A modified eDelphi process was conducted with an adult AD patient focus group participants (FG) recruited from the NEA Ambassador program. Participants rated 98 flare-related statements on a 1-9 scale (1 = not important, 4-6 = important but not critical, 7-9 = critically important), indicating their importance to defining AD flares. Statement consensus was defined a priori as ≥70% rating 7-9 and <15% rating 1-3. Statements reaching consensus were subsequently evaluated by the FG in a ranked pair exercise resulting in a final statement list. A subsequent national survey distributed by NEA assessed broader patient agreement with the modified eDelphi statement list. A total of 631 survey participants participated, of which 625 were considered valid. Survey participants rated the statements for relative importance. Participants also provided perspectives on AD flare definitions.

**CONCLUSIONS**
- Current AD flare definitions resonate poorly with adult patients, yet many indicate a sense of alignment with their HCP on this concept.
- The patient perspective deviated most from existing definitions related to a flare negatively impacting lifestyle and having greater preoccupation.
- Consensus was achieved for 15 statements yet patient perspectives varied, highlighting the importance of individualized discussions in clinical settings.
- Future efforts should focus on developing assessment tools and outcome measures based on patient-identified flare attributes toward facilitating better treatment monitoring and personalized care delivery.