

Healthcare Resource Consumption of Patients with Atopic Dermatitis through Italian Administrative Healthcare Data



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BACKGROUND AND AIMS

Atopic dermatitis (AD) is a heterogeneous skin disease, associated with comorbidities, and high healthcare consumptions and costs. Severe AD is frequently treated with topical and systemic therapies. A definitive cure is still unknown, but the first targeted drug dupilumab has already largely demonstrated that AD can be controlled and improved.

AIMS. To assess the healthcare resource consumption of adults before and after dupilumab treatment for atopic dermatitis (AD), from the perspective of the Italian National Health Service (SSN), to evaluate the possible changes in the patient journey

METHODS

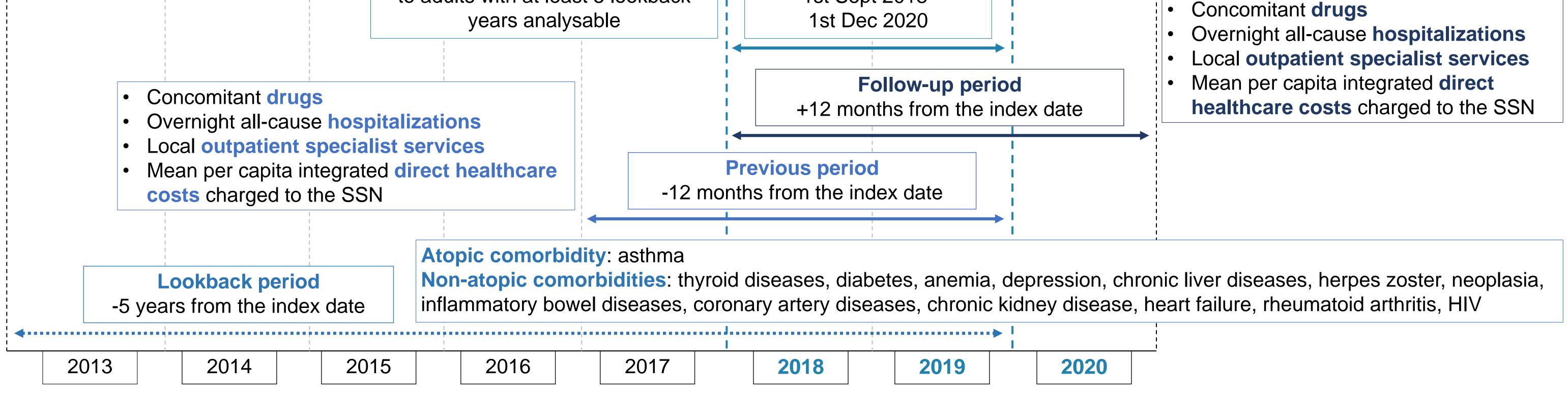
Observational retrospective analysis, performed through the Fondazione Ricerca e Salute (ReS) database

Index date: first supply of dupilumab

to adults with at least 5 lookback

Methotrexate

Accrual period 1st Sept 2018-



RESULTS

Patients treated with dupilumab (potentially affected by severe AD) from 1st Jan 2018 to 1st Dec 2020

