### INTRODUCTION

- AD is a common, relapsing, inflammatory skin disease that often manifests during childhood, although onset and prevalence of AD in adults is increasingly recognized.
- AD is associated with multidimensional burden, including intense pruritus, which can negatively affect patients' quality of life and work productivity.
- Understanding the clinical and economic burden of AD is critical for optimizing treatment and improving patient outcomes.

### METHODS

#### Study Design
- Patients were enrolled between December 2019 and December 2020.
- The study enrolled adult and adolescent patients (aged ≥12 years) with AD receiving routine care in dermatology offices.
- Physician-confirmed diagnoses of moderate to severe AD were included.
- Eligibility for systemic therapy for AD or currently receiving systemic therapy was required.
- Medication history was available for the last 6 months and Total monthly AD-related healthcare expenses and costs were recorded during a single office visit.

#### Outcomes
- Clinical burden was assessed by the Eczema Area Severity Index (EASI).
- Skin-signs using the Eczema Area Severity Index (EASI).
- Quality of life using the Dermatology Life Quality Index (DLQI).
- Number of flares in the last 6 months.

### RESULTS

- Overall, 1,244 adult patients were enrolled; among these, 813 patients were receiving systemic therapy and were included in this analysis.
- Mean age was 38.9 years, and 55.3% were male (Table 1).
- Among the 813 patients, 227 (27.5%) received systemic therapy alone and 538 (66.2%) as a combination with topical therapy.
- 449 patients (55.2%) were receiving dupilumab and 468 patients (44.8%) were receiving systemic therapy other than dupilumab (Table 1 and Figure 1).

Table 1. Patient Demographics, Disease Characteristics, and Current Therapies

<table>
<thead>
<tr>
<th>Any Systemic Therapy (n = 813)</th>
<th>Dupilumab (n = 468)</th>
<th>Other Systemic Therapy (n = 445)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years (mean)</td>
<td>38.9 (10.5)</td>
<td>37.5 (10.5)</td>
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<tr>
<td>Male, n (%)</td>
<td>449 (55.2)</td>
<td>256 (55.4)</td>
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<tr>
<td>BMI, kg/m² (mean)</td>
<td>25.8 (4.8)</td>
<td>26.0 (4.8)</td>
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<tr>
<td>Employed, n (%)</td>
<td>451 (55.1)</td>
<td>258 (56.5)</td>
</tr>
<tr>
<td>Duration of AD, years (mean)</td>
<td>24.0 (17.7)</td>
<td>24.6 (18.7)</td>
</tr>
<tr>
<td>Current Systemic Therapy (n)</td>
<td></td>
<td></td>
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<tr>
<td>Synthroid therapy alone</td>
<td>227 (27.9)</td>
<td>135 (29.0)</td>
</tr>
<tr>
<td>Synthroid therapy + topical corticosteroids</td>
<td>328 (40.2)</td>
<td>215 (45.9)</td>
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<tr>
<td>Continuous systemic therapy over previous 12 months</td>
<td>226 (27.9)</td>
<td>145 (30.9)</td>
</tr>
</tbody>
</table>

- Other Systemic Therapy: 39.9 (16.1)
- Total monthly AD-related healthcare expenses and costs: 26.0 (4.9)

- Fewer patients receiving dupilumab reported inadequately controlled AD compared with patients receiving other systemic therapy (64 [13.7%] vs 122 [27.2%]).
- A mean of 5.2 flares occurred over the previous 6 months in each subgroup; however, none patients receiving dupilumab reported no or <3 flares in the past 6 months.
- The proportion of patients reporting inadequately controlled AD was also recorded.
- Economic burden was assessed by: Work Productivity and Activity Impairment (WPAI) and Total monthly AD-related healthcare expenses and costs.

### CONCLUSIONS

- Lower clinical and economic burden were observed with dupilumab compared with other systemic therapies on most outcome measures.
- These findings suggest a remaining unmet medical need among patients receiving systemic therapies.

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**Figure 1. Type of Therapy and Treatment Patterns in MEASURE-AD**

**Figure 2. Clinical Burden Stratified by Type of Systemic Therapy**

**Figure 3. Socioeconomic Burden Stratified by Type of Systemic Therapy**