

Healthcare Resource Utilization and Economic Burden Among Adults With Alopecia Areata in the United Arab Emirates

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BACKGROUND

- Alopecia areata (AA) is an autoimmune disorder characterized by patchy or complete nonscarring hair loss on the scalp, with or without additional loss of facial and/or body hair¹

• AA can negatively affect psychosocial health and health-related quality of life of individuals and is associated with economic burden²⁻⁴

• Although AA is a relatively common disease in the Middle East, with an estimated prevalence of 2% to 5%, data on healthcare resource utilization and the economic burden of AA in the United Arab Emirates (UAE) are limited²

OBJECTIVE

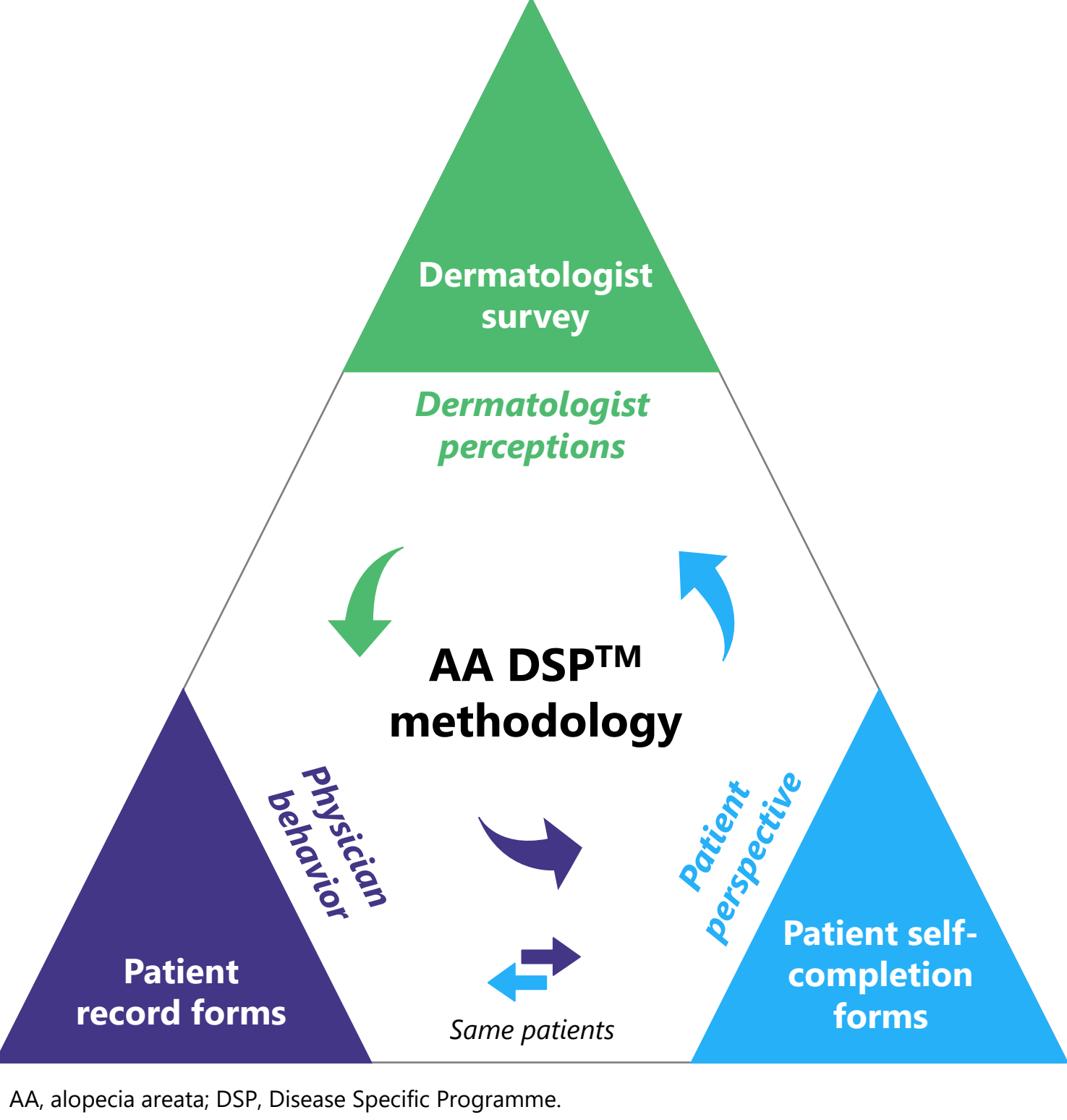
- To evaluate the healthcare resource utilization and associated economic burden of AA in adults in the UAE

