CHARACTERIZATION OF ATOPIC DERMATITIS PATIENTS TREATED IN COLOMBIA

Hernandez N[1], Laignelet H[1], Reyes JM[2], Ruiz F[2], Castaño Gamboa N[2]

[1] Gastroped & Dermasoluciones S.A.S, Bogotá, Colombia; [2]Pfizer SAS, Bogotá.

BACKGROUND

- Atopic dermatitis (AD) is a dermatological disease characterized by intense itching and recurrent eczematous lesions. The lesions can affect any part of the body which depends on the age-related morphology and distribution.[1]
- In developed countries, the prevalence of AD is approximately 10-20% maintaining steady, whereas in developing countries it is increasing.[2]
- AD affects up to 20% of children and up to 3% of adults. However, the prevalence varies greatly throughout the world.[3]
- The prevalence of AD and characteristics of population has not been formally evaluated in Colombia.

OBJECTIVE

To characterize AD patients treated in Colombia from the individual records of the provision of health services (RIPS) and drugs prescriptions (Mipres) in 2019.

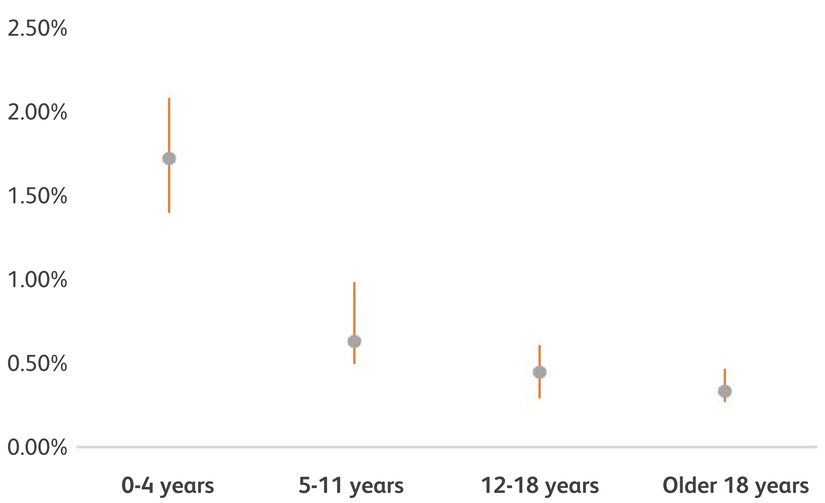
METHODS

- Cross-sectional study based on national databases. The International Classification Diseases 10th version (ICD-10) L208 and L209 were used to identify the patients diagnosed with AD.
- The analyzed variables were gender, age, geographic localization and supply of approved tacrolimus and dupilumab of user of Health Care System (HCS) were abstracted from sources. The databases used were RIPS and Mipres.
- The descriptive statistical analysis was performed using mean and median as central tendency, and standard deviations standard (SD) and interquartile range (IQR) as variability measures.

RESULTS

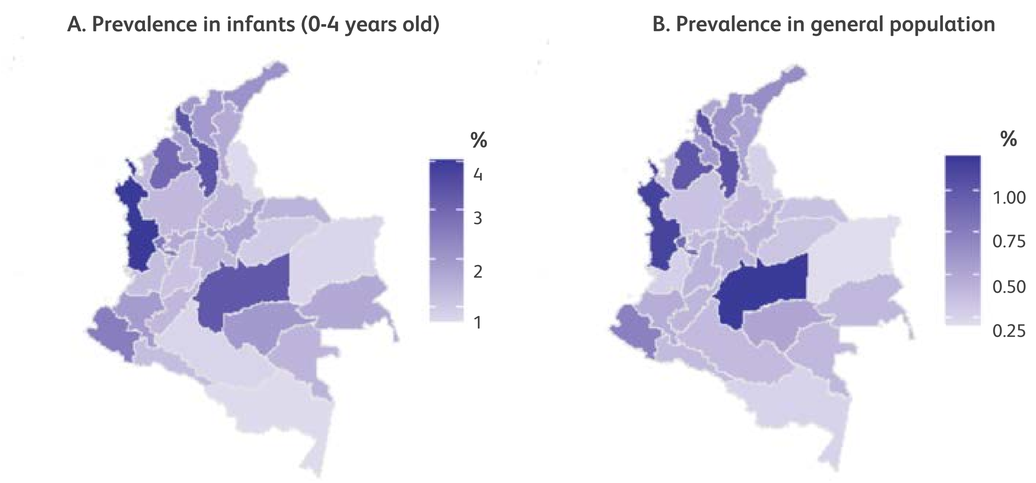
- From the RIPS, 322,629 patients were identified with AD using ICD-10 codes, most of them were females (57.1%), with a mean age of 23.1 (SD 8.6) years old.
- The prevalence of AD for all ages had a median 0.4% IQR (0.4%-0.7%); infancy (0-4 years) was 1.7% IQR (1.4%-2.0%); childhood (5-12 years) was 0.6% IQR (0.5%–1.0%); adolescence (12-18 years) was 0.4% IQR (0.3%-0.6%); and adults (older 18 years) was 0.3% IQR (0.3%-0.5%).
- There is regional variability for general population AD prevalence characterized by higher frequency in coast region (1.10% - 0.65%) whereas for other regions the prevalence is close to 0.40%. In the case of infancy, the frequency remains higher in the coast region (3.6% - 2.9%)) but the behavior is not the same as general population (Figure 2).

Figure 1. *Distribution of prevalence by age groups**



* Median and IQR

Figure 2. *AD prevalence distributed by geographic localization in Colombia expressed in percentage.*



- There is a variability in the frequency of healthcare attention in AD among the different regions in the country.
- Regarding treatment, tacrolimus was prescribed in 10,234 patients (mild to severe) and dupilumab in 1417 (moderate to severe) patients during that year, meaning that 3.4% and 0.5% of total cases were treated with these medications, respectively.
- There were mainly prescribed in geographical areas where the important cities are located (Cundinamarca, Antioquia and Valle del Cauca).
- They were more prescribed on contributive regime (92%), and outpatient care (99.4%).
- The databases used in the analysis only considered patients that are care through the HCS payed by Colombian Government. Other important part of the AD patients received care by private services without been in national databases that allow to measure the number of patients.
- Additionally, there is probable underreport of AD cases due to limitations in quality of the report to RIPS database. Some studies have suggested limitations in this database such as insufficiency data of report, use of CIE10 of the first diagnosis and quality of diagnosis, among other. [4,5]

CONCLUSIONS

The most prevalent patients with AD care in the public HCS were under 5 years. Few patients had access to specialized treatment for moderate and severe. There is difference in prevalence reported in the literature mainly caused by patients that were treated outside the HCS.

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