HEALTHCARE RESOURCE UTILISATION AMONG CHRONIC SPONTANEOUS/ IDIOPATHIC URTICARIA PATIENTS– FINDINGS FROM THE FIRST INTERNATIONAL BURDEN OF ILLNESS STUDY (ASSURE-CSU)

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BACKGROUND

- Chronic spontaneous (also known as idiopathic) urticaria (CSU/CIU) is the occurrence of wheals (hives), angioedema or both for 6 weeks or longer due to known or unknown causes[1]
- CSU/CIU has an impact on healthcare payers in terms of resource utilisation such as healthcare professional (HCP) visits, emergency room (ER) visits, hospital visits, etc.[2]
- There are limited data on healthcare resource utilisation associated with inadequately controlled chronic spontaneous (idiopathic) urticaria (CSU/CIU) patients

OBJECTIVE

- The ASSURE-CSU study is an observational, non-interventional, multinational, and multicenter study conducted in Canada, France, Germany, Italy, United Kingdom (UK), Spain and the Netherlands to identify and quantify the humanistic and economic burden of illness in CSU/CIU patients who are symptomatic despite treatment
- Here we present the data on resource utilisation for the Canadian, German, UK and the Netherlands cohort

METHODS

Study Design

- This study included a 1-year retrospective medical record abstraction, a cross-sectional patient reported outcomes survey, and a 7-day prospective patient diary

Patient Population

- Adult patients with a clinician-confirmed, guideline-defined diagnosis of CSU/CIU
- Patients had received at least one treatment course with an H_1-antihistamine
- Patients had been symptomatic for more than 12 months at least 3 days per week and were currently symptomatic despite treatment

Outcomes

- Healthcare resource utilisation due to CSU/CIU in the previous 12 months, identified from patient medical record abstraction
  - Total health care professional (HCP) visits (includes routine visits, emergency visits, and visits where "Data not available" was selected as the primary reason for visit)
    - Routine HCP visits (includes visits where routine was selected as the primary reason for visit)
    - Emergency HCP visits (includes visits where emergency was selected as the primary reason for visit)
  - ER visits
  - Hospitalisation
  - Frequency of healthcare encounters by provider speciality

Data Analysis

- Data were summarized descriptively for each country using mean values and standard deviations for continuous variables and counts and proportions for categorical variables
- Mean (SD) visits reported for patients with 1 or more visit (of the respective visit type) in the past 12 months

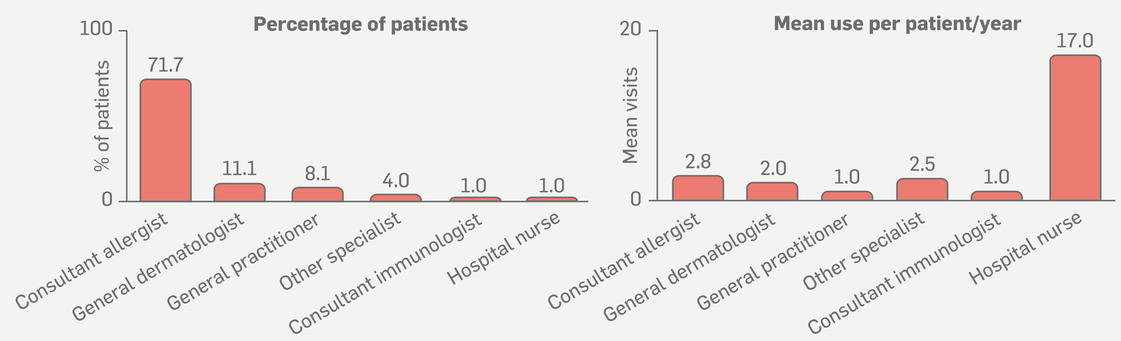
RESULTS

- Medical records were abstracted for 99 patients each in Canada and the Netherlands, 100 in Germany and 83 in the UK
- The mean age of patients at enrolment was 50.8 years for Canada, 45.6 years for Germany, 49.7 years for the UK and 45.3 years for the Netherlands
- The mean disease duration since diagnosis to enrolment was 62.0, 67.4, 57.3 and 47.2 months, respectively

Canada

- 82.8% of patients had one or more visits to a HCP, with a mean (SD) of 3.1 (2.57) annual visits. The mean (SD) routine HCP annual visits was 3.1 (2.59)
- One patient was hospitalised due to angioedema and 6.1% of patients had one or more ER visits (mean (SD) annual ER visits: 2.7 (2.25))
- In the prior 12 months, visits to consultant allergists and general dermatologists were recorded for 71.7% and 11.1% patients, respectively (**Figure 1**)

