

# Patient Satisfaction With Treatments for Moderate-to-Severe Atopic Dermatitis According to Degree and Speed of Skin and Itch Improvements: Results From a Patient Survey in the United States

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## OBJECTIVE

To investigate treatment satisfaction among patients with moderate-to-severe atopic dermatitis according to the degree and speed of itch improvement and the degree of skin clearance

## CONCLUSIONS

**In patients with moderate-to-severe atopic dermatitis, the proportion reporting satisfaction with their current treatment was highest among respondents with the greatest degree of itch improvement (Worst Pruritus Numerical Rating Scale scores 0–1 and 0 days with itchy skin in the past week) and skin clearance (≤2% body surface area affected)**

**In addition, the proportion of respondents indicating satisfaction with their current treatment was highest among those who experienced the fastest onset of itch improvement (1–6 days)**

**Better understanding of patients' desires for treatments offering both rapid and extensive itch reduction and skin clearance may help broaden physicians' understanding of patient preferences and inform shared decision-making when selecting atopic dermatitis therapies**

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## INTRODUCTION

- Atopic dermatitis (AD) is a chronic, inflammatory skin disease characterized by eczematous lesions and intense pruritus<sup>1</sup>
- Systemic treatments are often required for patients with moderate-to-severe AD if their symptoms are insufficiently controlled with topical treatments or phototherapy<sup>1,2</sup>
- In a cross-sectional study evaluating health-related quality of life in patients with AD, the 3 most important treatment goals reported by patients were cessation of itch, fast symptom improvement, and complete skin clearance<sup>3</sup>
- Numerous systemic therapies are currently available to treat moderate-to-severe AD<sup>2</sup>; however, more data evaluating patient satisfaction with various characteristics of these treatments are needed to inform shared decision-making between physicians and their patients

## METHODS

- A cross-sectional, web-based survey was conducted among adults (aged ≥18 years) in the United States with a physician-confirmed diagnosis of currently moderate or severe AD (according to the physician)
  - Participants were recruited through physicians and were invited to participate via a standardized email linking them to an online study description
  - Eligible participants who provided informed consent were given access to the online survey instrument
- The survey included questions related to baseline demographics, disease history, current symptom severity, and current use of and experience with AD treatments
- Patients were asked to rate the following:
  - Itch based on the worst itch experienced in the past 24 hours
    - Using a scale from 0–10 on the Worst Pruritus Numerical Rating Scale (WP-NRS), with 0 defined as “no itch” and 10 defined as the “worst imaginable itch”
  - Itch based on the number of days with itchy skin in the past week
    - 0 days, 1–2 days, 3–4 days, 5–6 days, or every day
  - Speed of itch improvement based on the time to noticeable itch reduction following initiation of respondents' current treatment
    - 1–6 days, 7–13 days, or ≥14 days
  - Skin clearance based on the BSA still affected by AD
    - ≤2%, 3–10%, or >10%
- Patients were also asked to report their satisfaction level with their current treatment; potential responses included “extremely satisfied,” “very satisfied,” “somewhat satisfied,” “neither satisfied nor dissatisfied,” “somewhat dissatisfied,” “very dissatisfied,” or “extremely dissatisfied”
  - For this analysis, responses were condensed into 3 categories: satisfied, dissatisfied, or neither
  - Satisfaction was based on the following treatment attributes:
    - Itch improvement
    - Speed of itch improvement
    - Degree of skin clearance
- Among patients currently being treated, treatment satisfaction levels were compared for different levels of itch, speed of itch improvement, and skin clearance
- *P* values were determined by Chi-square tests (or Fisher Exact test where appropriate)

