

Real-World Achievement of Atopic Dermatitis Treat-to-Target Disease Domain Criteria: Results From a Multicountry Study

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Introduction: An international group of healthcare practitioners and patients recently established 3-month and 6-month treatment targets for atopic dermatitis (AD). These include patient global assessment and disease domain treatment targets. Disease domain targets are evaluated by physician assessments (Eczema Area and Severity Index [EASI], Scoring Atopic Dermatitis [SCORAD]) and patient-reported outcome (PRO) measures of itch (Worst Pruritus Numerical Rating Scale [WP-NRS]), symptom frequency (Patient-Oriented Eczema Measure [POEM]), and quality of life (Dermatology Life Quality Index [DLQI]). In the current analysis, we evaluated the achievement of the 6-month disease domain treatment targets in a real-world adult population.

Methods: Patients attending a routine outpatient clinic or office visit between December 2019 and December 2020 were enrolled in MEASURE-AD, a cross-sectional, 28-country study of patients with AD. Eligible patients were ≥ 12 years old, had a physician-confirmed diagnosis of moderate-to-severe AD, and were candidates for or currently receiving systemic therapy. This analysis included adult patients aged ≥ 18 years. Disease domain measures were descriptively characterized, and the proportions of patients meeting 6-month disease domain treatment targets (EASI score ≤ 7 , SCORAD ≤ 24 , WP-NRS ≤ 4 , POEM ≤ 7 , DLQI ≤ 5), except Patient self-reported Global Assessment of disease severity were assessed.

Results: Among 1434 enrolled adults (mean age 39.1 years, 52.2% men), 56.1% met ≥ 1 six-month disease domain treatment targets. As expected, patients who met ≥ 1 treatment targets had better EASI, SCORAD, WP-NRS, POEM, and DLQI scores ($P < 0.0001$ for each comparison; **Table 1**), although substantial proportions had moderate-to-severe disease activity as measured by EASI ≥ 6 (44.5%), SCORAD ≥ 25 (58.6%), WP-NRS ≥ 4 (40.7%), POEM ≥ 8 (61.2%), and DLQI ≥ 6 (43.4%).

Conclusions: To our knowledge, this is the first time that recently published AD treatment targets were applied to a large, global, real-world cohort of patients with AD. Although $\geq 50\%$ met at least 1 of 5 disease domain treatment targets, many continued to experience moderate-to-severe disease activity. These results highlight the importance of evaluating and controlling multiple dimensions of AD to optimize care.

Table 1. Disease Activity Outcomes for Patients With Atopic Dermatitis Who Met or Did Not Meet ≥ 1 Six-Month Disease Domain Treatment Targets^a

Activity Level (Score), n (%)	Yes (n=804)	No (n=630)	P value ^b
EASI			<0.0001
Clear (0)	81 (10.1)	0	
Mild (0.1–5.9)	364 (45.3)	0	
Moderate (6.0–22.9)	275 (34.2)	346 (54.9)	
Severe (23.0–72.0)	83 (10.3)	279 (44.3)	
Missing	1 (0.1)	5 (0.8)	
SCORAD			<0.0001
Mild (<25)	320 (39.8)	0	
Moderate (25–50)	340 (42.3)	165 (26.2)	
Severe (>50)	131 (16.3)	455 (72.2)	
Missing	13 (1.6)	10 (1.6)	
WP-NRS			<0.0001
Mild (0–3)	474 (59.0)	0	
Moderate (4–6)	206 (25.6)	131 (20.8)	
Severe (7–10)	121 (15.0)	494 (78.4)	
Missing	3 (0.4)	5 (0.8)	
POEM			<0.0001
Mild (0–7)	294 (36.6)	0	
Moderate (8–16)	303 (37.7)	155 (24.6)	
Severe (17–28)	189 (23.5)	471 (74.8)	
Missing	18 (2.2)	4 (0.6)	
DLQI^c			<0.0001
No (0–1)	174 (21.6)	0	
Small (2–5)	270 (33.6)	0	
Moderate (6–10)	159 (19.8)	148 (23.5)	
Very large (11–20)	166 (20.6)	297 (47.1)	
Extremely large (21–30)	24 (3.0)	176 (27.9)	
Missing	11 (1.4)	9 (1.4)	

^aDefined as meeting ≥ 1 of the following treatment target cut-offs: EASI ≤ 7 , SCORAD ≤ 24 , WP-NRS ≤ 4 , POEM ≤ 7 , or DLQI ≤ 5 (de Bruin-Weller et al. 2021); ^bP value is based on chi-square test; ^cLower DLQI scores correspond to higher quality of life; DLQI, Dermatology Life Quality Index; EASI, Eczema Area and Severity Index; POEM, Patient-Oriented Eczema Measure; SCORAD, SCORing Atopic Dermatitis; WP-NRS, Worst Pruritus Numerical Rating Scale.

DISCLOSURES

MS de Bruin-Weller has been a consultant, advisory board member, and/or speaker for AbbVie, Almirall, Arena, Aslan, Eli Lilly, Galderma, Janssen, Leo Pharma, Pfizer, Regeneron, and Sanofi-Genzyme.

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