METHODS

Study design and data source

- Data were analyzed from the Adelphi Real World AA Disease Specific Programme™ (DSP),^{5,6} a cross-sectional survey of dermatologists and their adult patients with AA conducted in the UAE from September 2022 to March 2023 (**Figure 1**)
- Participating dermatologists provided data on patient demographics, clinical characteristics, and treatment information for 3 of their consecutively consulting patients (1 each with currently mild, moderate, and severe AA)
- A subset of these patients voluntarily completed a survey, independently of their physicians, on associated out-of-pocket costs for prescribed medication for AA

Figure 1. Study design



AA, alopecia areata; DSP, Disease Specific Programme.

Inclusion criteria

- Patients:
- Age ≥18 years

– A physician-confirmed diagnosis of AA

– Not currently involved in a clinical trial
- Dermatologists:
- Actively involved in AA treatment management

– A minimum monthly workload of 3 adults with AA (including at least 1 patient each with currently mild, moderate, and severe AA)

Analysis

- Results were stratified by physician-assessed percent scalp hair loss (SHL)
- Statistical analysis was conducted using STATA version 17 (StataCorp, College Station, TX). Statistical analyses across percent SHL groups were conducted using analysis of variance (ANOVA) for numeric variables and Fisher exact test for categorical variables, with chi-squared tests used when Fisher exact test could not be calculated

RESULTS

Patient demographics

- A total of 144 patients were included in the analysis; 57 patients had ≤20% SHL, 43 had 21% to 49% SHL, and 44 had ≥50% SHL (**Table 1**)
- The median (IQR) age was 27.0 (22.0-32.0) years, 53.5% of patients were male, and 95.8% were diagnosed with AA by a dermatologist
- A total of 47 patients (32.6%) had severe to very severe AA (as assessed by the physician)