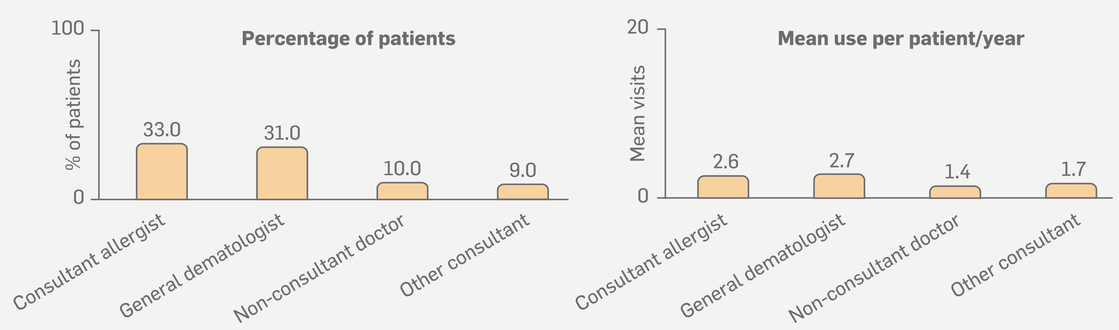
Figure 1 Resource utilisation according to the specialty in the past 12 months: Canada



Germany

- 52.0% patients had one or more HCP visits with a mean (SD) of 3.3 (3.81) annual visits. The mean (SD) routine and emergency HCP annual visits were 3.1 (3.4) and 2.1 (1.04), respectively
- Hospitalisations and ER visits were reported by 18.0% of patients (mean (SD) annual hospital admissions: 1.1 (0.32)) and 15.0% of patients (mean (SD) annual ER visits: 1.4 (0.63)), respectively
- In the prior 12 months, visits to consultant allergists and general dermatologists were recorded for 33.0% and 31.0% of patients, respectively (**Figure 2**)

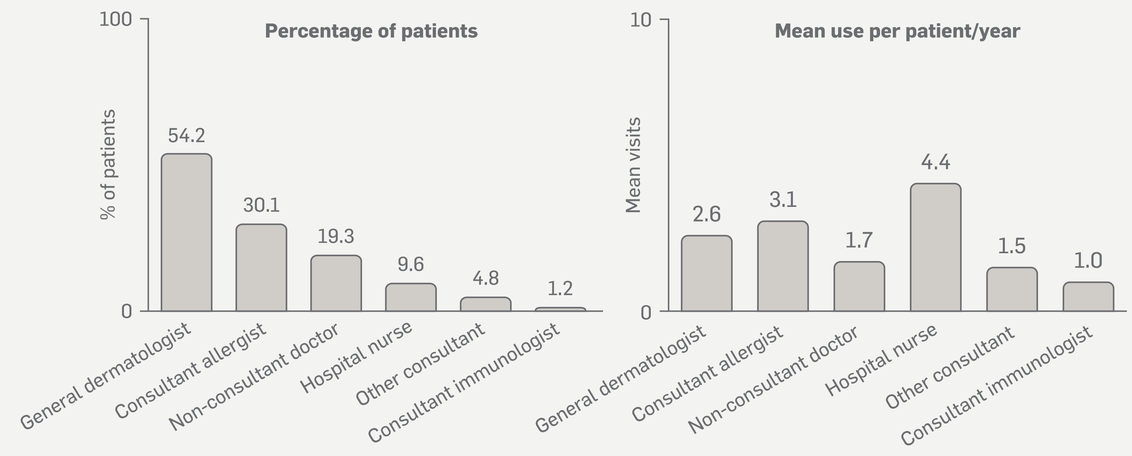
Figure 2 Resource utilisation according to the specialty in the past 12 months: Germany



United Kingdom

- 85.5% of patients had one or more HCPs visits, with a mean (SD) of 3.7 (2.68) annual visits. The mean (SD) routine and emergency annual HCP visits were 3.6 (2.64) and 1.0 (0.00), respectively
- One patient was hospitalised due to angioedema and 6.0% of patients had ER visits (mean (SD) annual ER visits: 1.0 (0.00))
- In the prior 12 months, visits to dermatologists, allergists and non-consultant doctors were recorded for 54.2%, 30.1% and 19.3% of patients, respectively. Hospital nurses were visited by 9.6% of patients (**Figure 3**)

