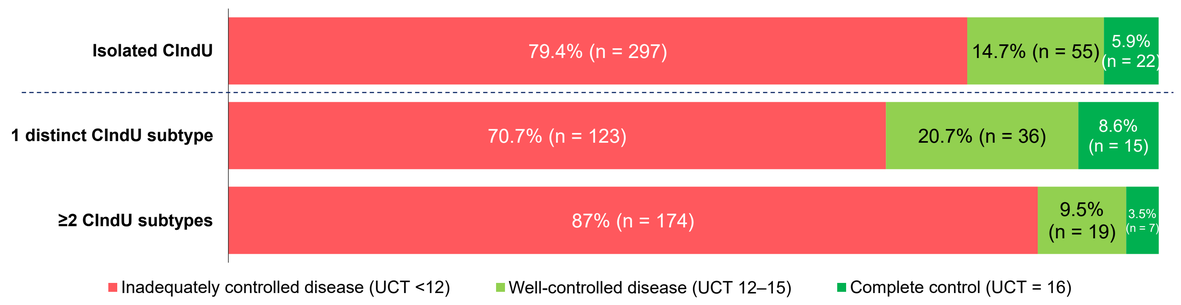
Table 1. Patient demographics and baseline disease characteristics

Patient characteristics	Isolated CIndU (N = 480)	1 distinct CIndU subtype (n = 231)	≥2 CIndU subtypes[a] (n = 249)
Age at the time of the survey, years	**41.1** ± 11.8	**42.5** ± 12.1	**39.9** ± 11.3
Female, n (%)	310 (**64.6**)	143 (**61.9**)	167 (**67.1**)
Years since onset	**9.9** ± 10.7	**9.2** ± 11.0	**10.6** ± 10.5
Years since diagnosis	**7.8** ± 9.1	**7.3** ± 9.6	**8.2** ± 8.5
Number of years between onset and diagnosis	2.2 (**5.7**)	1.9 (**5.6**)	2.4 (**5.8**)
Physicians consulted before diagnosis	**6.7** ± 15.3	**5.9** ± 20.4	**7.5** ± 7.9
Physicians consulted after diagnosis	**5.6** ± 10.8	**4.6** ± 13.4	**6.5** ± 7.6
Presence of angioedema, n (%)	157 (**32.7**)	56 (**24.2**)	101 (**40.6**)
Experienced angioedema in the past 12 months, n (%)	118 (**24.6**)	37 (**16.0**)	81 (**32.5**)
Angioedema episodes in the past 12 months[b]	**4.3** ± 4.7	**4.2** ± 4.3	**4.3** ± 4.9
Current treatment[c], n (%)			
Any H_1-antihistamines[d]	374 (**77.9**)	174 (**75.3**)	200 (**80.3**)
Any biologics	104 (**21.7**)	29 (**12.6**)	75 (**30.1**)
Any steroids	242 (**50.4**)	97 (**42.0**)	145 (**58.2**)

Data are presented as mean ± SD unless specified otherwise.
[a]2 CIndU subtypes, n = 159; 3 CIndU subtypes, n = 53; 4 CIndU subtypes, n = 27; 5 CIndU subtypes, n = 9; 6 CIndU subtypes, n = 1. [b]Among patients who reported angioedema in the past 12 months. [c]Patients could be on multiple types of treatment, therefore, the percentages do not add up to 100%. [d]Sedating antihistamines (n = 233 [isolated CIndU]; n = 97 [1 distinct CIndU]; n = 136 [≥2 CIndU subtypes]); any non-sedating antihistamines (n = 189 [isolated CIndU]; n = 88 [1 distinct CIndU]; n = 101 [≥2 CIndU subtypes]). CIndU, chronic inducible urticaria; N, total number of patients in each category; SD, standard deviation.

- Despite being on treatment for ~6.0 years, a majority (78.1%) of patients were still inadequately controlled (Urticaria Control Test [UCT] score of <12)
  - A higher proportion of patients with ≥2 versus 1 distinct CIndU subtype, on any treatment, had inadequately controlled disease (83.9% vs 71.9%)
- A majority (77.9%) of patients with isolated CIndU were prescribed any H_1-AH, and among them, most (79.4%) remained inadequately controlled (**Figure 1**)
  - A high proportion of patients with 1 distinct CIndU subtype and ≥2 CIndU subtypes, on any H_1-AH, had inadequately controlled disease, with this being more pronounced in those with ≥2 CIndU subtypes (**Figure 1**)

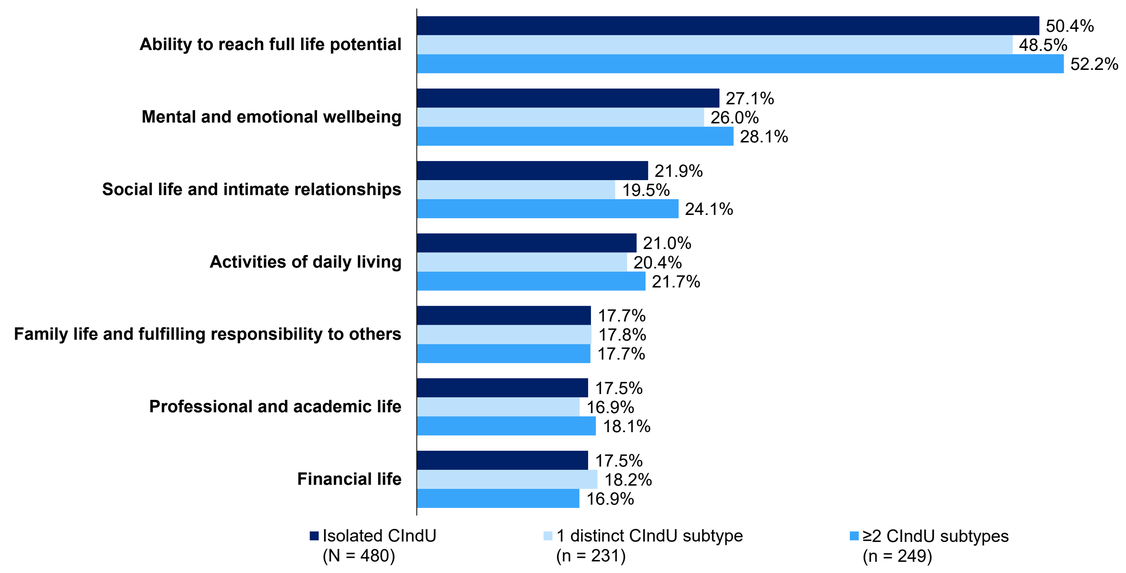
Figure 1. Current level of disease control in patients receiving any antihistamines (N = 374)