## RESULTS

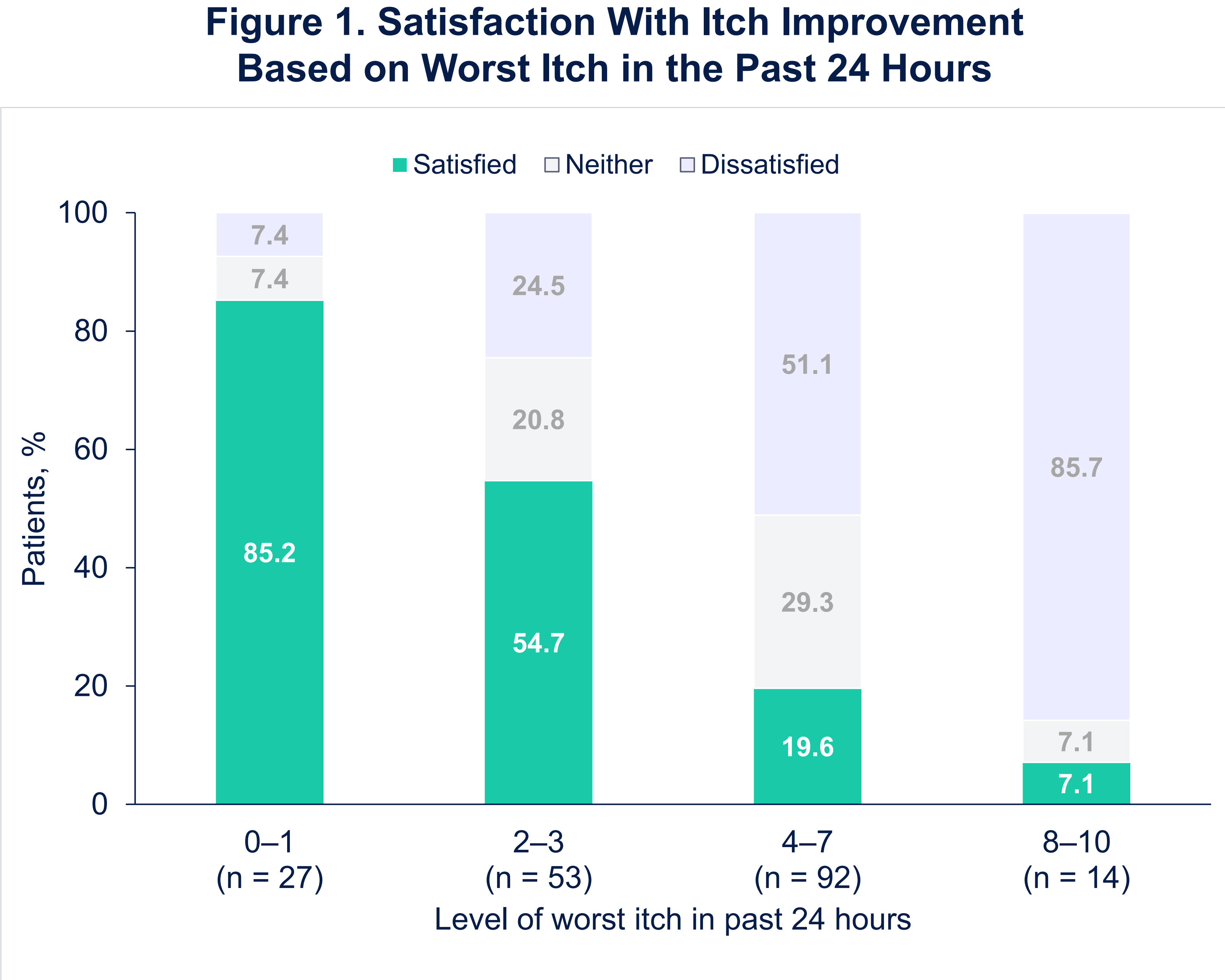
- A total of 213 potential respondents were invited to participate; 204 accessed the link to the online survey and 200 provided surveys that were considered complete
- Of the 200 respondents included in the final sample (**Table 1**), 186 (93.0%) were currently receiving treatment for their AD and were included in patient satisfaction assessments
  - Most patients used prescription creams (72%); dupilumab was used by 11%