Table 1. Patient demographics by percent SHL

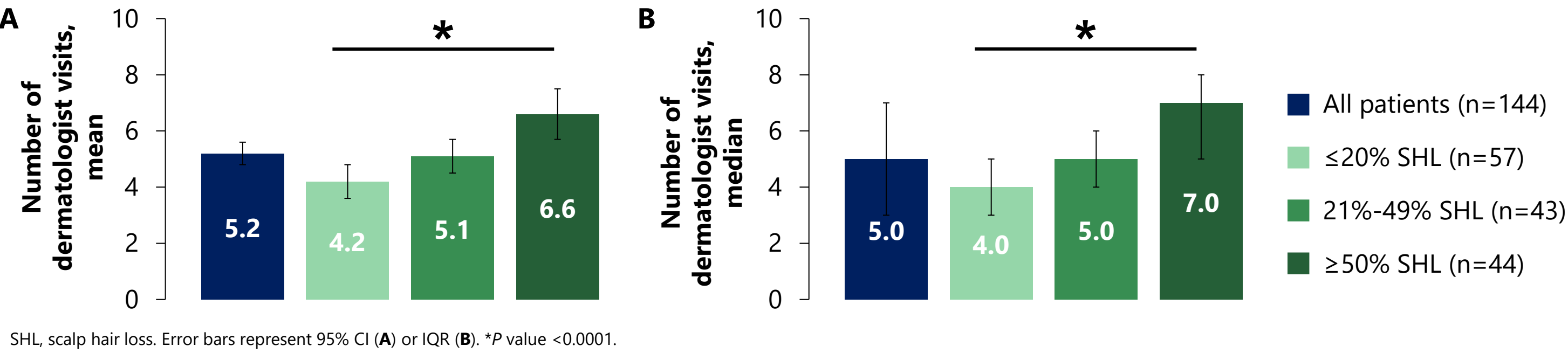
Characteristic	Overall (N=144)	≤20% SHL (n=57)	21% to 49% SHL (n=43)	≥50% SHL (n=44)	P value
Age, years	n=144	n=57	n=43	n=44	
Mean (SD)	28.5 (8.8)	25.2 (8.5)	28.6 (5.7)	32.7 (9.9)	<0.0001
Median (IQR)	27.0 (22.0-32.0)	22.0 (20.0-28.0)	27.0 (25.0-31.0)	31.0 (27.5-36.5)	
Sex, n (%)	n=144	n=57	n=43	n=44	
Female	67 (46.5)	28 (49.1)	20 (46.5)	19 (43.2)	0.8
Male	77 (53.5)	29 (50.9)	23 (53.5)	25 (56.8)	
Ethnicity, n (%)	n=144	n=57	n=43	n=44	
Afro-Caribbean	2 (1.4)	2 (3.5)	0 (0.0)	0 (0.0)	0.02
Asian-Indian subcontinent	30 (20.8)	18 (31.6)	8 (18.6)	4 (9.1)	
Asian - other	13 (9.0)	1 (1.8)	7 (16.3)	5 (11.4)	
Iranian	6 (4.2)	2 (3.5)	2 (4.7)	2 (4.5)	
Middle Eastern	88 (61.1)	31 (54.4)	24 (55.8)	33 (75.0)	
Northern African	3 (2.1)	2 (3.5)	1 (2.3)	0 (0.0)	
White/Caucasian	1 (0.7)	0 (0.0)	1 (2.3)	0 (0.0)	
Other	1 (0.7)	1 (1.8)	0 (0.0)	0 (0.0)	
Physician who diagnosed patient, n (%)	n=142	n=57	n=42	n=43	
Dermatologist	136 (95.8)	53 (93.0)	41 (97.6)	42 (97.7)	0.5
General practitioner	6 (4.2)	4 (7.0)	1 (2.4)	1 (2.3)	
Insurance type, n (%)	n=144	n=57	n=43	n=44	
The National Health Insurance – Daman (the UAE's national health insurer)	47 (32.6)	16 (28.1)	14 (32.6)	17 (38.6)	0.2
Voluntary private health insurance	67 (46.5)	24 (42.1)	20 (46.5)	23 (52.3)	
Other	11 (7.6)	5 (8.8)	5 (11.6)	1 (2.3)	
No insurance coverage	19 (13.2)	12 (21.1)	4 (9.3)	3 (6.8)	
Current physician-assessed severity, n (%)	n=144	n=57	n=43	n=44	
Mild	50 (34.7)	48 (84.2)	2 (4.7)	0 (0.0)	<0.0001
Moderate	47 (32.6)	7 (12.3)	40 (93.0)	0 (0.0)	
Severe to very severe	47 (32.6)	2 (3.5)	1 (2.3)	44 (100.0)	

SHL, scalp hair loss; UAE, United Arab Emirates.

Healthcare resource utilization and the economic burden of AA

- Over the past 12 months, the total mean (SD) and median (IQR) number of dermatologist visits were 5.2 (2.5) and 5.0 (3.0-7.0), respectively (**Figure 2**)
- Patients with ≤20% SHL had a mean of 4.2 (2.1) and a median of 4.0 (3.0-5.0) dermatologist visits in the past 12 months, while patients with ≥50% SHL had 6.6 (2.8) and 7.0 (5.0-8.0) visits, respectively