CIndU, chronic inducible urticaria; H_1-AH, H_1-antihistamines; N, total number of patients currently on H_1-AH; n, number of patients in each category; UCT, Urticaria Control Test.

- Among patients taking any H_1-AH, 84% with isolated CIndU reported H_1-AH switching (mean: 2.34 ± 2.27 times) and 55% reported H_1-AH up-dosing (mean: 1.81 ± 1.60 times). A high proportion of patients in both 1 distinct CIndU subtype and ≥2 CIndU subtype groups reported switching (76% and 91%, respectively) and updosing (49% and 60%, respectively). Notably, these rates were even higher among patients with ≥2 CIndU subtypes
  - Up-dosing provided no symptom improvement or only partial improvement in 69% of patients with isolated CIndU; more drowsiness was reported in 58%, and other new side effects were reported in around 5% of updosed patients with isolated CIndU
- A high negative, moderate negative and neutral impact on overall target life domains was observed in 34% (n = 162), 52% (n = 251) and 14% (n = 67) of patients with isolated CIndU, respectively
- The high negative impact on overall target life domains was greater in patients with ≥2 CIndU subtypes versus 1 distinct CIndU subtype (43% vs 24%)
- The high negative impact was observed on various aspects of patients' lives (**Figure 2**), and was greater in patients with inadequately controlled disease (UCT <12) versus adequately controlled disease (UCT 12–16), 40% vs 11%

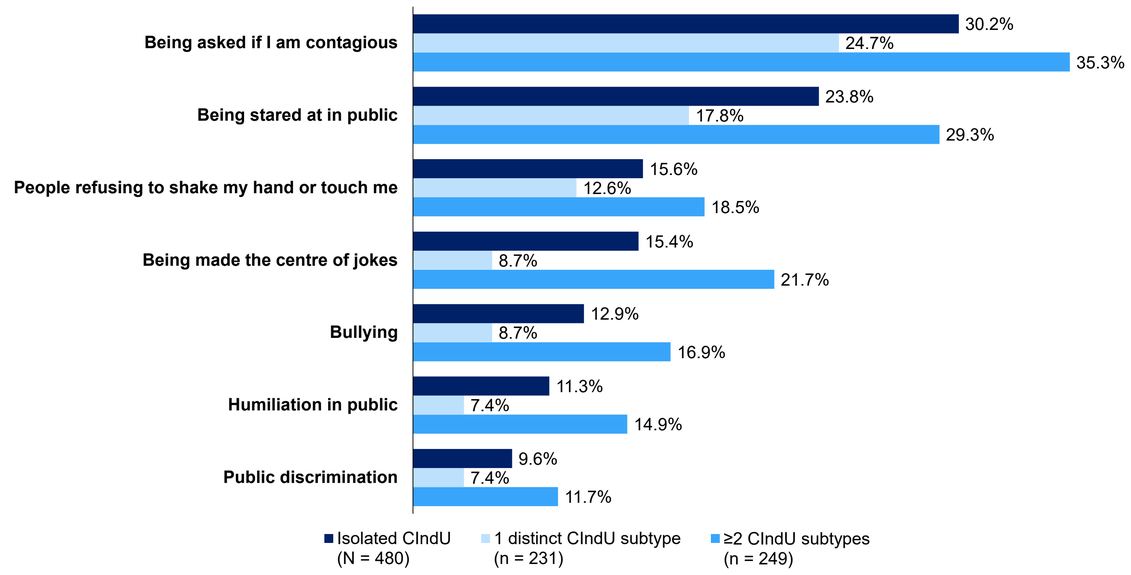
Figure 2. High negative impact (top 3 box scores) of CIndU on target life domains



Impact on daily life during worst CIndU symptoms was rated on a scale from 1 (not at all negatively affected) to 10 (highly negatively affected). Scores were categorised as high negative impact (8–10), moderate negative impact (4–7) or neutral impact (1–3); top 3 box: patients who scored 8, 9, 10.
CIndU, chronic inducible urticaria; N, total number of patients; n, number of patients in each category.

- Patients with CIndU experienced social stigma due to their condition (**Figure 3**)
  - The most frequently reported discrimination and stigma-related experiences among patients with isolated CIndU included being asked whether they were contagious, being stared at in public and refusal to touch or shake hands
  - Patients with ≥2 CIndU subtypes versus 1 distinct CIndU subtype reported a higher extent of discrimination and stigma due to their disease

Figure 3. Discrimination and stigma due to CIndU



CIndU, chronic inducible urticaria; N, total number of patients; n, number of patients in each category.

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Disclosures

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