**Table 1. Baseline Respondent Demographics and Disease Characteristics**

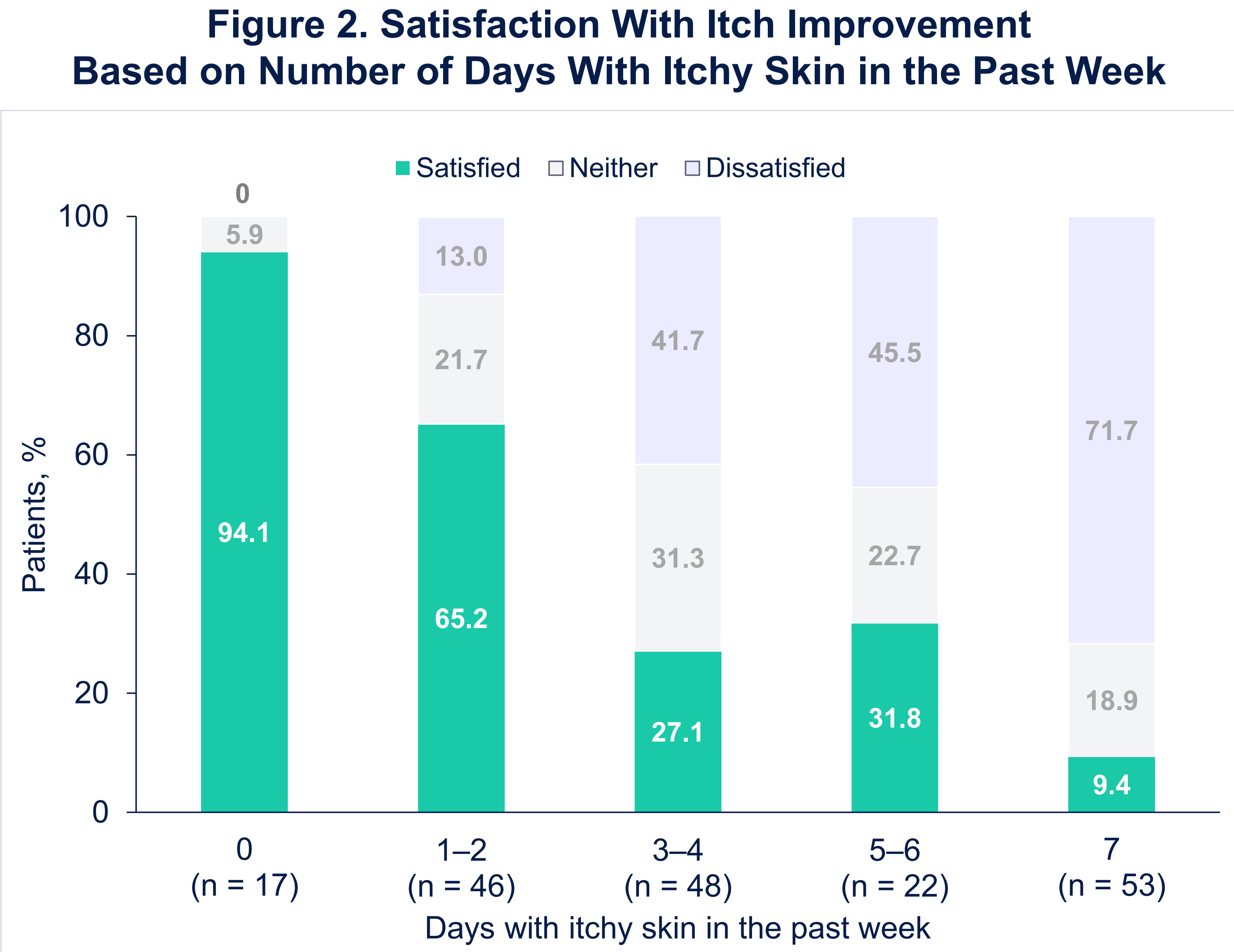
Parameter	N = 200
Age, years, median (range)	44.0 (18, 72)
Sex, n (%)	
Female	119 (59.5)
Male	81 (40.5)
Race or ethnicity, <sup>a</sup> n (%)	
White or Caucasian	99 (49.5)
Black or African American	47 (23.5)
Hispanic or Latino	30 (15.0)
Asian	14 (7.0)
Other	11 (5.5)
Prefer not to answer	12 (6.0)
Time since AD diagnosis, n (%)	
<1 year ago	20 (10.0)
1 to <5 years ago	30 (15.0)
5 to <10 years ago	39 (19.5)
10 to <20 years ago	47 (23.5)
≥20 years ago	61 (30.5)
Don't know or not sure	3 (1.5)
Severity of AD symptoms, n (%) <sup>b</sup>	
Absent	17 (8.5)
Minimal	17 (8.5)
Mild	17 (8.5)
Moderate	77 (38.5)
Moderately severe	10 (5.0)
Severe	42 (21.0)
Very severe	20 (10.0)
Body surface area affected, n (%)	
≤2%	83 (41.5)
3%–10%	92 (46.0)
>10%	22 (11.0)
Worst Pruritus NRS during the past 7 days <sup>c</sup>	
Mean (SD)	5.7 (2.9)
Median (range)	6.0 (0, 10)
Days of itch during the last week, n (%)	
No days	19 (9.5)
1–2 days	51 (25.5)
3–4 days	51 (25.5)
5–6 days	22 (11.0)
Every day	57 (28.5)
Current treatment type, n (%) <sup>d</sup>	
Over-the-counter creams, ointments, or medicines	50 (26.9)
Prescription creams that control itching and help repair the skin	134 (72.0)
Oral corticosteroids	31 (16.7)
Dupilumab	21 (11.3)
Other prescription treatment	0