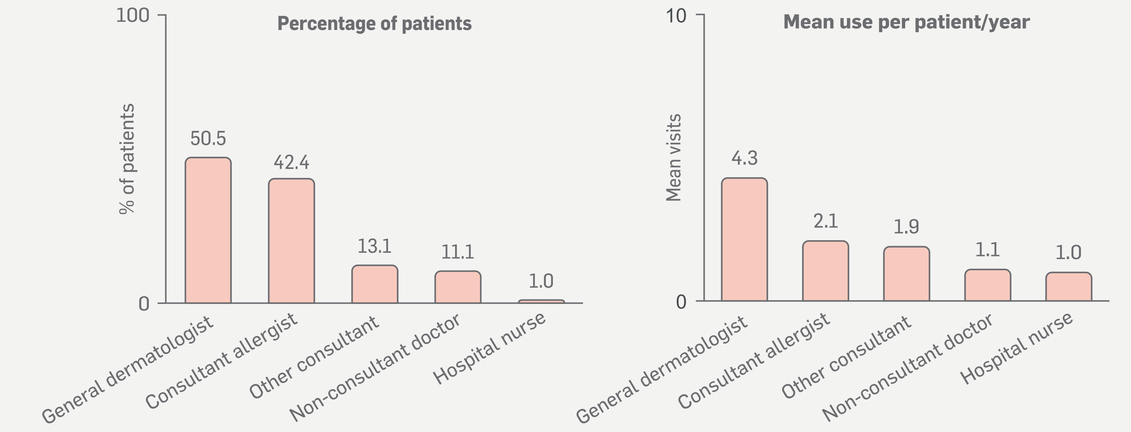
Figure 3 Resource utilisation according to the specialty in the past 12 months: United Kingdom



The Netherlands

- 86.9% of patients had one or more HCP visits, with a mean (SD) of 4.1 (3.87) annual visits. The mean (SD) routine and emergency HCP annual visits were 4.3 (3.91) and 1.2 (0.40), respectively
- Hospitalisations and ER visits were reported by 3.0% of patients (mean (SD) annual hospital admissions: 1.0 (0.00)) and 6.1% of patients (mean (SD) annual ER visits: 2.5 (1.38)), respectively
- In the prior 12 months, visits to dermatologists, allergists and other consultants were recorded for 50.5%, 42.2% and 13.1% of patients (**Figure 4**)

Figure 4 Resource utilisation according to the specialty in the past 12 months: The Netherlands



CONCLUSIONS

- ASSURE-CSU is the first real-world international study to quantify resource utilisation associated with inadequately controlled CSU/CIU
- The types of medical resources used differ among the countries depending on the local healthcare specificities
- Hospitalisations were less frequent in Canada, the UK and the Netherlands compared with Germany
- Resource utilisation pattern was primarily outpatient but varied across countries

REFERENCES

1. Zuberbier T et al. Allergy 2014;69:868–887
2. DeLong et al. Arch Dermatol 2008;144(1):35–39

CONFLICT OF INTEREST

CL has served as a consultant, principal investigator, and speaker for Amgen, AbbVie, Janssen, Novartis, Merck, Eli Lilly, LEO Pharma, and Celgene. GS has acted as a consultant for Novartis and in the past three years, he has conducted studies for Novartis, CSL Behring, Merck, and DBV Technologies. He is also president of the Allergy, Asthma & Immunology Society of Ontario. KW was recently a speaker, investigator and/or advisor for Novartis, RTI, Uriach, FAES, UCB, MSD, Shire, Viropharma, Biocryst and MOXIE. MM has received grant, research or clinical trial support from Novartis, Genentech, Uriach, Abbott Laboratories, FAES, UCB and Moxie. He has acted as a consultant/participated in advisory board meetings for Novartis, Genentech, Uriach, Abbott Laboratories, FAES, MSD, Almirall, UCB and Sanofi. ACK has received honoraria from Novartis for participation in advisory board Meetings, speakerfees and financial support for scientific studies. JNGOE has served as a speaker for Novartis. MA is a member of the Coeliac Disease Guidelines Development Group with N.I.C.E. CG has participated in an advisory board for Novartis, was a principal investigator for a Novartis supported study and has received honoraria for Novartis supported meetings. AN has received honoraria from Novartis for participation in advisory board Meetings in 2014. AH, HT, JK, MMB, NC-R, OC, SC-R and STA are employed by Novartis. CS, CR, DMcB, DW and KH are employed by RTI Health Solutions, which provides consulting and other research services to pharmaceutical, device, government, and non-government organizations. In this salaried position, they work with a variety of companies and organizations. They receive no payment or honoraria directly from these organizations for services rendered

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