

Medical and Non-Medical Resource Utilization Associated with CIDP Results from a Real-World International Survey

Febe Brackx, Ir, Msc,¹ Clémence Arvin-Berod, PharmD,² Sandra Paci, PhD,² Lucas Van de Veire, MA,¹ Yasmin Taylor, Mbiol,³ Jack Wright, MSc,³ Sarah Dewilde, PhD,¹

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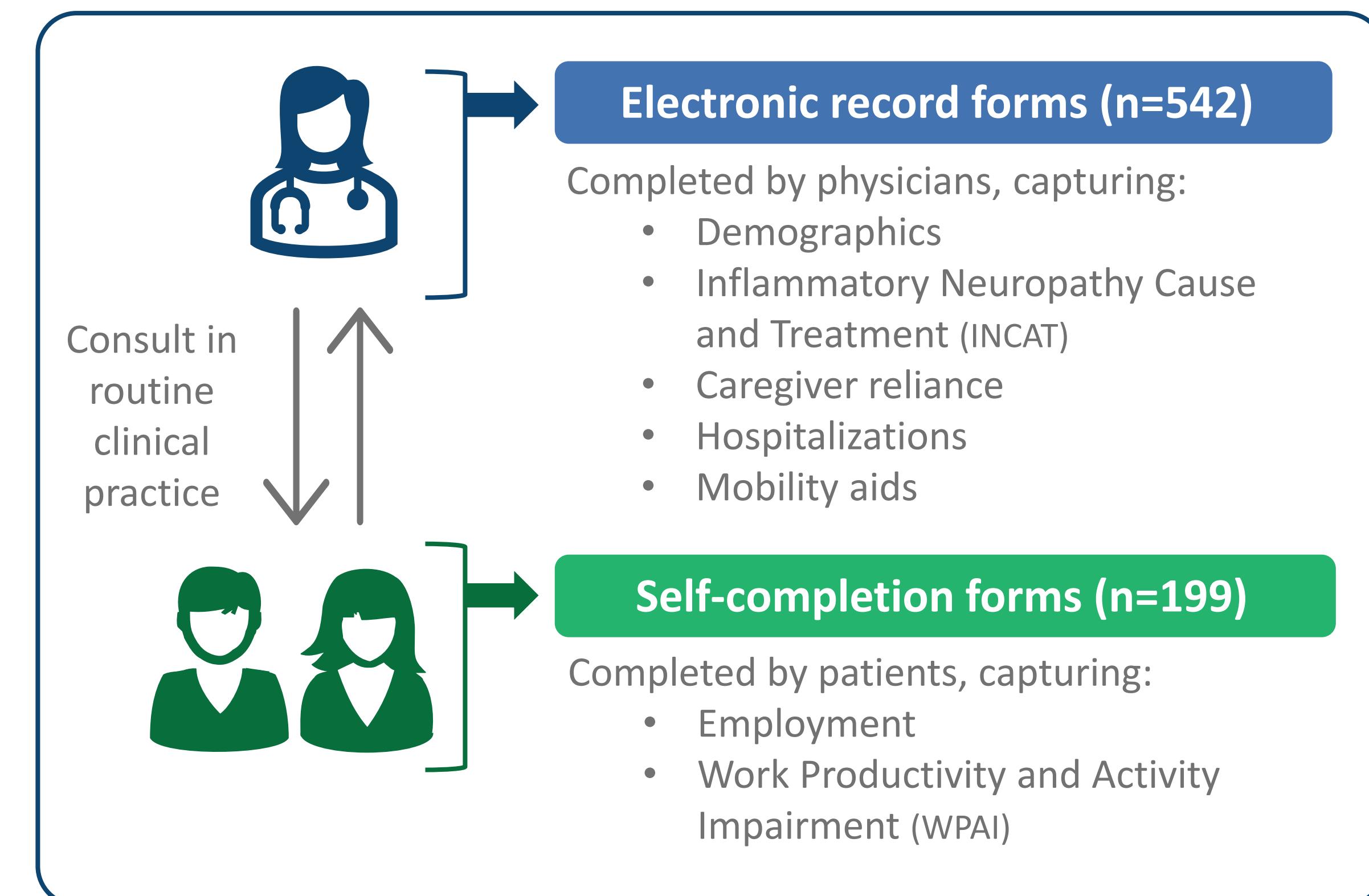
¹Services in Health Economics (SHE) BV, Brussels, Belgium