AD, atopic dermatitis; NRS, numerical rating scale.  
<sup>a</sup>Respondents could provide multiple responses; totals may exceed the total number of respondents.  
<sup>b</sup>Other includes Middle Eastern/North African, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, or other.  
<sup>c</sup>At the time of survey completion.  
<sup>d</sup>Numerical rating scale of 0–10, with 0 being “no itch” and 10 being “worst imaginable itch.”  
<sup>e</sup>Respondents were able to select more than 1 category.

- Of the patients receiving current AD treatments, 14.5% (n/n = 27/186) reported WP-NRS scores 0–1, 9.1% (17/186) reported 0 days of itchy skin in the past week, 45.3% (73/161) experienced noticeable itch reduction within 1–6 days of initiating their current treatment, and 41.0% (75/183) self-reported a BSA ≤2%
- Satisfaction with itch improvement differed by WP-NRS categories (*P* < .001), with treatment satisfaction highest (85.2%) among those reporting the lowest levels of itch (WP-NRS scores 0–1) and decreasing satisfaction at increasingly higher levels of itch (**Figure 1**)



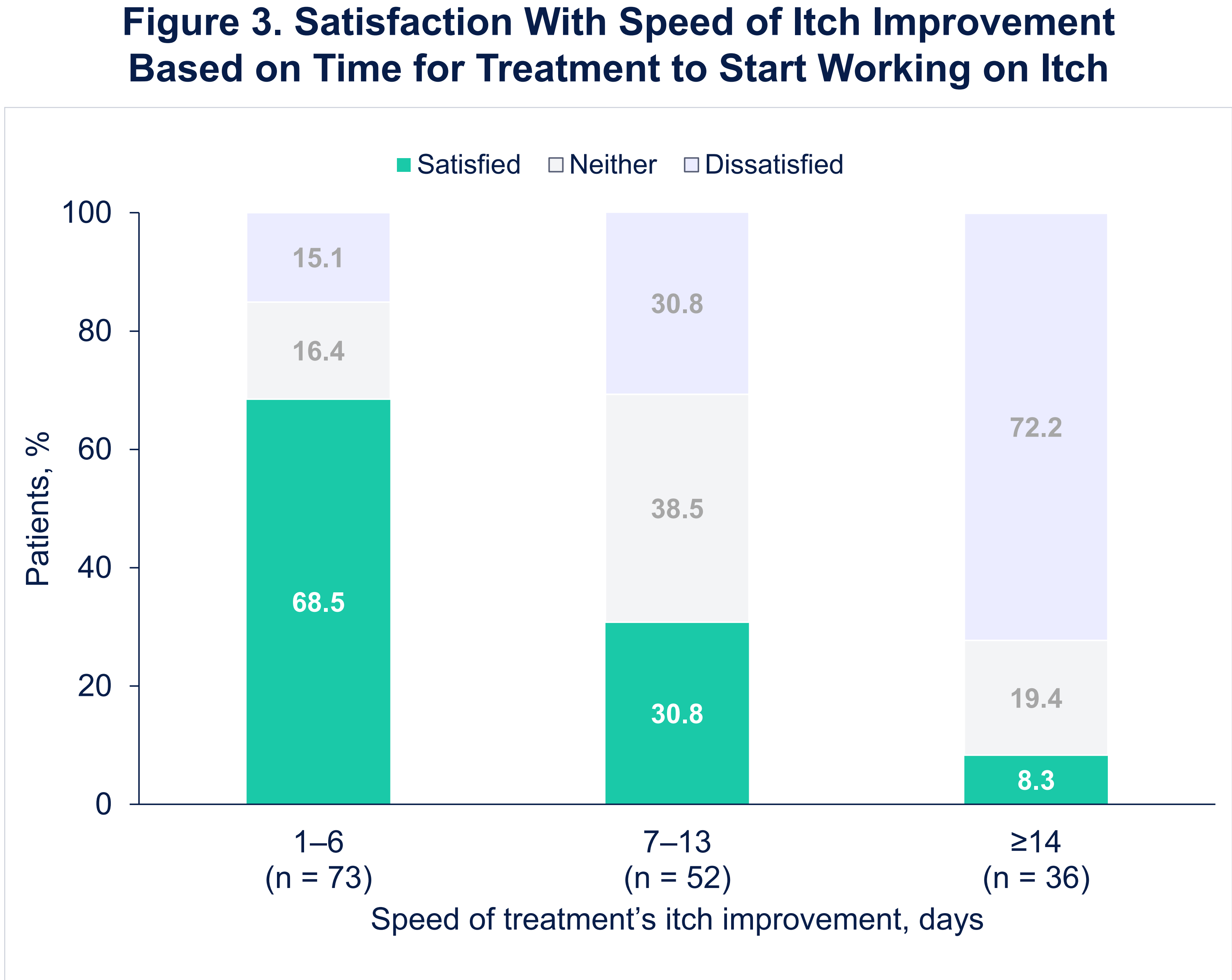
- Satisfaction with itch improvement also differed by the number of days with itchy skin (*P* < .001), with treatment satisfaction highest (94.1%) among those reporting 0 days with itchy skin and decreasing satisfaction with more frequent days with itchy skin (**Figure 2**)



## LIMITATIONS

- Treatment satisfaction with regards to the safety profile of current treatment was not evaluated and therefore may limit the comprehensiveness of this analysis
- Results are derived from a convenience sample and may not be generalizable to the broader AD population

- Satisfaction with the speed of itch improvement differed by the time it took for treatments to start working on itch (*P* < .001), with treatment satisfaction highest (68.5%) among respondents who experienced itch reduction within 1–6 days and decreasing satisfaction with a slower speed of itch improvement (**Figure 3**)



- Satisfaction also differed by the degree of skin clearance (*P* < .001), with treatment satisfaction highest (65.3%) among patients reporting ≤2% BSA affected by AD and decreasing satisfaction among respondents with a higher percentage of affected BSA (**Figure 4**)

