EPH225

Dermatologists' Perspectives and Real-World Assessment of Alopecia Areata Severity among Adults in Taiwan

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INTRODUCTION

- Alopecia areata (AA), is an autoimmune disease with an underlying immuno-inflammatory pathogenesis, characterized by nonscarring hair loss ranging from small patches of hair loss to complete loss of scalp, face, and/or body hair[1]
  - AA has a prevalence of 0.24% to 2.5% across Asia[2-4]
- Beyond visible hair loss, AA is associated with impaired quality of life (QoL), including higher rates of comorbid anxiety and depression than the general population[5-10]
- There is no globally accepted definition of severe AA
  - Due to the high impact of AA on QoL, dermatologists may rely on criteria other than degree of scalp hair loss when estimating severity

OBJECTIVE

- To describe the impact of AA on patient QoL as reported by their dermatologist, and understand how dermatologists assess disease severity and manage AA in Taiwan

METHODS

- The 2021-2022 Taiwan AA Disease Specific Programme (DSP), a retrospective, cross-sectional survey, was analyzed
  - Dermatologists completed a survey on their perspectives on AA severity and abstracted medical records for 6 consulting adult (≥18 years) patients with dermatologist-diagnosed AA (1 with mild AA, 3 with moderate AA, and 2 with severe/very severe AA)
  - Information on patient clinical characteristics, treatment, and satisfaction were also reported by dermatologists
- Analyses were descriptive and stratified by dermatologist-assessed severity at the time of data collection

CONCLUSIONS

- Dermatologists in Taiwan considered 45% (IQR: 31%-51%) scalp hair loss to be typical of a patient with severe AA
- However, dermatologists do not define AA severity solely based on scalp hair loss; total extent of hair loss, disease duration, patient QoL, and prior treatment response are also considered by both hair expert and non-hair expert dermatologists
- Dermatologists reported that patients faced substantial psychosocial and QoL impacts due to AA, which increased with dermatologist-assessed severity
- At the time of the survey, dermatologists reported that available AA treatments were insufficient in meeting long-term patient needs, especially for those with severe and very severe disease
- Considering clinical, treatment, and QoL factors provides a more comprehensive approach to assessing baseline disease severity and informing appropriate treatment selection

RESULTS

AA Clinical Burden

- Between October 2021 and February 2022, 50 dermatologists, of whom 35 identified as hair specialists, completed the dermatologist survey, and provided data on 300 patients
- The most common current AA type among patients was multiocularis or patchy (**Table 1**)
- Mean percentage scalp hair loss varied across dermatologist-assessed AA severity levels
  - Mean (SD) percentage scalp hair loss among those considered to have "severe/very severe" AA was 61.5 (23.3)
  - Patients with severe/very severe AA more frequently had eyebrow, eyelash, and body hair loss

Table 1. Patient demographic and clinical characteristics by AA severity

Characteristic†	Overall (N=300)	Current AA Severity* Mild (n=50)	Moderate (N=150)	Severe/very severe (n=100)
Age, median (SD)	36.0 (11.5)	33.5 (11.3)	35.0 (11.1)	39.0 (12.1)
Male, n (%)	138 (46.0)	27 (54.0)	67 (44.7)	44 (44.0)
Current AA type, n (%)	300	50	150	100
Multliocularis or patchy	162 (54.0)	27 (54.0)	108 (72.0)	27 (27.0)
Diffuse	74 (24.7)	2 (4.0)	28 (18.7)	44 (44.0)
Monocularis	38 (12.7)	22 (44.0)	14 (9.3)	2 (2.0)
Totalis	23 (7.7)	0	0	23 (23.0)
Ophiasis	8 (2.7)	0	6 (4.0)	2 (2.0)
Universalis	5 (1.7)	0	0	5 (5.0)
Barbae	2 (0.7)	0	1 (0.7)	1 (1.0)
Top 3 most prevalent comorbidities, n (%)	248	43	122	83
Anxiety	17 (6.9)	4 (9.3)	5 (4.1)	8 (9.6)
Depression	11 (4.4)	2 (4.7)	2 (1.6)	7 (8.4)
Hypertension	11 (4.4)	0	5 (4.1)	6 (7.2)
Severity at initial diagnosis, n (%)	285	50	144	91
Mild	77 (27.0)	45 (90.0)	24 (16.7)	8 (8.8)
Moderate	122 (42.8)	5 (10.0)	106 (73.6)	11 (12.1)
Severe/very severe	86 (30.2)	0	14 (9.7)	72 (79.1)
Current % scalp hair loss, n	285	50	141	94
Mean (SD)	34.4 (25.5)	6.8 (6.6)	26.2 (10.5)	61.5 (23.3)
Eyebrow hair loss, n (%)	55 (18.4)	2 (4.0)	18 (12.1)	35 (35.0)
Eyelash hair loss, n (%)	22 (7.4)	0	3 (2.0)	19 (19.0)
Body hair loss, n (%)	16 (5.4)	0	1 (0.7)	15 (15.0)

AA, alopecia areata; SD, standard deviation.
*Dermatologists assessed the sampled patient's disease severity at the time of the visit. †Time since initial diagnosis has been previously reported.[11] Mean (SD) time since diagnosis for all patients was 1.3 (2.0) years.