²argenx BV, Ghent, Belgium; ³Adelphi Real World, Bollington, UK

BACKGROUND | METHODS

- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP) is a rare autoimmune disorder causing progressive or relapsing muscle weakness and sensory symptoms.
- People with a chronic condition frequently use healthcare services and depend on loved ones to assist with activities of daily living^{1,2}.
- We analyzed resource use and productivity losses across levels of patient disability.

- Data were drawn from Adelphi's **CIDP Disease Specific Programme™** (DSP), a real-world cross-sectional survey conducted in the UK, Spain, Italy, Germany and France (September 2022-April 2023).
- Disability was measured with the INCAT disability score (0-10), grouped as mild (≤ 2), moderate (3-4), or severe (≥ 5). These categories were applied across all figures.
- Associations with disability level were tested using Kruskal-Wallis (ordinal variables) and Chi-squared (nominal variables) tests.



RESULTS

1. Patient and disease characteristics

- Of 542 patients, 236 had mild, 189 moderate, and 117 severe disability. Across disability levels, most patients were male. Mean age and treatment prescription rates increased with disability severity ($p < 0.001$ for both) (Figures 1a and 1b).

FIGURE 1a Patients by disease severity (n=542)

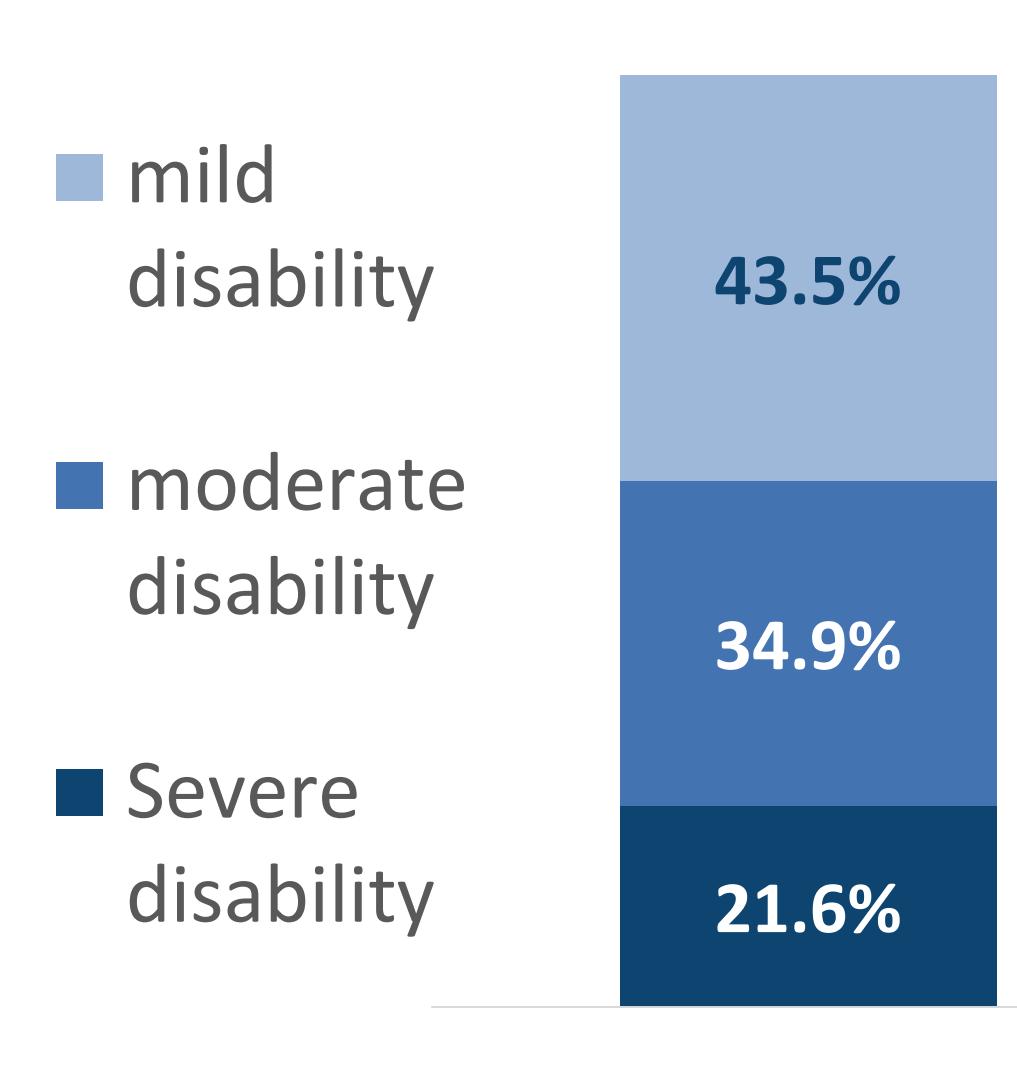
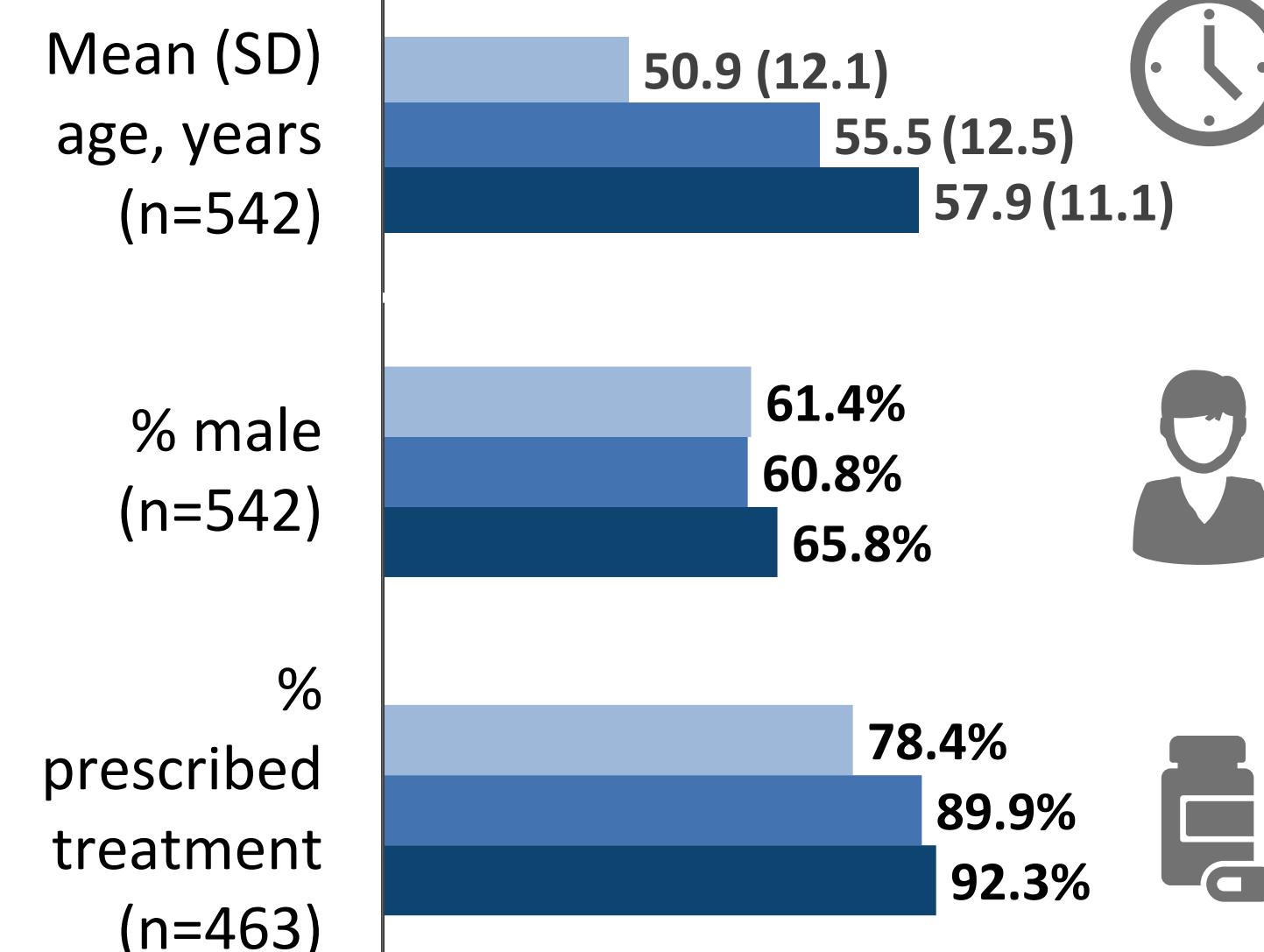


