

Treatment Patterns and Prior Medication Usage Before Dupilumab Treatment Initiation in Patients With AD: Real-World Data From GLOBOSTAD

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Background: Previous dupilumab clinical trials have demonstrated efficacy with an acceptable safety profile in patients with moderate-to-severe atopic dermatitis (AD). Here we present an analysis of prior medication usage in patients initiating treatment with dupilumab enrolled in the GLOBOSTAD registry.

Methods: Following country-specific prescribing information and reimbursement practices, adults with moderate-to-severe AD who initiated dupilumab treatment were included in this 5-year, international, multicenter, non-interventional registry study (GLOBOSTAD; NCT03992417). Data shown are for the population at baseline (N = 288; data cutoff: September 2020).

Results: At study entry, mean (standard deviation) Eczema Area and Severity Index was 16.7 (12.76). 131 (45.5%) patients in the GLOBOSTAD registry received a systemic treatment within 12 months before enrollment – non-steroidal immunosuppressants (29.9%), corticosteroids (17%), antihistamines (8.3%). Prior non-systemic treatments were used by 65 (22.6%) patients – topical corticosteroids (13.9%), topical calcineurin inhibitors (3.5%), topical antibiotics (2.1%). Most patients initiated dupilumab treatment due to previous treatment failure (75.7%), AD exacerbation (15.3%), or as maintenance treatment (8.0%). Nearly half of the patients (45.5%) reported dupilumab as their first systemic treatment for AD.

Conclusions: Most patients initiated dupilumab treatment due to previous treatment failure and nearly half of enrolling patients had received a systemic treatment up to 12 months before dupilumab initiation, with immunosuppressants being the preferred treatment. Increasing use of dupilumab as first-line systemic therapy indicates that it is becoming the standard of care for adults with moderate-to-severe AD.

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