

## Inadequate Disease Control, Treatment Dissatisfaction, and Quality-of-Life Impairments Among US Patients Receiving Topical Therapy for Atopic Dermatitis

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**Background:** Topical treatments are standard of care for many adults and adolescents with atopic dermatitis (AD). However, prolonged use of topical corticosteroids is associated with diminished skin health, and both topical calcineurin inhibitors and the phosphodiesterase-4 inhibitor crisaborole may cause application site reactions (eg, stinging and burning) that may prompt treatment discontinuation.

**Objectives:** To determine real-world disease control, physician and patient satisfaction, and patient-reported outcomes among adolescent and adult patients with AD receiving topical therapy, alone or in combination with systemic therapy.

**Methods:** Data were from the AD Adult/Pediatric Disease Specific Programs point-in-time surveys of US physicians and their patients conducted in 2018/2019, respectively. Physicians reported on treatment, disease control (uncontrolled defined as deteriorating/changeable; controlled defined as stable/improving), and satisfaction with current disease control. Patients completed a matched questionnaire that included the Patient-Oriented Eczema Measure (POEM), Dermatology Life Quality Index (DLQI and child-equivalent CDLQI), and Work Productivity and Activity Impairment (WPAI) questionnaire (adults only). Independent sample *t* tests compared patients with controlled vs uncontrolled disease.

**Results:** Of 575 patients (424 adults and 151 adolescents [aged 12–17 years]), 398 (69%) received topical therapy only (topical corticosteroids, topical calcineurin inhibitors, or crisaborole), and 140 (24%) received topical plus systemic therapy (systemic corticosteroids, systemic immunosuppressants, or biologics) for at least 1 month. For patients on topical therapy only, 21% of adults and 24% of adolescents had uncontrolled disease, rising to 26% and 50%, respectively, for patients on topical plus systemic therapy. This aligned with physicians being dissatisfied with the control achieved for 27% and 31% of adults as well as 40% and 50% of adolescents for topical only and topical plus systemic therapy, respectively. For adults/adolescents, respectively, receiving topical therapy only, POEM scores were 7.9/8.6 for controlled vs 11.3/12.4 for uncontrolled disease ( $P=0.010/0.013$ ), and DLQI/CDLQI scores were 5.5/6.2 for controlled vs 8.3/8.6 for uncontrolled disease ( $P=0.004/0.054$ ). For WPAI, the scores for percentage of overall work impairment for adults receiving topical therapy only were 13.8% for controlled vs 22.5% for uncontrolled disease ( $P=0.083$ ). Similar trends between controlled and uncontrolled disease were observed for patients who received topical plus systemic therapy.

**Conclusion:** Many patients on topical AD therapies have uncontrolled disease and report decreased quality of life and impaired work productivity, while physicians often report dissatisfaction related to control. There is a need for treatments to improve disease control and patient outcomes.

**Author Disclosures**

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