FIGURE 1b Disease characteristics by disease severity



2. Non-professional caregiving

- Disability correlated significantly with caregiver reliance ($p < 0.001$) and the average number of weekly hours of care provided by non-professional caregivers ($p < 0.001$) (Figures 2a and 2b).
- The impact on caregivers' work ($p = 0.028$) and daily activities ($p < 0.001$) likewise increased with disability (Figures 2c and 2d).

FIGURE 2a % of patients needing a caregiver (n=510)

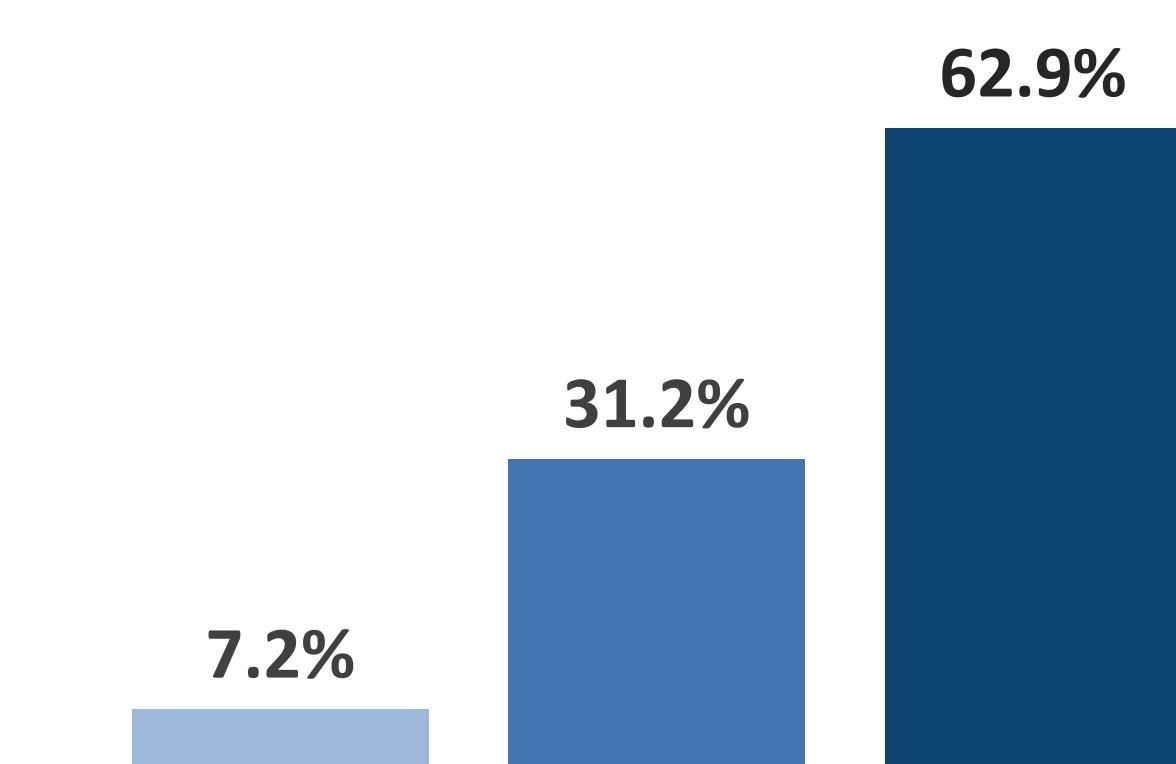


FIGURE 2b Mean (SD) hours of weekly care by non-professional caregivers (average across all patients, n=510)

