

Impact of dupilumab treatment on healthcare resource utilization in patients with atopic dermatitis in a Colombian health insurance provider: an observational real-world practice study

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INTRODUCTION

Atopic dermatitis (AD) imposes significant healthcare burden through emergency visits, hospitalizations, and outpatient care requirements. The real-world impact of dupilumab on healthcare resource utilization in Colombia remains unexplored.

OBJECTIVE

To quantify the impact of dupilumab treatment on healthcare resource utilization in patients with AD.

METHODS

A retrospective cohort study was conducted in patients with atopic dermatitis treated with dupilumab, affiliated with a Colombian health insurer between 2018 and 2023. Data obtained from electronic health records included clinical/sociodemographic variables and healthcare resource use (HCRU): outpatient visits, emergency room visits (ER), and hospitalizations. Healthcare resources utilization was compared 52 weeks before and after dupilumab initiation. Statistical significance ($p < 0.05$) was determined using McNemar's test.



POSTER HIGHLIGHT: Dupilumab significantly reduced hospitalizations and acute care visits while maintaining specialist care in Colombian AD patients.

Figure 1: HCRU before vs after dupilumab

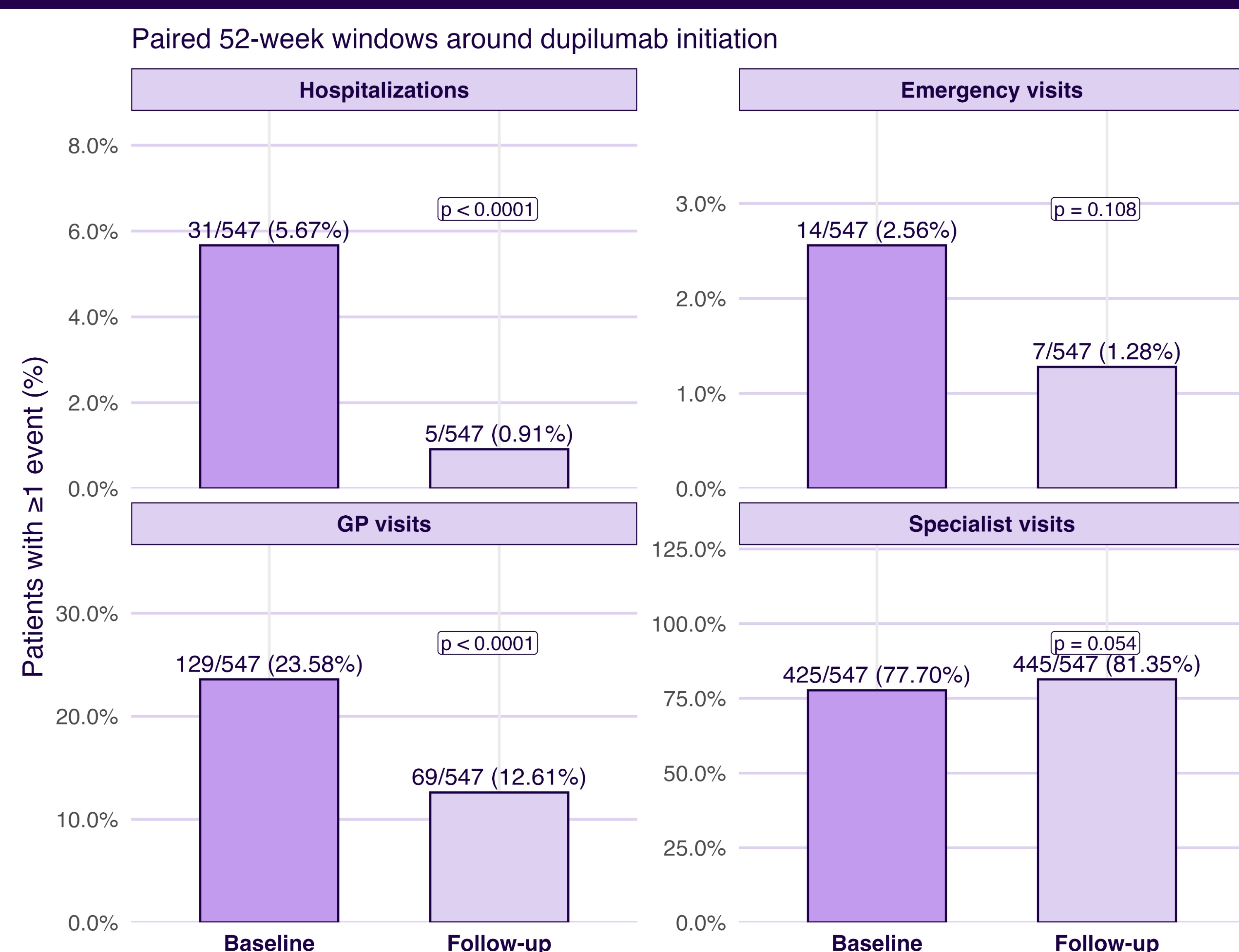
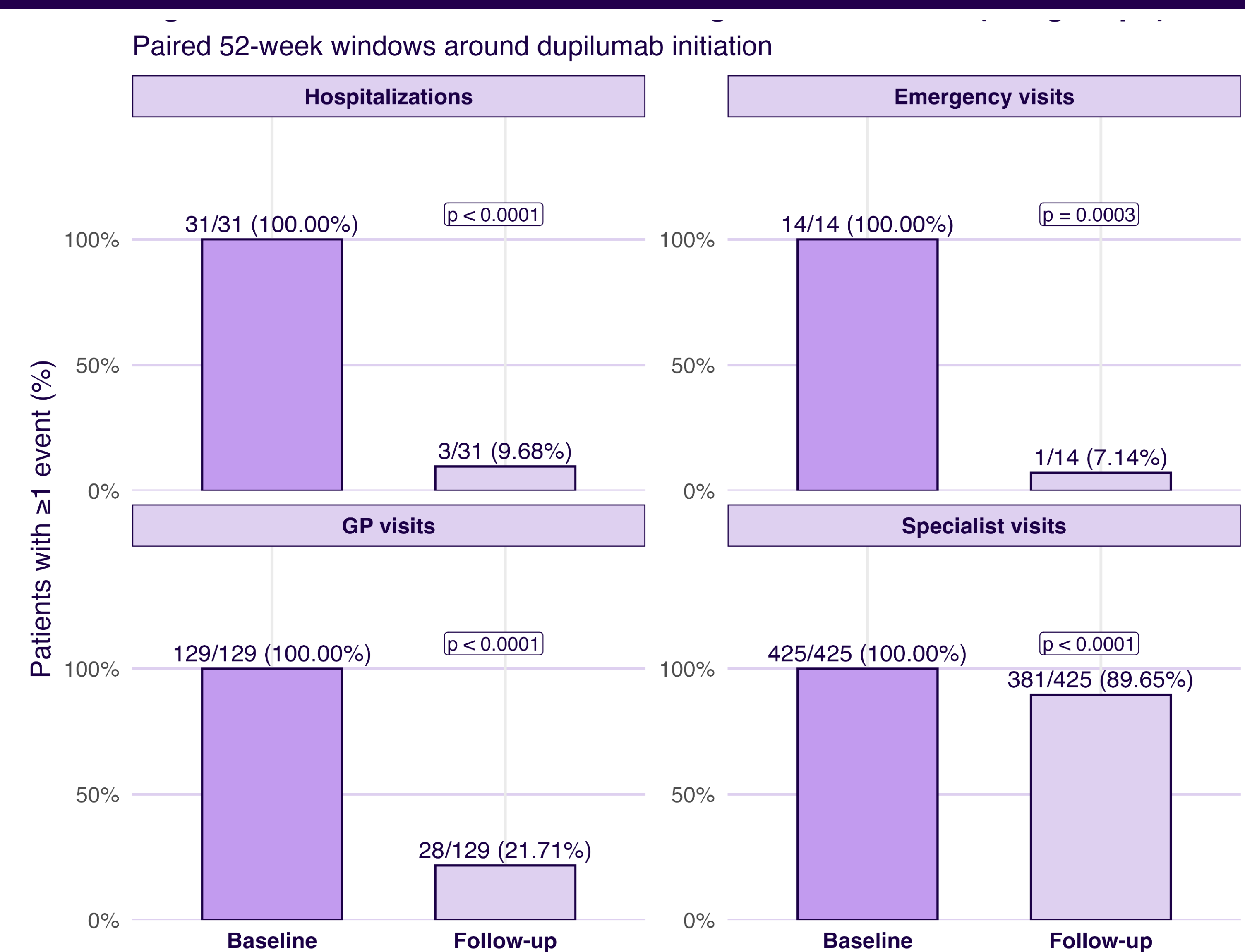


