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Introduction

- Chronic spontaneous (also called idiopathic) urticaria (CSU) is a skin condition characterized by spontaneous occurrence of itchy hives and/or angioedema (deep tissue swelling) lasting for ≥ 6 weeks¹
- The US guidelines² recommend a stepwise treatment starting with non-sedating H1-antihistamines (ns-H1AH), followed by increased dose of the previous, or combination of ns-H1AH, or adding leukotriene receptor antagonists (LTRAs), or adding H2AH or sedating (s) H1AH etc. and as 4th line addition of omalizumab or cyclosporine. Short-course oral corticosteroids (OCS) prescribed for flares
- Some of the drugs recommended for CSU are not specifically approved for this indication (e.g., LTRAs, cyclosporine) and others are also approved for other diseases (e.g., H1-AHs, omalizumab)

Objective

- To assess real-world treatment patterns in 1st year after CSU diagnosis in adult patients in the US electronic health records

Methods

- The **target population** was identified from the Optum® Clinformatics Data Mart based on ≥2 relevant ICD-9 and/or 10 codes of idiopathic or unspecified urticaria and/or angioedema, ≥30 days apart during the study identification period (01.2012 to 12.2018); index date was the first relevant ICD code and baseline the 12-month pre-index period
- Treatment pattern** was defined as any prescription from a pre-defined list of CSU-related medications (as per guidelines)
- Line of therapy (LoT)** represents the sequence of treatments (single therapy or combination of therapies) in the database
- Time to initiation of therapy** represents the time between index date and first prescription of CSU-related medication
- CSU-related medication:** post-index were prescriptions after diagnosis, while over baseline same treatments could have been prescribed for any other indication
- Data were **analyzed** using descriptive statistics and results were reported as mean, median and standard deviation [SD] for continuous variables; and frequency counts and percentages for categorical variables

Results

- 40,041 patients were included in the analysis, 71.1% female, mean [SD] age 53 [18] years, disease duration 2.1 [1.8] years, 21% with an Elixhauser Index ≥ 5, and commercial insurance for 66.7% of patients
- 34.8% of patients did not have any prescriptions for CSU-related medications during 1-year post index (**Figure 1**)
- Only 10.2% of patients were prescribed ns-H1AH in 1-year post index period (**Figure 1**)
- Within 1-year post index, 45.2% of patients received single LoT, 22.3% received 2 LoTs and 32.6% ≥ 3 LoTs
- Most common first line therapies (alone or in combination) included OCS, LTRAs and H2AH (**Figure 2**)