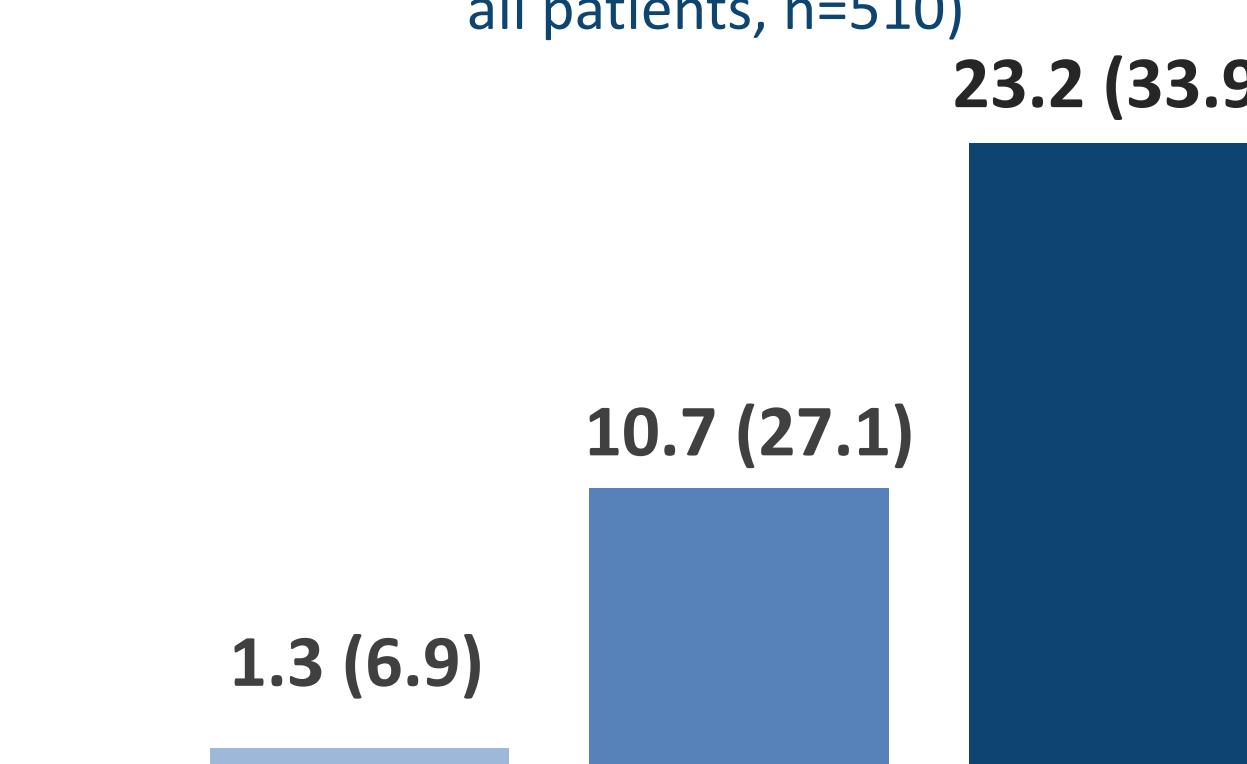


FIGURE 2c % of caregivers whose work was impacted (n=127)

