



URTICARIA, ANGIOEDEMA

BECK DEPRESSION SCORES CHANGE SIGNIFICANTLY AFTER OMALIZUMAB TREATMENT IN PATIENTS WITH CHRONIC SPONTANEOUS URTICARIA AND PRESENCE OF DEPRESSION MIGHT IMPAIR RESPONSE TO OMALIZUMAB

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Background: Chronic spontaneous urticaria (CSU) is frequently associated with psychosocial factors.

Aim: We aimed to determine if depression was present in CSU patients who received omalizumab and if depression scores got better with omalizumab treatment and whether the presence of depression impaired treatment responses.

Methods: CSU patients from Okmeydani Training and Research Hospital Urticaria Excellence and Reference (UCARE) Center who received at least three injections (4-weekly) of omalizumab were included in the study. Urticaria activity (UAS), Chronic Urticaria Quality of Life (CU2QoL), BECK-D depression and Urticaria Control Test (UCT) scores were noted before and after three injections of omalizumab. Change in BECK-D-scores and other measures were compared before and after treatment.

Results: From 49 patients, according to BECK-D scores at baseline, 20 had depression while 29 did not have. There were no differences with respect to age, gender, disease duration, angioedema, ASST and UAS scores between patients with and without depression. But baseline and 3rd month UCT was lower in patients with depression compared to patients without depression (mean UCT baseline 2,5 vs 5; $p=0.04$ and mean UCT at 3rd month 12 vs 14; $p=0.006$, respectively). The CU2QoL scores were higher at baseline in patients with depression (mean CU2QoL baseline 50 vs 33; $p=0.001$). After treatment with omalizumab, UAS7, CU2QoL, BECK-D scores decreased and UCT-scores increased significantly from baseline ($p < 0.001$, for all). Omalizumab-non-responders had higher baseline BECK-D-scores compared to responders (20 vs 12, $p=0.024$). BECK-D-scores decreased significantly from baseline in 39(79,6%) patients and only 6 patients





scored as having depression after treatment. Of these 6 patients only one was an omalizumab-responder.

Conclusion: Omalizumab not only provides relief for urticaria but also for accompanying psychological comorbidity of the patients. Coexistent psychiatric conditions should be taken into account, since these comorbidities might impair treatment.

