

# Atopic Dermatitis Treatment with Topical Therapy Alone Results in Persistent Elevated Disease Severity and High Disease Control Dissatisfaction: Real-World Health Care Professional and Patient Perspectives

Peter Lio<sup>1</sup>, Alexandra Golant<sup>2</sup>, Raj Chovatiya<sup>3,4</sup>, Bob Geng<sup>5</sup>, Louise Ann DeLuca-Carter<sup>6</sup>, Zach Dawson<sup>6</sup>, Evangeline Pierce<sup>6</sup>, James Haughton<sup>7</sup>, Peter Anderson<sup>7</sup>, James Piercy<sup>7</sup>, Linda Stein-Gold<sup>8</sup>

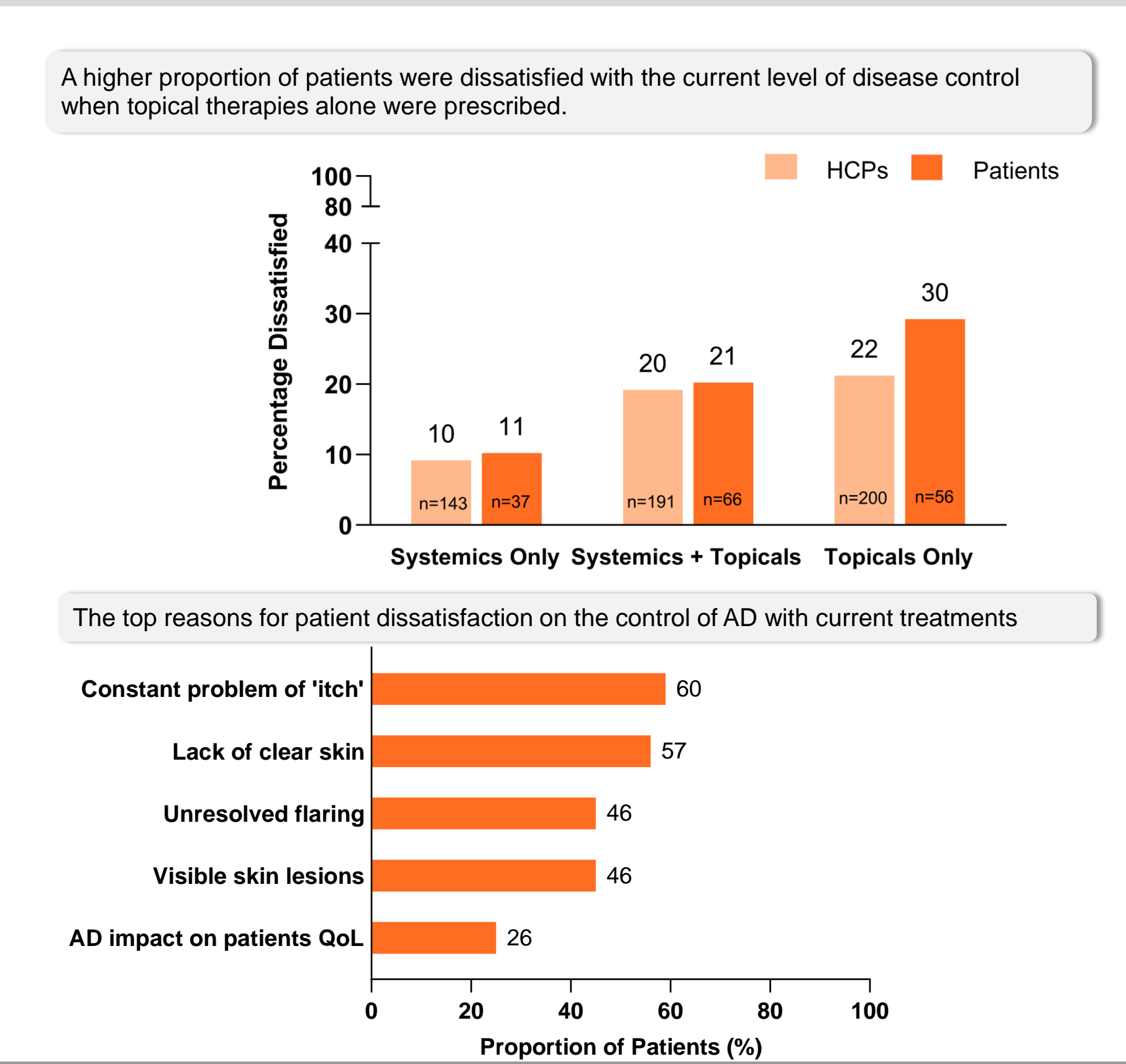