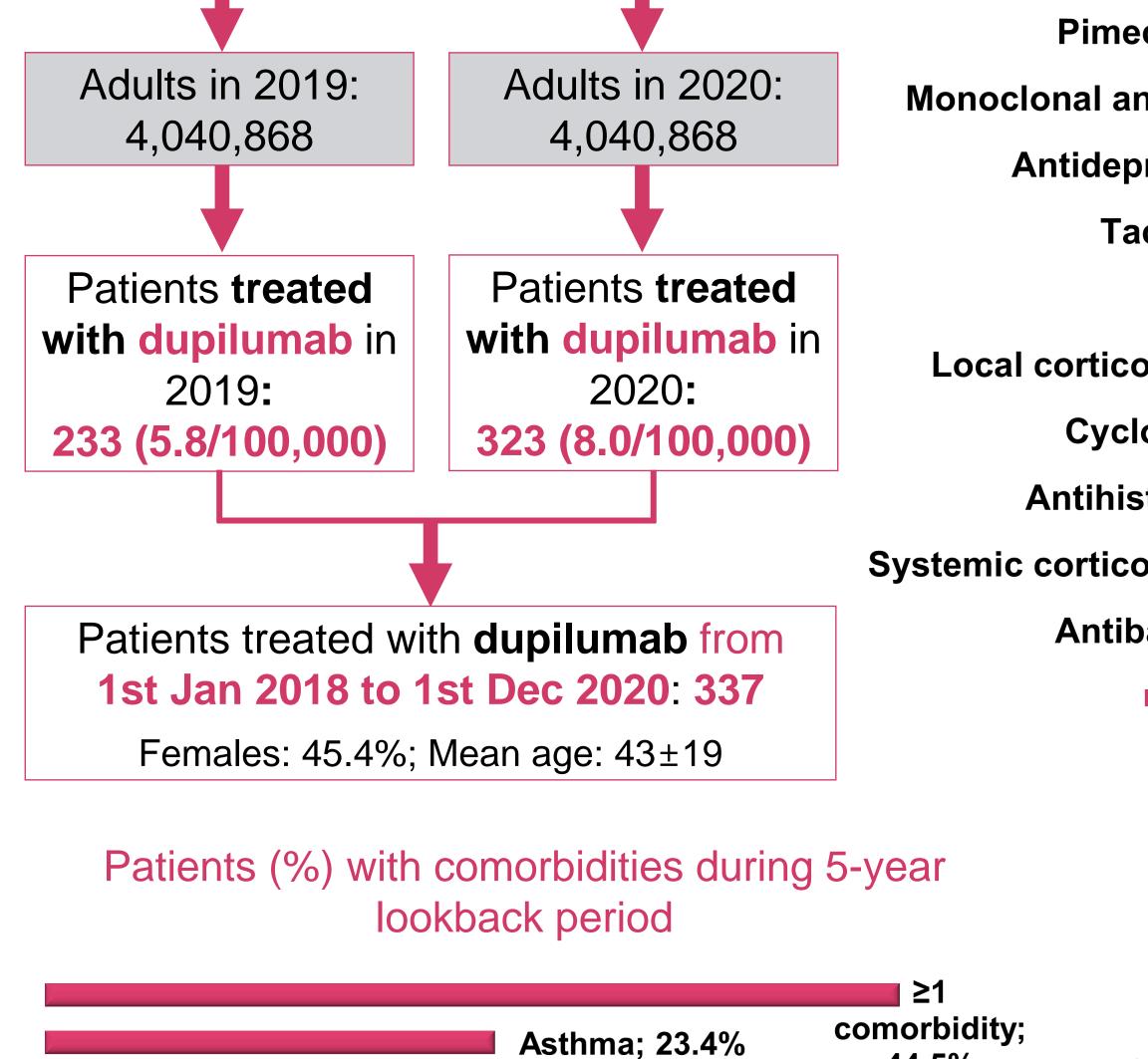
ReS population: ~ 5 million / year

Patients (%) treated with concomitant drugs recommended for the AD severe stage and typical clinical symptoms developed throughout a long-term AD condition

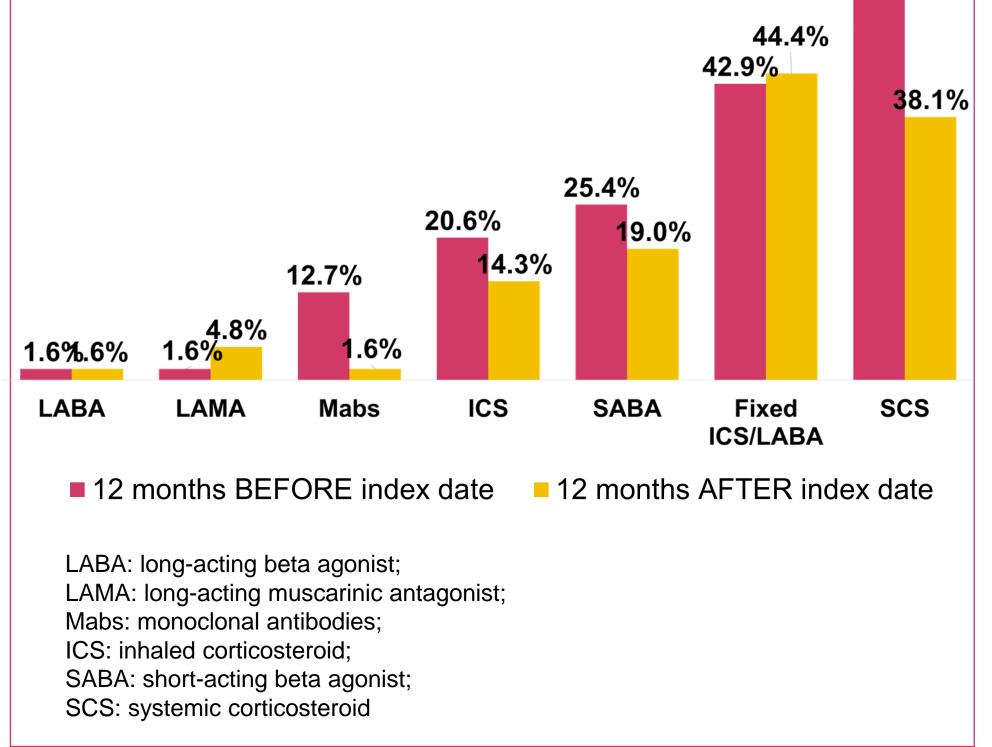
0.9%

FOCUS: patients (%) with asthma as comorbidity and treated with drugs for obstructive airway diseases