Figure 1. CSU-related medication: baseline and 1-year post-index

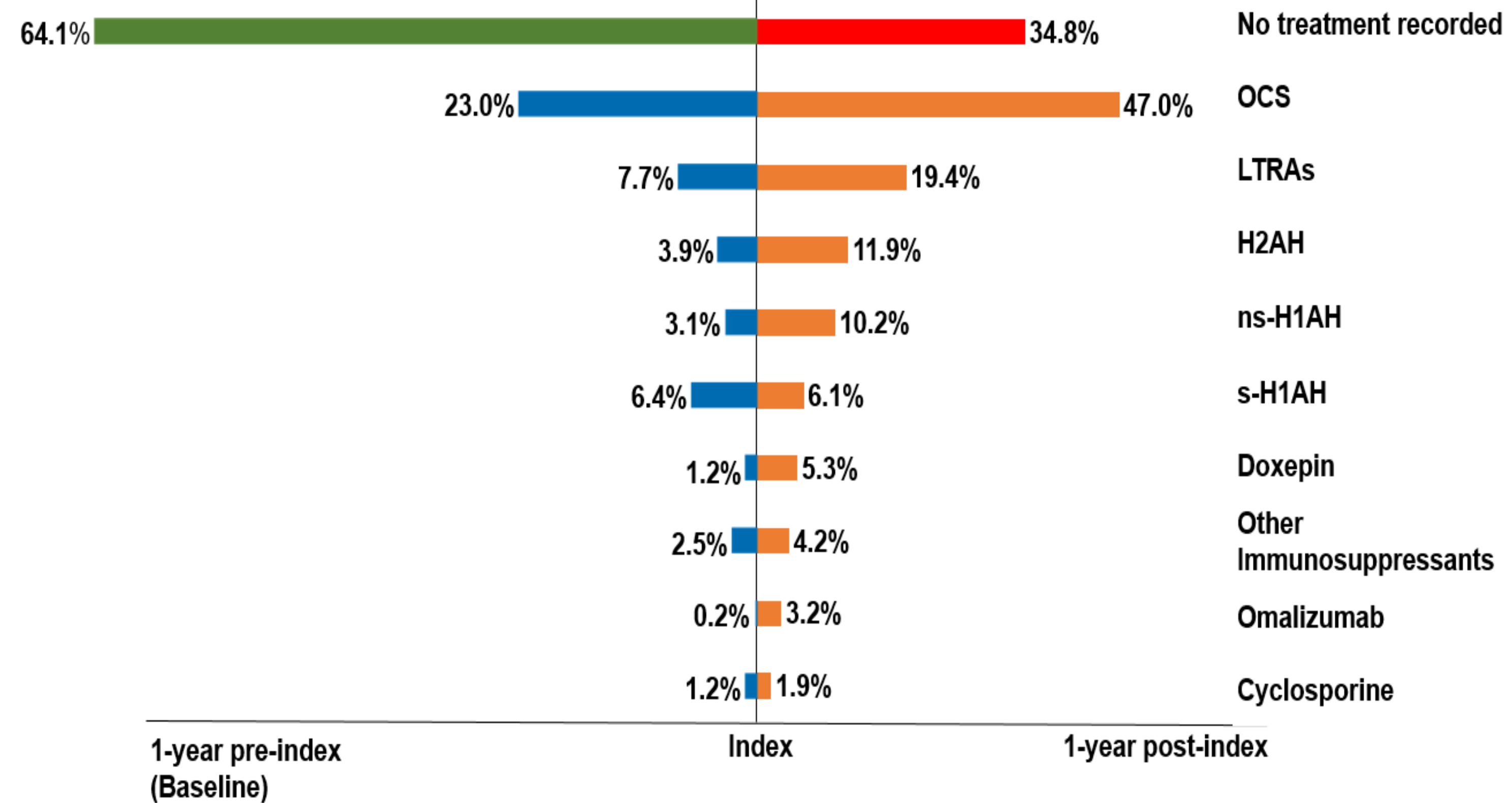
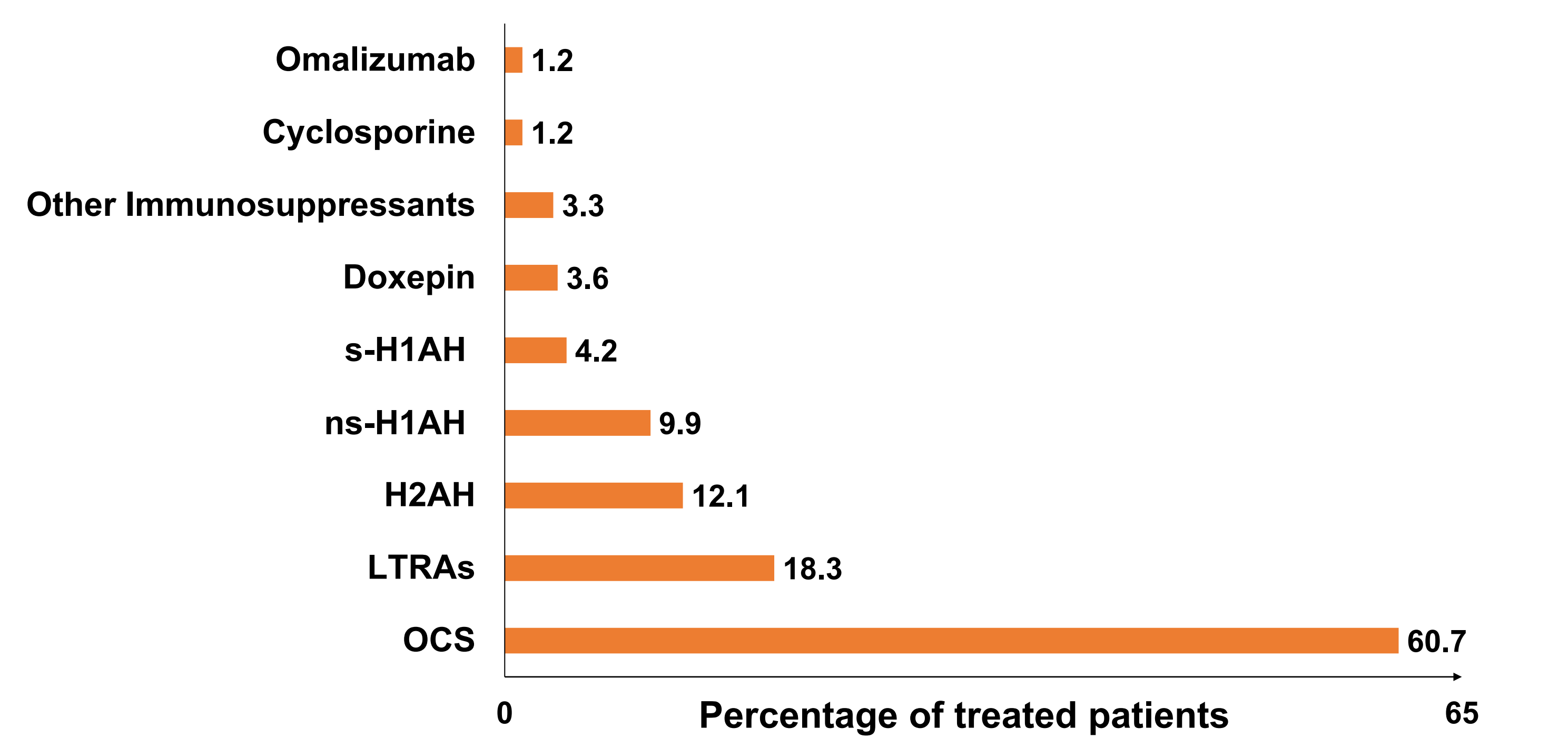
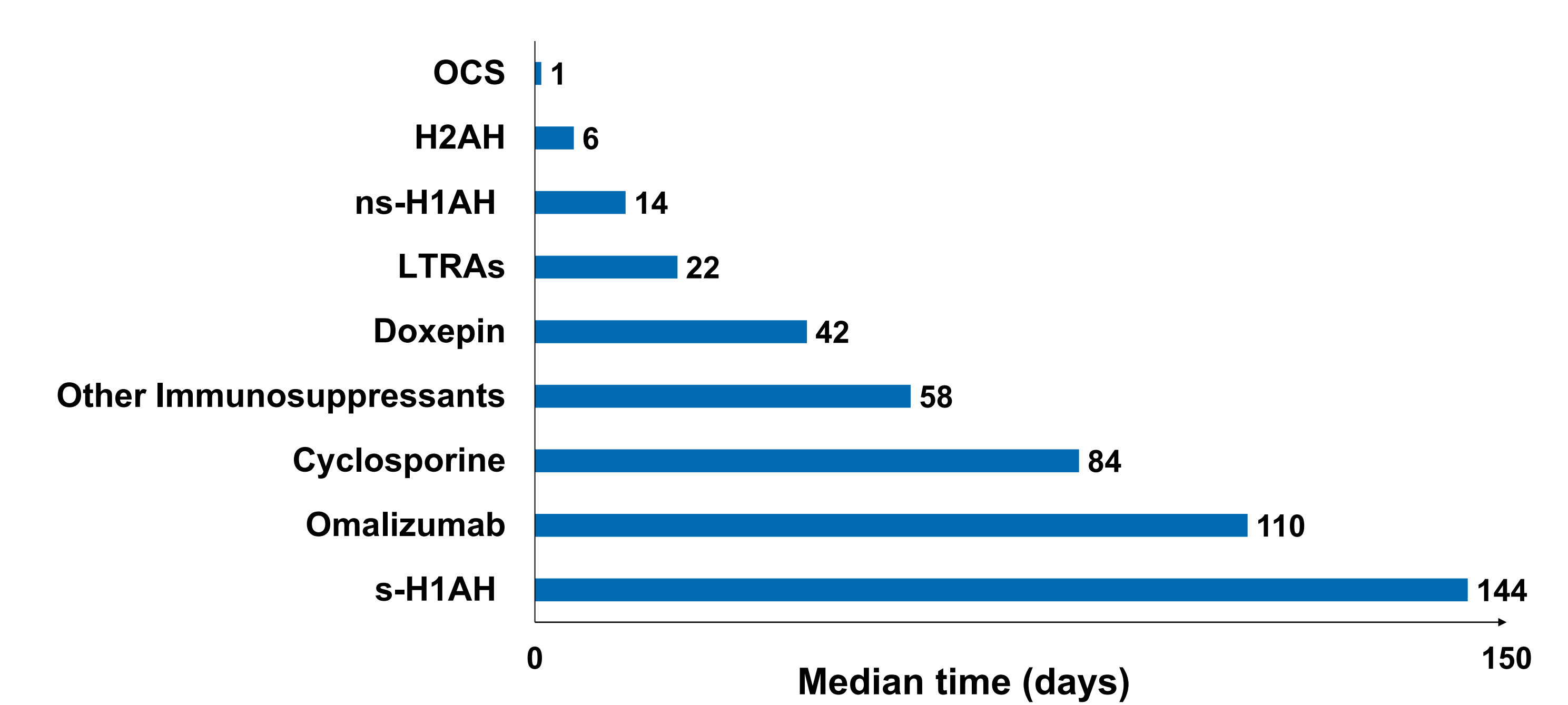


Figure 2. First line therapy drugs



- Median time for therapy initiation was ranged from 1 day (OCS) to 144 days (s-H1AH) (**Figure 3**)

Figure 3. Median time to initiation of therapy (days)



OCS: oral corticosteroids; LTRAs: leukotriene inhibitors; H2AH: H2-antihistamines; ns-H1AH: non-sedating H1-antihistamines; s-H1AH: sedating H1-antihistamines

Conclusions

- Real-world treatment patterns do not follow clinical guidelines with almost two thirds of patients being initiated directly on OCS, few on ns-H1AH
- Various treatments are prescribed with more than half receiving ≥ 2 LoTs. Management of CSU in practice should be reconsidered

References

1.Zuberbier, T et al. Allergy. 2022; 2. Bernstein et al. J Allergy Clin Immunol. 2014

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