Evaluation Of Disease Epidemiology, Comorbidities, Treatment Patterns, And Healthcare Resource Utilization Of Alopecia Areata In United Arab Emirates: A Retrospective Claims Database Study

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Background

- Alopecia areata (AA) is an autoimmune disorder that impacts approximately 2% of population globally with substantial psychological and economic burden.[1,2]
- The current study assessed AA disease burden, comorbidities, treatment patterns, and specialties involved in AA diagnosis, with special emphasis on the HCRU of associated comorbidities in patients with AA in Dubai, United Arab Emirates (UAE).

Methodology

- This retrospective longitudinal secondary study using DRWD was conducted from 01 January 2014 to 30 June 2022.
- Patients with at least one AA diagnosis claim during the index period (01 January 2015 to 30 June 2021) and having continuous enrolment of at least 12 months in the post-index period were analyzed.
- The patients were stratified into sub-cohorts based on the diagnosis code and treatment pattern into mild, moderate-to-severe, and others.

Results

1. Baseline characteristics in patients with AA

The study included 11,851 patients with AA (mean age: mild: 37 years; moderate-to-severe: 36 years), and with male predominance (mild: 77.6%; moderate-to-severe: 60.8%) (Figure 1).

Majority (>90 %) of patients belonged to > 18 **years** age group with mean age of around **36 years**

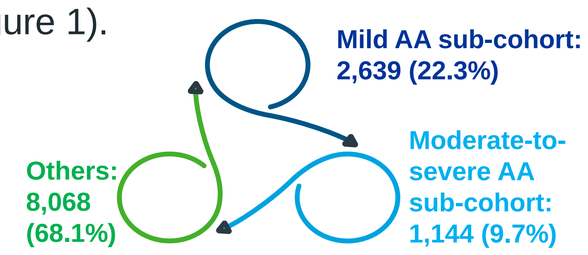


Figure 1: Patient demographics and categorization

2. Comorbidity analysis in patients with moderate-to-severe AA



Figure 2: Most prevalent comorbidities in moderate-to-severe AA

3. Treatment pattern in patients with AA

From index period to 12 months follow-up period, topical steroids was the most frequently prescribed regimen mild AA sub-cohort (72.1%) and moderate-to-severe AA sub-cohort (27.0%) (Figure 2).

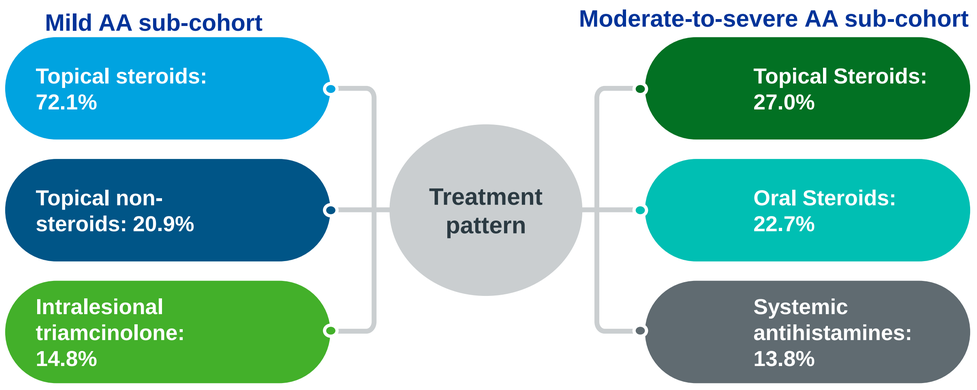


Figure 3: Commonly prescribed drugs In sub-cohorts of AA patients

4. Specialty Analysis in patients with AA

The most frequently visited specialty was dermatology across both cohorts for consultation(Figure 4).



