

ATOPIC ECZEMA/DERMATITIS

PATIENT INVOLVEMENT IN THE DECISION TO START DUPILUMAB

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Introduction: In the US there has been strong uptake of dupilumab, the first biologic to gain approval for atopic dermatitis. Patients are highly involved in the decision to start biologic therapy and dermatologists tend to discuss dupilumab initiation for a few months with patients before prescribing the drug.

Objectives: The objective of this study was to evaluate real world use of dupilumab and to understand the role of the patient in the decision to start biologic treatment.

Methods: An independent market analytics firm collaborated with US dermatologists and allergists (n=197) to conduct a retrospective chart review of patients diagnosed with moderate to severe atopic dermatitis (n=1,002). Dermatologists were able to submit patient charts via a HIPAA- compliant audit form in May and June 2018 and included clinical and non-clinical patient demographics, as well as physician demographics and attitudinal survey responses.

Results: 26% of the patients (n=1,002) had been initiated on dupilumab and had been discussing dupilumab as a treatment option for an average of 4.5 months prior to initiating therapy. In more than half of the cases, the treating physician believed the patient should have started dupilumab treatment earlier. Despite assumptions that patients are apprehensive about injectable biologics, physicians described three-quarters of the patients as either excited/motivated or relieved to begin dupilumab treatment, while only 13% were reluctant or anxious. On average, it took less than a month between the time the physician wrote a prescription to when the patient had their first dose administered.

Conclusion: The discussion between a physician and a patient to treat atopic dermatitis with a biologic agent takes time and education. In addition to reserving biologics for worsening symptoms, out-of-pocket costs, and insurance barriers, an additional obstacle to the use of dupilumab is patient refusal, suggesting an opportunity for increased education and physician-patient dialogue.