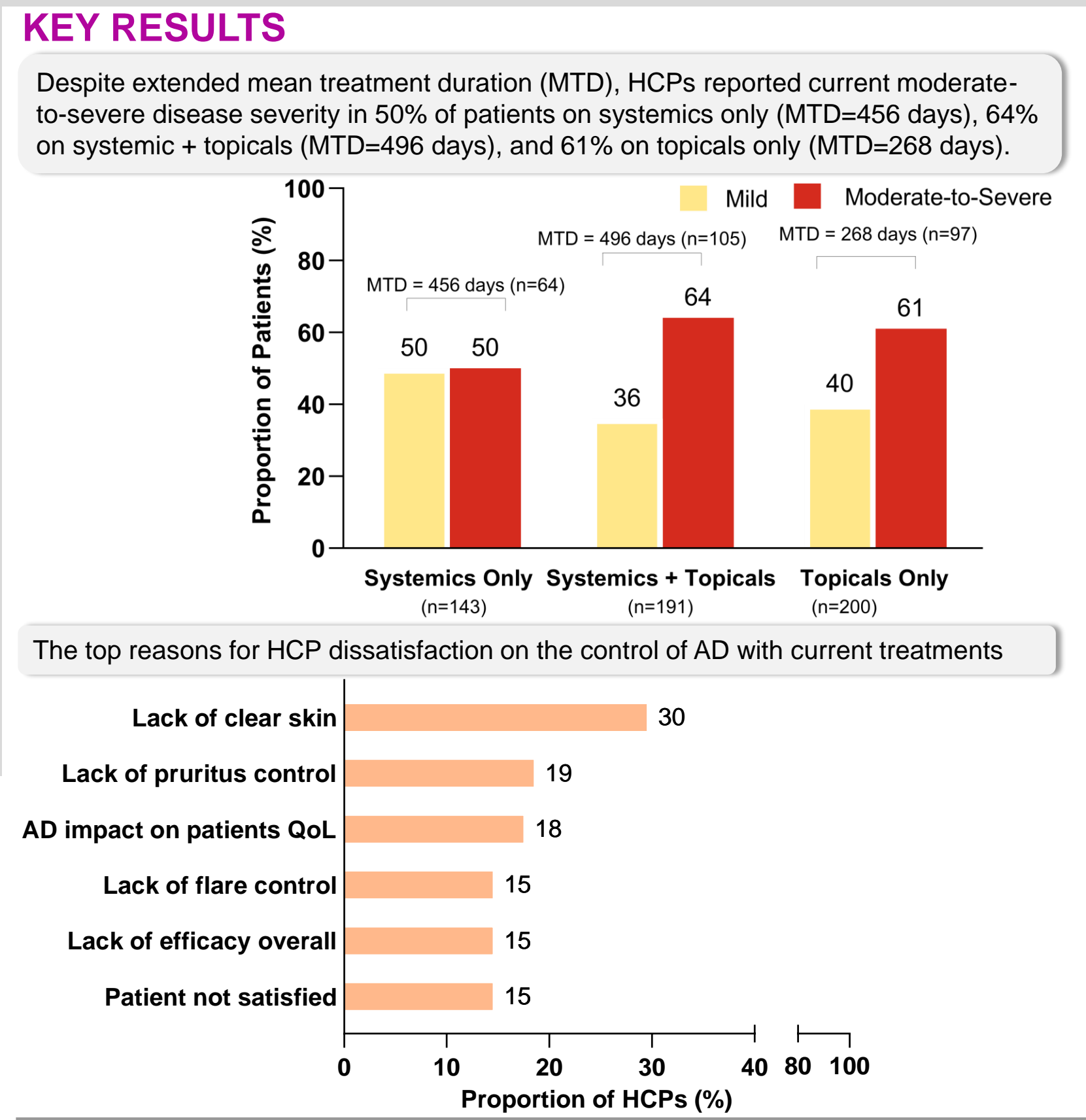
<sup>1</sup>Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA; <sup>2</sup>Icahn School of Medicine at Mount Sinai, New York, USA; <sup>3</sup>Chicago Medical School, Rosalind Franklin University of Medicine and Science, North Chicago, USA; <sup>4</sup>Center for Medical Dermatology and Immunology Research, Chicago, USA; <sup>5</sup>University of California, San Diego, USA; <sup>6</sup>Eli Lilly and Company, Indianapolis, USA; <sup>7</sup>Adelphi Real World, Bollington, Cheshire, UK; <sup>8</sup>Henry Ford Health System, Michigan, USA

