

Genital Involvement in Patients With Atopic Dermatitis is Associated With Sexual Difficulties and Higher Disease Burden: Results From a Real-World Multicountry Cohort Study (MEASURE-AD)

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OBJECTIVE

Evaluate the burden of disease and quality of life among patients with genital involvement of atopic dermatitis (AD)

CONCLUSIONS



Patients with genital AD experienced a higher disease burden and greater impairment of quality of life with a considerable impact on sexual function, self-esteem, self-confidence, and intimacy compared with patients without genital involvement



Healthcare providers should proactively inquire about symptoms involving the genital area as patients with AD may be reluctant to broach the subject due to embarrassment, stigmatization, and/or fear of judgment



To optimize patient outcomes and well-being, the burden associated with genital AD should be considered during treatment decision-making discussions between patients and physicians

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References

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BACKGROUND

- AD is a chronic, relapsing inflammatory skin disease characterized by painful, erythematous, and pruritic lesions^{1,2}
- AD has been associated with the highest quality-of-life burden of all skin diseases globally²
- AD can have a negative impact on sleep, work productivity, daily functioning, emotional state, and economic well-being¹⁻³
- Studies investigating the genital involvement of AD are relatively limited; the prevalence of genital AD and its impact on disease burden and quality of life, especially sexual function, have not been well characterized
- MEASURE-AD sought to describe the multidimensional burden associated with moderate-to-severe AD

RESULTS

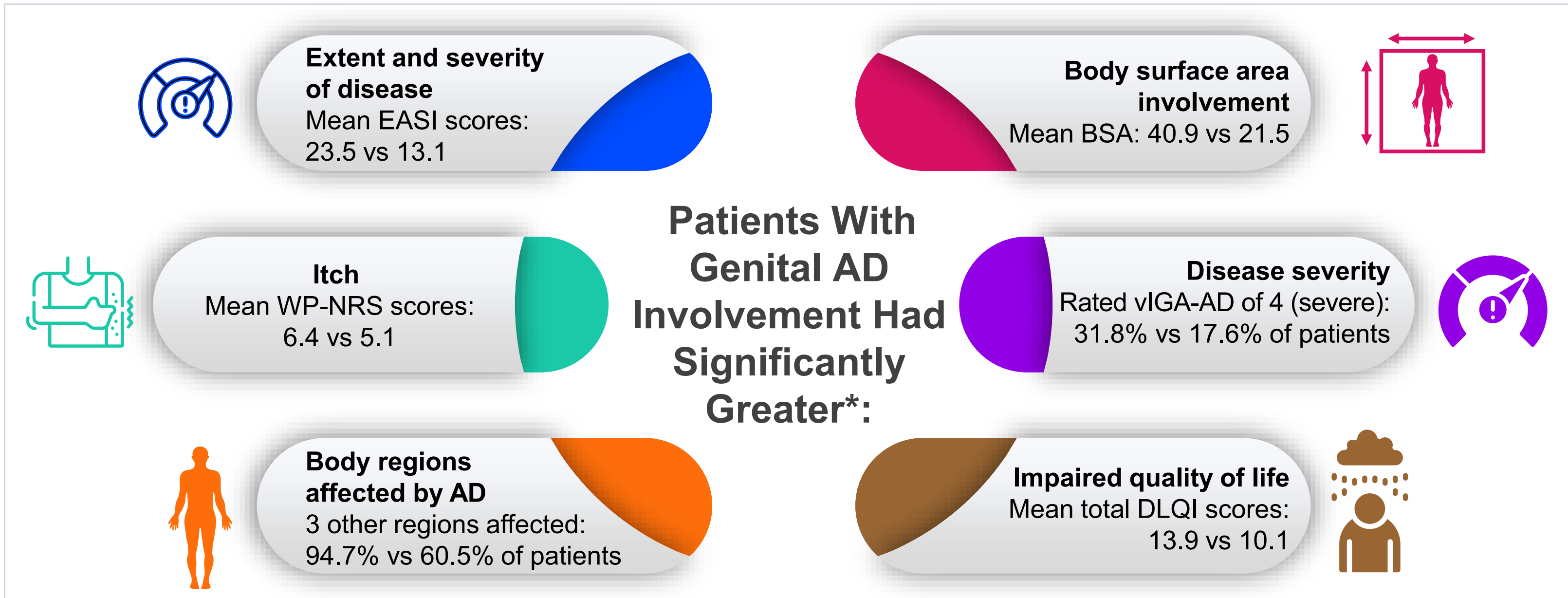
- 1474 patients (708 [48.0%] females; 766 [52.0%] males) were identified in the analysis (**Table**)
 - Mean (SD) age of 38.0 (16.5) years
 - AD duration of 23.3 (15.4) years
- 245 (16.6%) patients were identified as having genital AD; 1229 (83.4%) patients had no genital AD involvement
- When compared with patients without genital AD, patients with genital involvement had significantly greater ($P < .0001$ for all; **Table; Figure 1**)
 - Extent and severity of disease (higher EASI scores)
 - Itch (higher WP-NRS scores)
 - Body regions affected by AD
 - BSA involvement
 - Disease severity (higher vIGA-AD scores)
 - Impaired quality of life (higher total DLQI scores)
- More patients with genital AD reported impairments in sexual, emotional, and social functioning than those without genital involvement, including ($P < .0001$ for all; **Figure 2**)
 - Embarrassment/self-consciousness
 - Affected social/leisure activities
 - Affected relationships
 - Sexual difficulties
- The results of the sensitivity analyses were generally similar to those of the main analyses
 - Higher mean EASI, BSA, and DLQI scores were still observed in the group with genital AD compared with those without genital involvement
 - There were no differences in WP-NRS and vIGA-AD scores between the 2 groups