68.3%



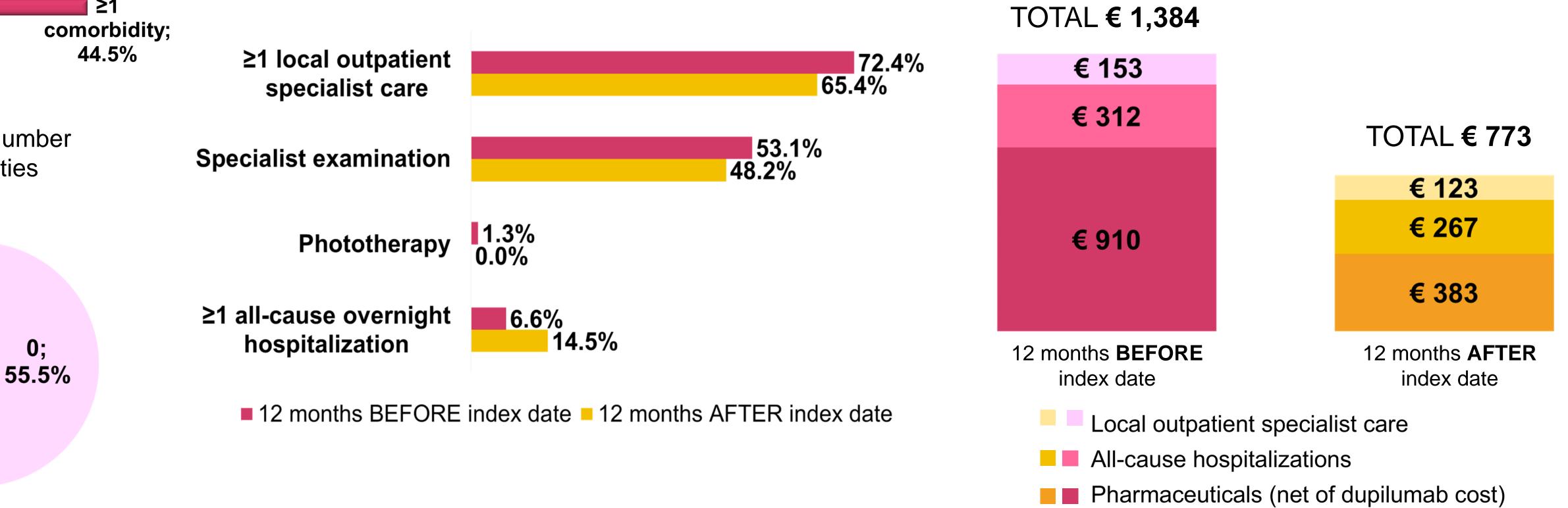
Pimecrolimus	1.8%		5.3%	
onoclonal antibodies	2.6%			0.4%
Antidepressants	5.7%		6.1%	
Tacrolimus	6.1%		3.9%	
NSAIDs	21.5%		21.1%	
ocal corticosteroids	29.8%		22.4%	
Cyclosporine	51.8%			7.0%
Antihistaminics	53.9%		38.2%	
emic corticosteroids	55.3%		28.9%	
Antibacterials	59.2%		50.0%	
12 months BEFORE index date 12 months AFTER index date				
NSAIDs: non steroidal anti-inflammatory drugs				



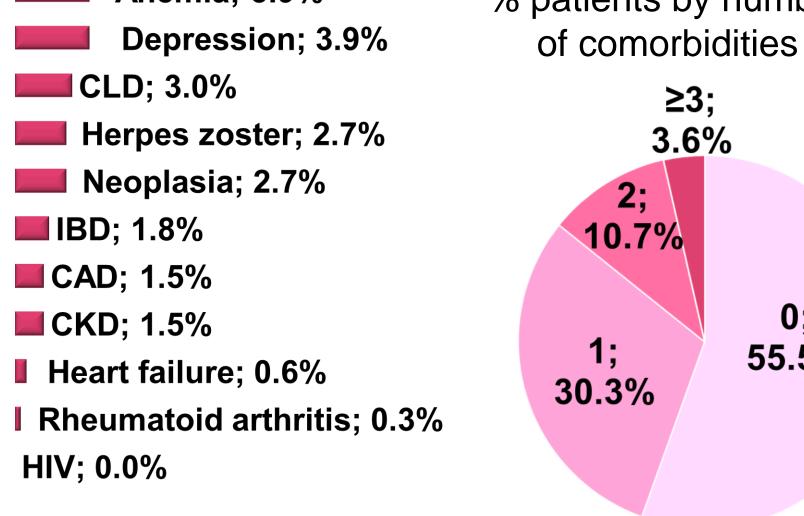
44.5% Thyroid diseases; 8.3% Diabetes; 6.8% **Anemia**; 3.9% % patients by number

Local outpatient specialist services and overnight hospitalizations (% patients)

Mean per capita integrated direct healthcare costs (€) charged to the SSN



0.9%



CONCLUSIONS

Before dupilumab, observed patients had a higher healthcare resource consumption and direct SSN costs than during the following 12 months.

Conflict of interest: CS, RG, DL, DA, DC, EI and NM are employees of Fondazione ReS. SM, RP, TM and NL received fees from Sanofi for the participation in Advisory Boards and/or Conferences

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≥3;

3.6%

2;