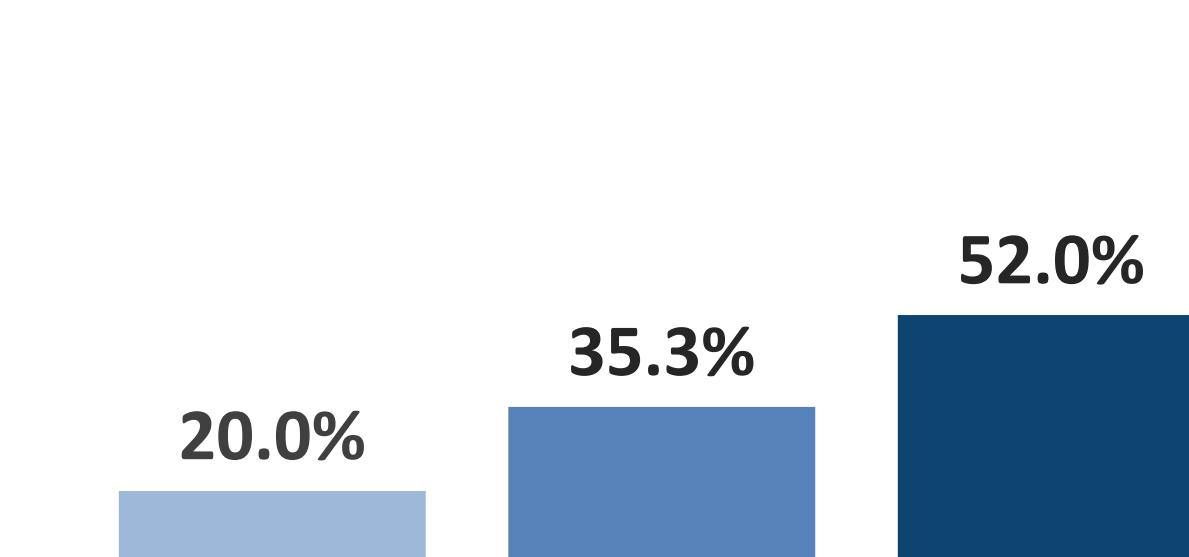
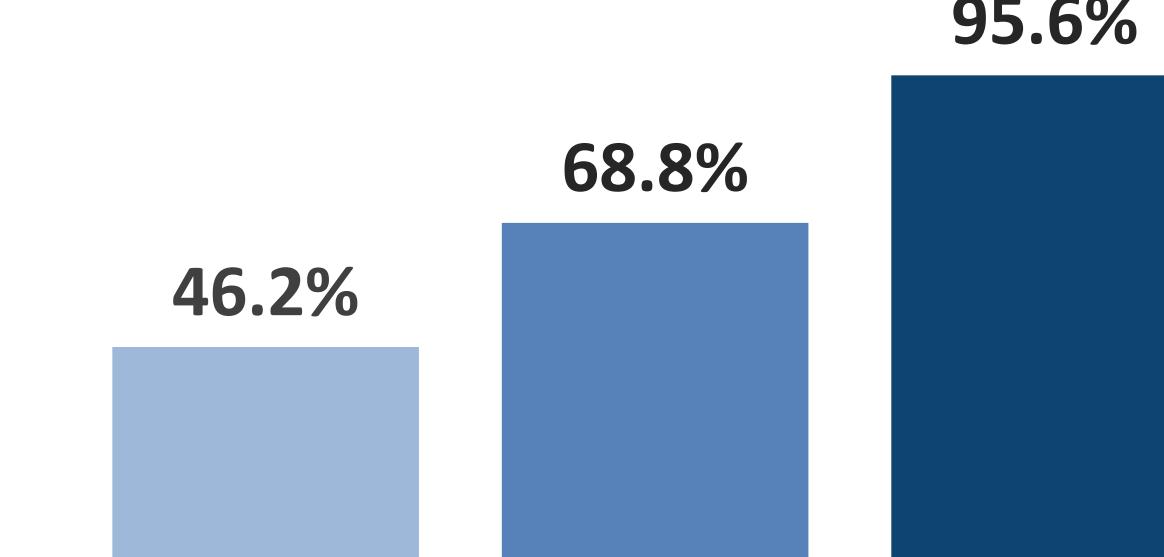