Table. Patient Demographic and Disease Characteristics^a

Characteristic	Genital AD (n = 245)	No Genital AD (n = 1229)	P value
Age, years, mean (SD)	38.3 (16.1)	38.0 (16.6)	.605
Male, n (%)	135 (55.1)	631 (51.3)	.282
Time from AD onset to visit, years, mean (SD)	23.8 (15.5)	23.2 (15.4)	.513
BSA, %, mean (SD)	40.9 (24.7)	21.5 (20.7)	<.0001
EASI, mean (SD)	23.5 (13.7)	13.1 (12.0)	<.0001
WP-NRS, mean (SD)	6.4 (2.6)	5.1 (3.1)	<.0001
SCORAD, mean (SD)	56.5 (17.4)	41.0 (21.6)	<.0001
Number of other AD regions ^b (per SCORAD), n (%)			
0	0	87 (7.1)	<.0001
1	1 (0.4)	147 (12.0)	
2	12 (4.9)	251 (20.4)	
3	232 (94.7)	744 (60.5)	
vIGA-AD, n (%)			
Clear or almost clear (1)	11 (4.5)	273 (22.2)	<.0001
Mild (2)	50 (20.4)	259 (21.1)	
Moderate (3)	106 (43.3)	480 (39.1)	
Severe (4)	78 (31.8)	216 (17.6)	
Missing	0	1 (0.1)	
DLQI score, mean (SD)	13.9 (7.4)	10.1 (7.7)	<.0001

AD, atopic dermatitis; BSA, body surface area; DLQI, Dermatology Life Quality Index; EASI, Eczema Area and Severity Index; SCORAD, SCORing of AD; vIGA-AD, validated Investigator Global Assessment for Atopic Dermatitis; WP-NRS, Worst Pruritus Numerical Rating Scale.
^aMeans and percentages were calculated based on non-missing values. ^bOther AD regions consists of any of the following: head/neck, trunk, and limbs.

Figure 1. Greater Disease Burden and Quality of Life Impact Associated With Genital AD



AD, atopic dermatitis; BSA, body surface area; DLQI, Dermatology Life Quality Index; EASI, Eczema Area and Severity Index; SCORAD, SCORing of AD; vIGA-AD, validated Investigator Global Assessment for Atopic Dermatitis; WP-NRS, Worst Pruritus Numerical Rating Scale.
^a $P < .0001$ for all when compared with patients without genital AD.

METHODS

Study Design and Treatment

- MEASURE-AD is a cross-sectional, noninterventonal cohort study that enrolled patients from 28 countries in Europe, Canada, Asia, the Middle East, and Latin America
- Enrolled patients were aged ≥ 12 years with a physician-confirmed diagnosis of moderate-to-severe AD and were receiving or eligible to receive systemic therapy
- Patients were enrolled between December 2019 and December 2020. Data were collected during a single clinic visit
- Patients ≥ 16 years were included in this post hoc analysis (ie, enrolled patients aged 12–15 years were excluded)