Figure 2: Recurrence among patients with HCRU at baseline



RESULTS

- Patient Population:** 547 patients (51.9% male) with median age of 23 years (interquartile range [IQR]: 16–33) and median treatment duration of 48 weeks (IQR: 26–48).
- Comorbidities:** Most frequent: allergic rhinitis (38.9%), asthma (19.2%), and urticaria (12.9%), with rare occurrence of eosinophilic esophagitis (0.4%).
- Healthcare Utilization Changes**
 - Hospitalizations dropped significantly from 5.67% to 0.91% (OR=14.0; $p < 0.0001$), with only 9.68% of previously hospitalized patients requiring readmission (OR=7.10; $p < 0.0001$).
 - ER visits decreased from 2.56% to 1.28%, with only one previously affected patient (7.14%) returning during follow-up (OR=3.05; $p = 0.0003$).
 - GP visits reduced from 23.58% to 12.61% (OR=2.46; $p < 0.0001$), while specialist visits showed slight increase from 77.70% to 81.35% with high continuation rate (89.65%) among patients that had a specialist visit during baseline.

CONCLUSIONS

- Dupilumab treatment significantly reduced acute care needs, with marked decreases in hospitalizations and emergency visits, while maintaining appropriate specialist follow-up.
- These findings demonstrate dupilumab's effectiveness in shifting atopic dermatitis management from crisis-driven interventions to planned specialized care, suggesting improved disease control and potential healthcare resource optimization.

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