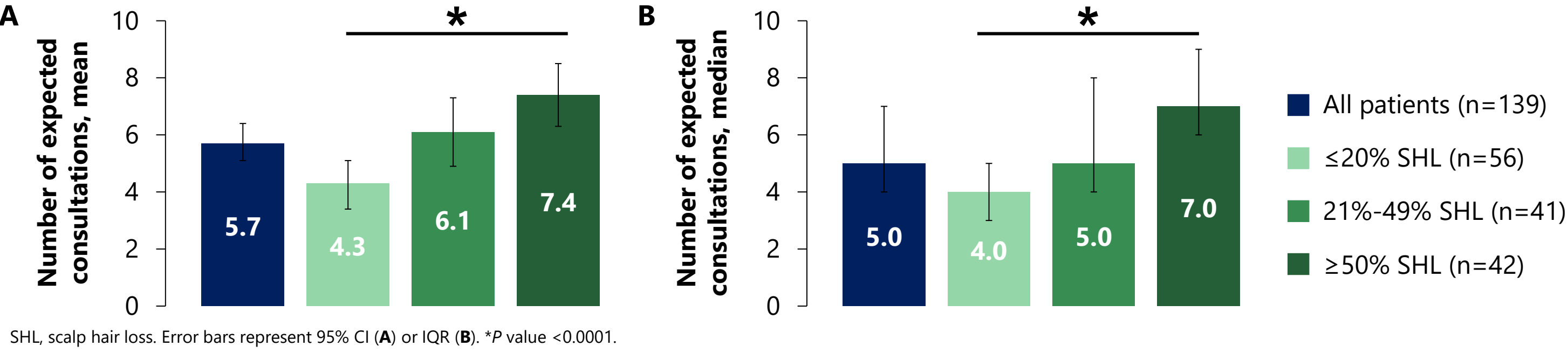
Figure 2. Mean (A) and median (B) number of dermatologist visits in the past 12 months by percent SHL



SHL, scalp hair loss. Error bars represent 95% CI (A) or IQR (B). *P value <0.0001.

- The total expected mean (SD) and median (IQR) number of consultations over the next 12 months were 5.7 (3.6) and 5.0 (4.0-7.0), respectively (**Figure 3**)
- In the ≤20% SHL cohort, the mean and median expected consultations were 4.3 (3.1) and 4.0 (3.0-5.0), respectively, while for the ≥50% SHL cohort, the mean and median were 7.4 (3.5) and 7.0 (6.0-9.0)

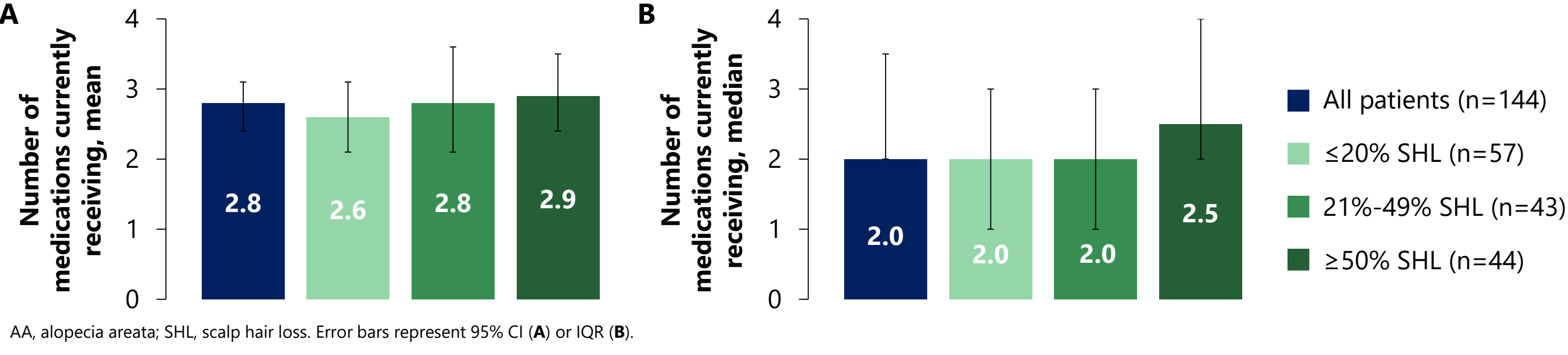
Figure 3. Mean (A) and median (B) expected number of consultations over the next 12 months by percent SHL



SHL, scalp hair loss. Error bars represent 95% CI (A) or IQR (B). *P value <0.0001.