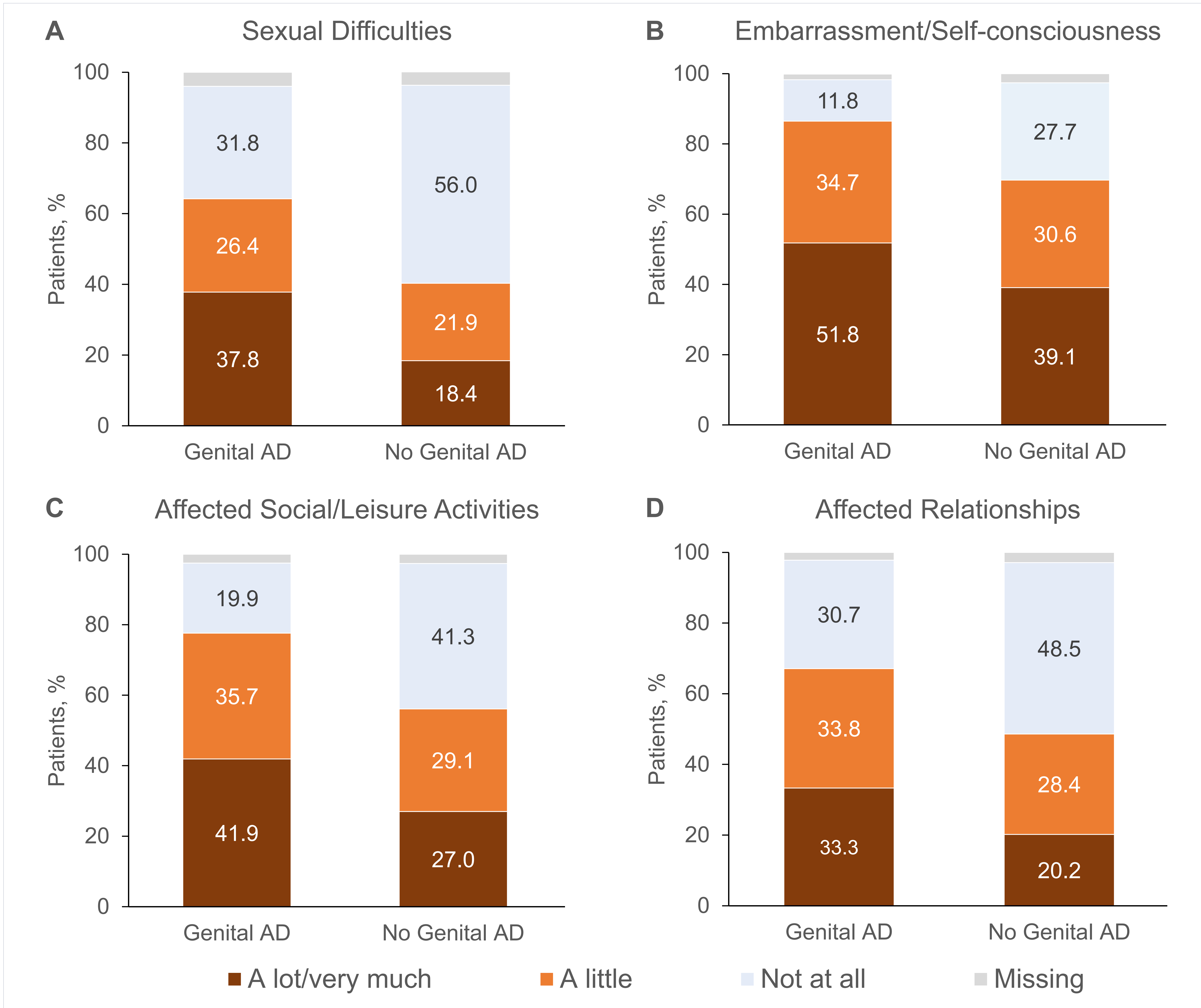
Assessments

- Genital involvement was assessed using the SCORing of AD (SCORAD) index
- Extent and severity of AD were evaluated according to the Eczema Area and Severity Index (EASI), body surface area (BSA), and the validated Investigator Global Assessment for AD (vIGA-ADTM)
- Pruritus was assessed using the Worst Pruritus Numeric Rating Scale (WP-NRS)
- Quality-of-life assessments were conducted using the Dermatology Life Quality Index (DLQI)

Analysis

- Statistical analyses were based on observed data
- Association between disease burden and genital AD was analyzed by applying Kruskal-Wallis and Chi-square tests to continuous and categorical variables, respectively
- To minimize the potential effect of confounding, a sensitivity analysis was conducted among patients with 3 other AD regions, per SCORAD (head/neck, trunk, and limbs)

Figure 2. Impact of Genital AD on (A) Sexual Difficulties, (B) Embarrassment/Self-consciousness, (C) Affected Leisure/Social Activities, and (D) Affected Relationships Based on DLQI^a



AD, atopic dermatitis; DLQI, Dermatology Life Quality Index.
^a $P < .0001$ for genital AD vs no genital AD groups across all categories.