## BACKGROUND

- Atopic dermatitis (AD) is a chronic inflammatory skin condition with a significant impact on patient quality of life (QoL) and requires long-term multidisciplinary clinical management.<sup>1-2</sup>
- Considering the evolving treatment landscape in AD,<sup>3-4</sup> it is important to understand real-world disease severity, and health care professional (HCP) and patient treatment goals and expectations.

## OBJECTIVES

- To assess the clinical characteristics and disease severity in patients with a history of moderate-to-severe AD stratified by current treatments
- To understand the rates of HCP and patient dissatisfaction with current disease control in patients with a history of moderate-to-severe AD



## CONCLUSIONS

- These descriptive results suggest that many patients treated with currently available systemics and topicals still have moderate-to-severe AD.
- A higher proportion of patients were dissatisfied with the current level of disease control when topical therapies alone were prescribed.
- Both patients and HCPs report dissatisfaction with disease control most often associated with lack of clear skin, unresolved flaring, and pruritus.

## LIMITATIONS

- Physicians were requested to capture patient information retrospectively within the patient record forms, which may introduce recall bias – a common limitation of survey data.
- Patients could have been on multiple systemics or topicals.
- Judgments on reasons for dissatisfaction were based on a small sample size.

## METHODS

**STUDY DESIGN:** A cross-sectional, descriptive, real-world study of HCP-completed medical records and patient surveys including retrospective data

**DATA SOURCE:** United States Adelphi Real World Disease Specific Programme™ in AD

**KEY INCLUSION CRITERIA: HCPs**

- Involved in drug treatment or management of patients with AD
- Treats ≥5 patients with AD in a typical month (at least one patient with currently moderate AD and one patient with currently severe AD)

**DATA COLLECTION:**

- A total of 146 HCPs (70 dermatologists, 19 allergists/immunologists, and 57 primary care practitioners) provided data for 747 patients, 215 of whom filled out a patient survey.

	Demographics and Clinical Characteristics	Current Treatments	Current AD Severity	Satisfaction with Current Disease Control	Reasons for Dissatisfaction with Current Disease Control
Physician-Completed Patient Record Forms	✓	✓	✓	✓	✓
Patient Self-Completed Forms	-	-	-	✓	✓

**STUDY DURATION:** August 2022 to March 2023

**TREATMENT GROUPS:** Patients with a history of moderate-to-severe AD were grouped into three categories based on their current treatment: A. Systemics only<sup>a</sup> B. Systemics + topicals<sup>b</sup> C. Topicals only<sup>c</sup>

**Patients**

- Adult (≥18 years old) diagnosed with AD, currently with active or with a history of moderate-to-severe disease
- Not currently enrolled in any AD clinical trial

**ABBREVIATIONS**  
AD, atopic dermatitis; BSA, body surface area; EASI, Eczema Area and Severity Index; HCP, health care professional; JAK, janus kinase; MTD, mean treatment duration; n, number of patients in each category; N, total number of patients; QoL, Quality of Life; SD, standard deviation.

**ACKNOWLEDGEMENT**  
Sankara Narayana Doddam, PhD, an employee of Eli Lilly Services India Pvt. Ltd., provided medical writing support.

**REFERENCES**

- Wilken B et al. *Allergy Asthma Clin Immunol.* 2023;19(1):89
- Blauvelt A et al. *Lancet.* 2017;389(10086):2287-2303
- de Wijs LEM et al. *Arch Dermatol Res.* 2023;315(1):75-83
- Plant A et al. *Clin Med (Lond).* 2021;21(3):177-181

Scan or click the QR code for a list of all Lilly content presented at the congress. Other company and product names are trademarks of their respective owners.