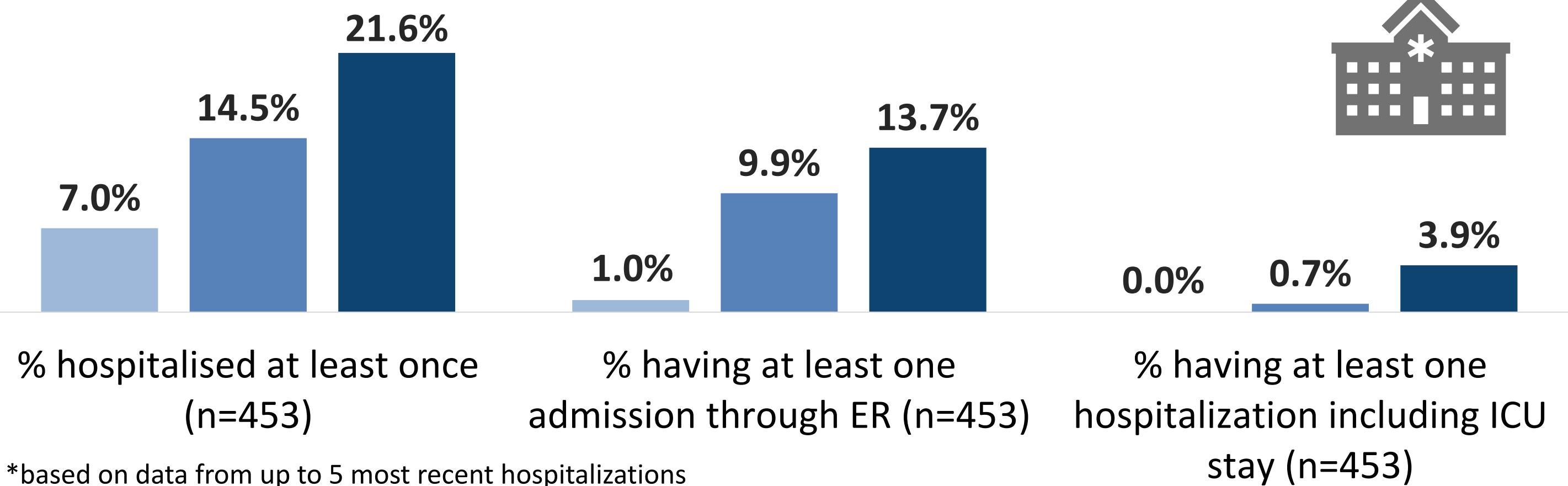
FIGURE 2d % of caregivers whose daily activities were impacted (n=90)



3. Hospitalizations

- Hospitalizations in the 12 months prior to the survey were more frequent with greater disability ($p = 0.001$), as were emergency admissions ($p < 0.001$) and ICU stays ($p = 0.004$) (Figure 3).

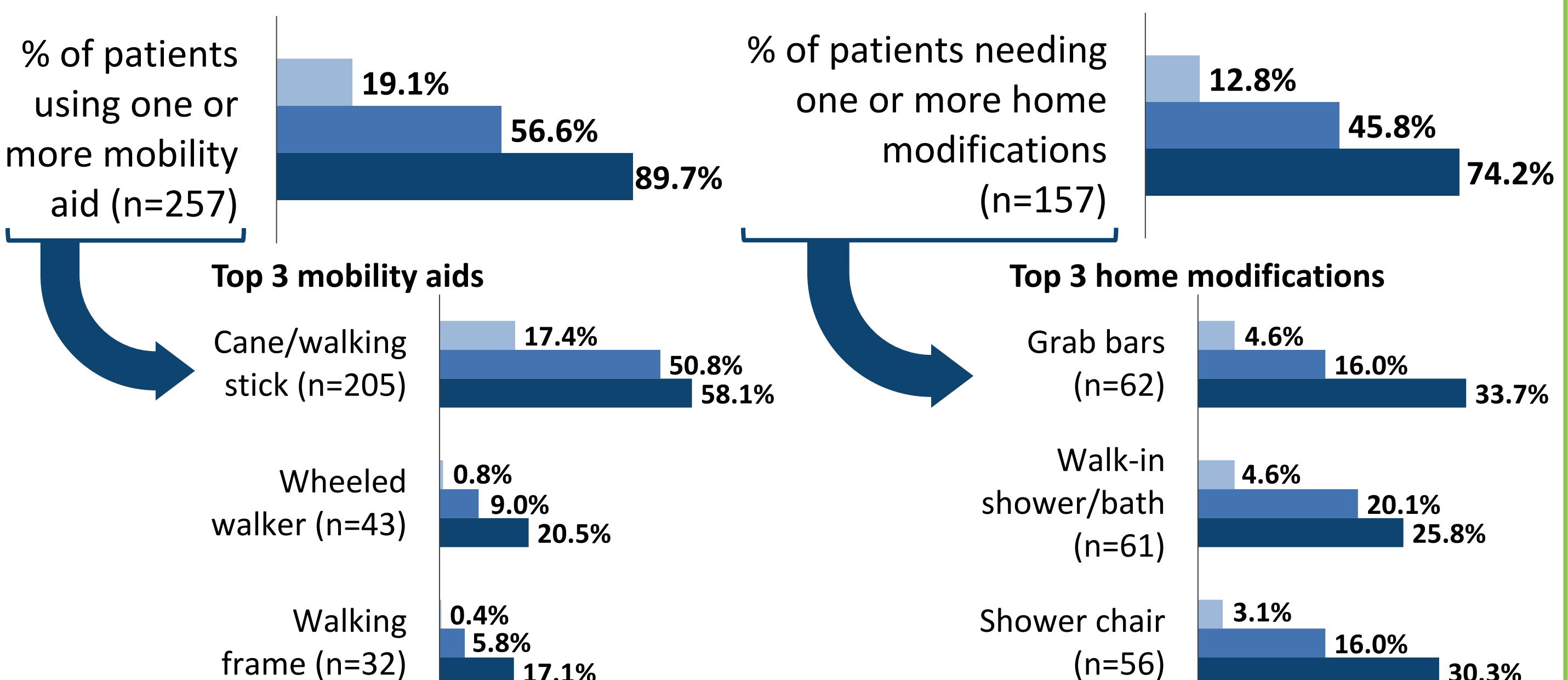
FIGURE 3 Hospitalizations in 12 months prior to survey*