96.4% of the patients consulted dermatologist on the same day of AA diagnosis

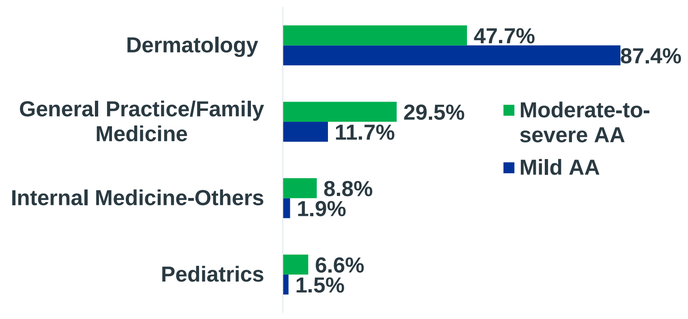


Figure 4: Most visited specialty in sub-cohorts of AA patients

5. Healthcare Resource Utilization of associated comorbidities in AA patients

Of 11,851 total patients, comorbidity data was available for 9,309 patients (78.55%) during post-index period**.** Analysis of HCRU in AA patients with associated comorbidities indicated that costs incurred due to comorbidities contributed substantially towards the overall disease burden (Autoimmune disorder: 19%; psychological disorder: 12%; other disorders: 35%).

The overall HCRU cost was higher in patients with psychological disorders compared to patients with autoimmune disorders (Figure 5)



Figure 5: Overall HCRU and associated median all-cause and disease-specific cost per annum

In the study, costs incurred due to in-patient visits and procedures contributed majorly to the HCRU cost in AA patients with associated comorbidities (Figure 6)

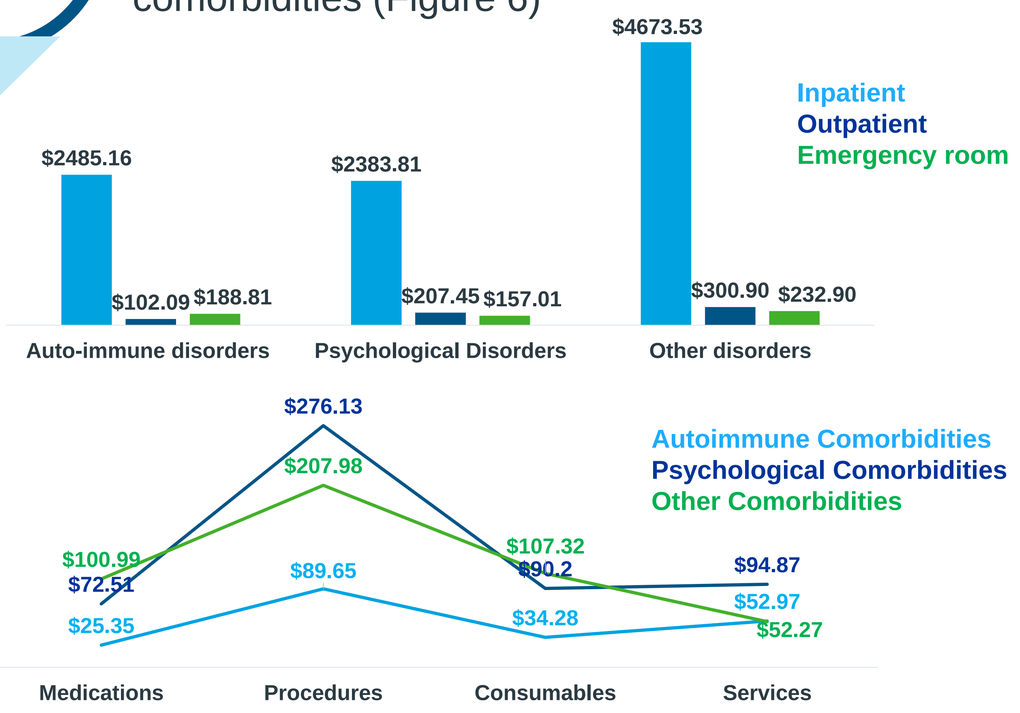


Figure 6: Median disease-specific cost during the post-index period in AA patients with associated comorbidities, based on visit and activity type

Conclusion

The study reports substantial disease and cost burden due to associated comorbidities in patients with AA. Study highlights the use of conventional therapies in treatment of AA; thereby emphasizing the need for better intervention with innovative therapies in the treatment of AA. Expanded patient access and insurance reimbursement for novel therapies may help reduce both disease and cost burden.

References

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