A growing number of treatment options are becoming available for moderate-to-severe AD, including biologic and oral systemic therapies. As these treatments have different efficacy and safety profiles, it is important to determine patient and physician preferences for informed treatment decision-making. In recent years, patient-centricity has taken a central role in regulatory and reimbursement decisions and in the point-of-care setting, agencies such as the European Medicines Agency (EMA) and the National Institute for Health and Care Excellence (NICE), put more emphasis on patient experience and patient preferences for example, contrasting patients with moderate AD treated with severe AD, or patients who experience sleep disturbance versus those who do not.

**INTRODUCTION**

- Atopic dermatitis (AD) is a chronic inflammatory skin disease characterized by pruritus (itching) and eczematous lesions, which impact patient well-being in different ways.
- A growing number of treatment options are becoming available for moderate-to-severe AD, including biologic and oral systemic therapies.
- As these treatments have different efficacy and safety profiles, it is important to determine patient and physician preferences for informed treatment decision-making.
- In recent years, patient-centricity has taken a central role in regulatory and reimbursement decisions and in the point-of-care setting, agencies such as the European Medicines Agency (EMA) and the National Institute for Health and Care Excellence (NICE), put more emphasis on patient experience and patient preferences.

**METHODS**

- The study was conducted in two main phases:
  - Phase 1 included a targeted literature review, qualitative interviews, and a feasibility assessment via pre-test interviews.
  - Phase 2 consisted of an online DCE and data analysis.
- In Phase 2, the conditional relative importance was estimated using a cross-sectional, online DCE survey administered to 306 patients with AD and 206 physicians in the UK and Germany.
- In a DCE, respondents are presented with a series of choice tasks that change by varying the presented attribute levels (Figure 1).
- Data were analyzed using a random parameters logit model to calculate the conditional relative importance of each attribute.

![Figure 1. Example of a choice task](image)

- **Figure 1.** Example of a choice task

**RESULTS**

- The average patient age was 43.2 years, with males comprising 62.4% of the sample. Patients were equally split between the UK and Germany. A total of 68.3% of patients had moderate AD, while 31.7% reported severe AD.
- Patients and physicians reported treating an average of 39 patients with moderate-to-severe AD per month and that approximately 43.3% of their patients are considered for systemic biologic or small molecule treatments.
- Results indicated that both groups placed significant importance on treatment efficacy attributes, with sleep disturbance ranking 1st for patients and 2nd for physicians and itch ranking 1st for physicians and 2nd for patients.
- Time to itch relief was the 3rd most important efficacy attribute for both groups, although it was more important for patients.
- Physicians assigned greater importance to body surface area affected by eczema than patients did. In fact, patients considered itch reduction, time to itch relief, and sleep disturbance due to eczema approximately 13, 11, and 16 times more important, respectively, than body surface area affected (i.e., extent of skin lesions).
- Mode of administration, which included oral pills and injections at 2, 4, or 8 weeks, was not considered of great importance when compared with efficacy and safety attributes.

![Figure 2. Conditional relative importance of treatment attributes](image)

- **Figure 2.** Conditional relative importance of treatment attributes (patients vs. physician)

**CONCLUSIONS**

- Patients value efficacy attributes related to itch, including time to and degree of itch relief, and impact on sleep, an attribute not captured in other preference studies in AD. This emphasizes the importance of addressing sleep-related issues and itching to enhance patients’ health-related quality of life.
- The findings offer insights for prioritization strategies among healthcare providers, aiming to improve patient outcomes amidst a growing number of AD treatments.
- Though of interest, the study’s sample size did not allow detailed subgroup analysis, for example, contrasting patients with moderate AD treated with severe AD, or patients who experience sleep disturbance versus those who do not.

**REFERENCES**

3. EMA. Patient experience data in EU medicines development and regulatory decision-making 2012-2013.

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