4. Mobility/supportive aids and home modifications

- The use of mobility aids and the need for home modifications correlated significantly with disability ($p < 0.001$ in both cases) (Figure 4).

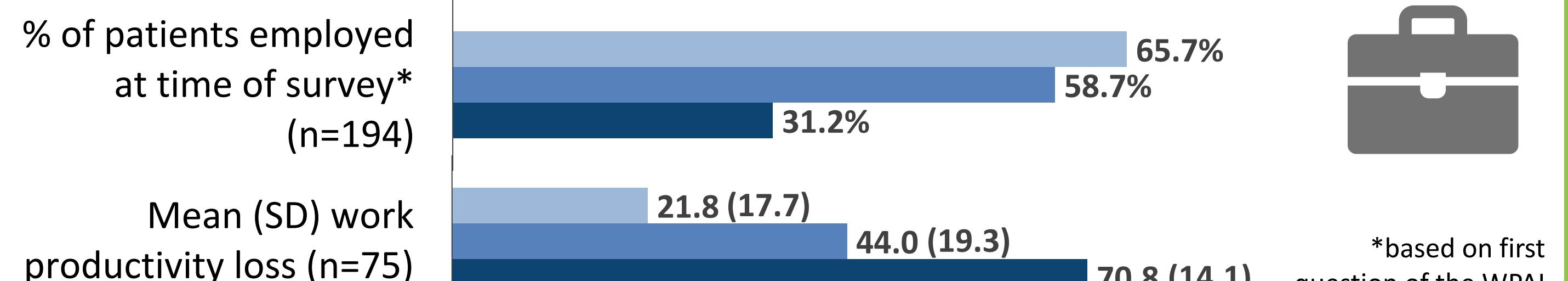
FIGURE 4 Mobility aids and home modifications



5. Employment

- Among the 199 patients that completed the survey, higher disability was associated with lower employment rates ($p = 0.003$) and higher overall work productivity loss ($p < 0.001$) (Figure 5).

FIGURE 5 Employment and productivity loss, reported by patients



*based on first question of the WPAI

KEY TAKEAWAYS

- This study underscores the substantial and multifaceted burden of CIDP experienced across different levels of disability.
- Patient burden intensifies with disease severity and extends beyond direct medical healthcare utilization to include significant caregiver strain and loss of work productivity.
- These findings highlight the wide-ranging impact of CIDP and the need for comprehensive management strategies, particularly for patients with greater disability.

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ABBREVIATIONS: CIDP: Chronic Inflammatory Demyelinating Polyradiculoneuropathy; N: Sample size; SD: standard deviation; IQR: Interquartile Range; INCAT: Inflammatory Neuropathy Cause and Treatment; ER: Emergency Room; ICU: Intensive Care Unit

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