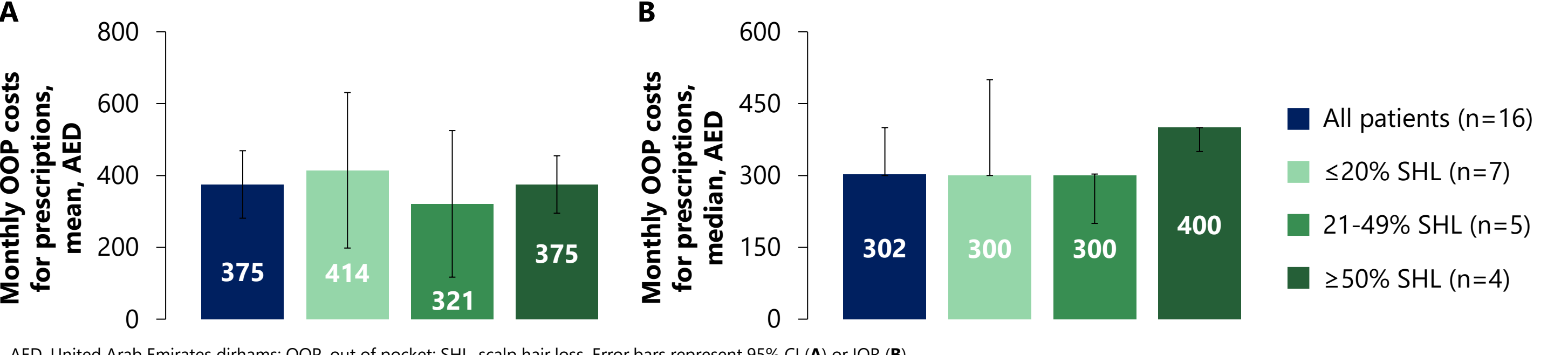
- The total mean (SD) and median (IQR) number of medications patients were currently receiving for AA were 2.8 (2.0) and 2.0 (2.0-3.5), respectively (**Figure 4**)
- The median (IQR) monthly out-of-pocket costs per patient for prescription medications ranged from 300 (300-500) UAE dirhams (AED) for the ≤20% SHL cohort to 400 (350-400) AED for the ≥50% SHL cohort (**Figure 5**)

Figure 4. Mean (A) and median (B) total number of medications patients were currently receiving for AA by percent SHL



AA, alopecia areata; SHL, scalp hair loss. Error bars represent 95% CI (A) or IQR (B).

Figure 5. Mean (A) and median (B) monthly OOP costs for prescription medications per patient by percent SHL



AED, United Arab Emirates dirhams; OOP, out of pocket; SHL, scalp hair loss. Error bars represent 95% CI (A) or IQR (B).

LIMITATIONS

- Results may be limited due to incomplete documentation or limited access to patient medical record forms
- Self-reported data are subject to recall bias
- The out-of-pocket costs data should be interpreted with caution, as the sample size was small (all patients, n=16)
- The results of this study may have limited generalizability to different age groups, disease states, or geographic regions



CONCLUSIONS

- Adults with AA in the UAE had substantial healthcare resource utilization and economic burden, particularly related to dermatologist visits and out-of-pocket costs for AA medication
- Patients with extensive hair loss (≥50% SHL) reported a higher burden than patients with less hair loss (≤20% SHL)

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DISCLOSURES

This analysis was funded by Pfizer Inc. Pfizer Inc did not influence the original survey through either contribution to the design of questionnaires or data collection. The analysis described here used data from the Adelphi Real World AA DSP. The DSP is a wholly owned Adelphi Real World product. Pfizer Inc is one of multiple subscribers to the DSP. Publication of survey results was not contingent on the subscriber's approval or censorship of the publication. M Zayed, HM Ahmed Mohamed, D Hamza, SK Kurosky, GA Encinas, AS Cha-Silva, and JM Canosa are employees of and may hold stock or stock options in Pfizer Inc. J Austin is an employee of Adelphi Real World. S Vaghela is an employee of HealthEcon Consulting, Inc, and an external consultant for Pfizer Inc. Support for third-party medical writing assistance was provided by Nucleus Global, which was funded by Pfizer Inc.

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