Treatment Experiences

- Mean patient time on current therapy was approximately 8 months
- Most patients were currently on first- or second-line treatments (**Table 2**)
- Mean prior treatment duration was 6.7 months for first-line and 9.5 months for second-line treatment

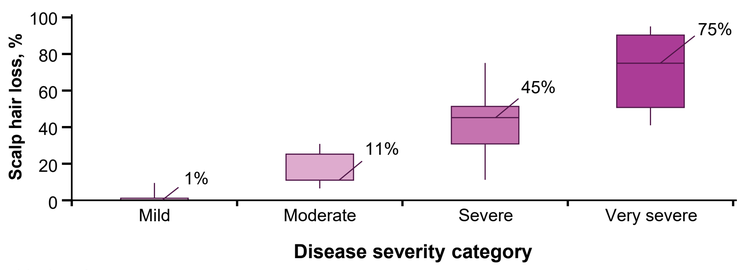
Table 2. Treatment history by disease severity

Characteristic	Overall (N=300)	Current AA Severity* Mild (n=50)	Moderate (N=150)	Severe/very severe (n=100)
Currently on first-line treatment, n (%)	213 (71)	14 (28)	56 (35.3)	43 (43)
No. of prior treatment lines, n (%)	187	36	94	57
1	131 (70.1)	30 (83.3)	66 (70.2)	35 (61.4)
2	44 (23.5)	5 (13.9)	20 (21.3)	19 (33.3)
3+	12 (0.1)	1 (1.28)	8 (8.5)	3 (5.5)
Duration of prior treatment lines, months				
First line†, n	148	29	74	45
Mean (SD), months	6.7 (10.4)	5.0 (6.7)	7.1 (12.8)	7.3 (7.7)
Second line†, n	70	6	33	31
Mean (SD), months	9.5 (13.0)	9.3 (11.4)	11.7 (15.5)	7.2 (10.0)

AA, alopecia areata; SD, standard deviation. *Dermatologists assessed the sampled patient's disease severity at the time of the survey. †Among patients who had discontinued first-line/second-line treatment and provided start and stop dates of first-line/second-line treatment. Patients currently on first-line/second-line treatment were excluded.

- When evaluating a patient's disease severity, dermatologists considered a median of 45% and 75% scalp hair loss as typical of "severe" and "very severe" AA, respectively (**Figure 1**)

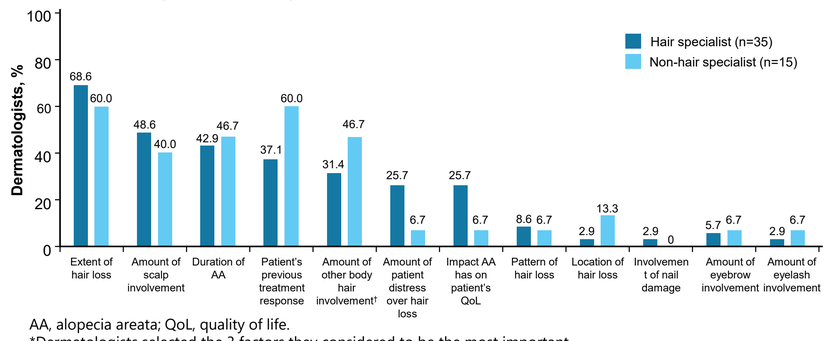
Figure 1. Percentage scalp hair loss dermatologists considered to constitute AA disease severity categories when evaluating a patient's disease severity



AA, alopecia areata.
Numbers represent median percent scalp hair loss dermatologists would consider for each disease severity category when evaluating a patient's disease severity.