## Demographic and Clinical Characteristics from HCP Perspective

Characteristics	Total Patients (N=747)	Systemics Only (n=143)	Systemics + Topicals (n=191)	Topicals Only (n=200)
<b>Age</b>				
Mean (SD), years	40.4 (15.8)	41.5 (13.1)	38.4 (14.1)	41.3 (17.9)
<b>Sex, n (%)</b>				
Female	393 (53)	61 (43)	100 (52)	115 (58)
<b>Race, n (%)</b>				
White	566 (76)	109 (76)	147 (77)	154 (77)
African American/Black	81 (11)	20 (14)	15 (8)	25 (13)
Asian	65 (9)	4 (3)	21 (11)	14 (7)
Other*	35 (5)	10 (7)	8 (5)	7 (4)
<b>BSA (%)</b>	N=621	N=130	N=141	N=178
Mean (SD)	11.9 (12.1)	8.7 (9.3)	12.7 (13.8)	10.3 (10.8)
<b>EASI</b>	N=671	N=116	N=174	N=186
Mean (SD)	5.3 (5.5)	5.1 (4.9)	7 (6.5)	3.4 (4.0)

\*Other includes Native Hawaiians, Pacific Islanders, American Indians, Alaska Natives, or HCP-reported others.

**DISCLOSURES**  
Peter Lio: Dr. Lio reports being on the speaker's bureau for AbbVie, Arcutis, Eli Lilly and Company (Lilly), Galderma, Hyphens Pharma, Incyte, La Roche-Posay/L'Oreal, Pfizer, Pierre-Fabre Dermatologie, Regeneron/Sanofi Genzyme, and Verrica; reports consulting/advisory boards for Alphyn Biologics (stock options), AbbVie, Almirall, Amyris, Arcutis, ASLAN, Bristol-Myers Squibb, Burt's Bees, Castle Biosciences, Codex Labs (stock options), Concerto Biosci (stock options), Dermavant, Lilly, Galderma, Janssen, LEO Pharma, Lipidor, L'Oreal, Merck, Micros, MyOR Diagnostics, Regeneron/Sanofi Genzyme, Sibel Health, Skinfix, Suneco Technologies (stock options), Theraplex, UCB, Unilever, Verdant Scientific (stock options), Verrica, and Yobee Care (stock options). In addition, Dr. Lio has a patent pending for a Theraplex product with royalties paid and is a Board member and Scientific Advisory Committee Member emeritus of the National Eczema Association. Alexandra Golant: Dr. Golant has served as a consultant, speaker, and/or investigator for Abbvie, Amgen, Arcutis, Bristol Myers Squibb, Dermavant, Galderma, Incyte, Janssen, LEO Pharma, Lilly, Ortho Dermatologics, Pfizer, Regeneron, and Sanofi. Raj Chovatiya: Raj Chovatiya has served as an advisor, consultant, speaker, and/or investigator for AbbVie, Amgen, Apogee Therapeutics, Arcutis, Argencx, ASLAN Pharmaceuticals, Beiersdorf, Boehringer Ingelheim, Bristol Myers Squibb, Cara Therapeutics, Dermavant, Lilly, FIDE, Galderma, Genentech, GSK, Incyte, LEO Pharma, L'Oreal, Nektar Therapeutics, Novartis, Opsidio, Pfizer Inc., Regeneron, RAPT, Sanofi, Sitrax, and UCB. Bob Geng: Speaker: Sanofi, Regeneron, Pfizer, Abbvie; Consultant: Sanofi, Regeneron, Pfizer, Abbvie, Leo, Lilly, Incyte; Research Support: Sanofi, Regeneron, Pfizer, Lilly, Leo, and Amgen. Louise Ann DeLuca-Carter: Employment and stockholder, Lilly. Zach Dawson: Employment and stockholder, Lilly. Evie Pierce: Employment and stockholder, Lilly. James Haughton, Peter Anderson, and James Piercy: Full-time employees of Adelphi Real World. Linda Stein-Gold: Investigator/advisor and speaker for Lilly, Abbvie, Arcutis, Dermavant, Leo, Pfizer, Sanofi, Regeneron, and Incyte.

Fall Clinical Dermatology Conference for PAs and NPs (Fall Clinical PA & NP); Scottsdale, AZ, USA; (May 31–June 2, 2024)

Study was sponsored by Eli Lilly and Company