- Dermatologists considered a variety of clinical characteristics when determining disease severity in addition to extent of scalp hair loss (**Figure 2**)

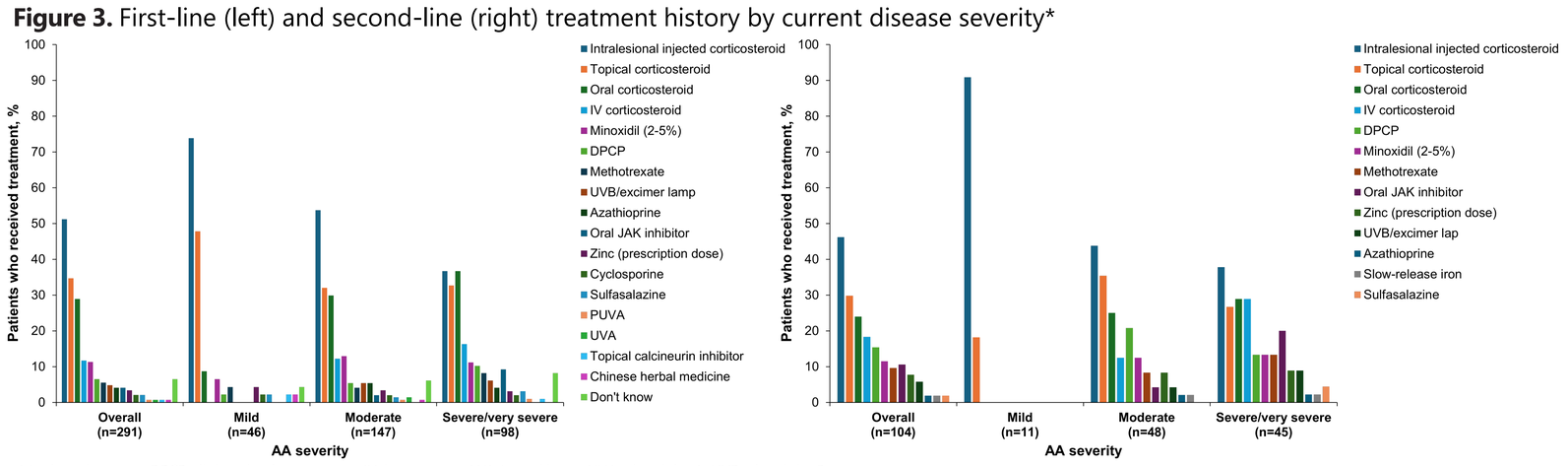
Figure 2. Most important factors dermatologists considered when determining AA severity*



AA, alopecia areata; QoL, quality of life.
*Dermatologists selected the 3 factors they considered to be the most important.
†Excluding scalp, eyebrows, and eyelashes.

- Patients with severe/very severe disease received a wide range of first- and second-line treatments (**Figure 3**)
- The most frequent reasons for switching treatment among patients with severe/very severe disease were lack of initial efficacy (40.4% of patients) and worsening of AA (38.3%)

Figure 3. First-line (left) and second-line (right) treatment history by current disease severity*

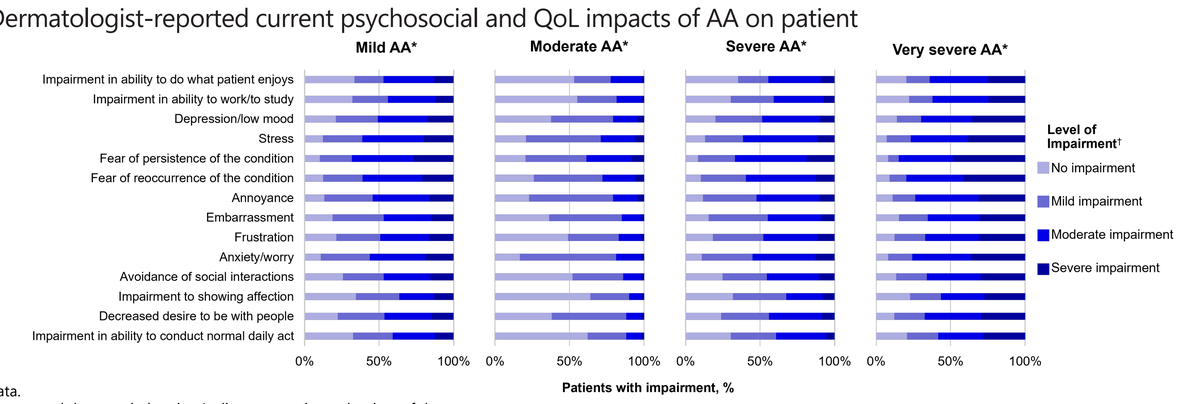


AA, alopecia areata; DPCP, diphenylcyclopropenone; IV, intravenous; JAK, Janus kinase; UVA, ultraviolet A; UVB, ultraviolet B.
*Treatments received in ≥3% of patients; dermatologists assessed the sampled patient's disease severity at the time of visit.

AA Impact on QoL

- In patients with severe or very severe AA, respectively, dermatologists frequently reported moderate-to-severe levels of anxiety/worry (55.1% and 75.8%), depression (48.6% and 69.9%), fear of AA persistence (66.9% and 84.8%), fear of AA recurrence (59.6% and 79.8%), and impairment in ability to conduct normal daily activities (39.3% and 58.3%, **Figure 4**)

Figure 4. Dermatologist-reported current psychosocial and QoL impacts of AA on patient

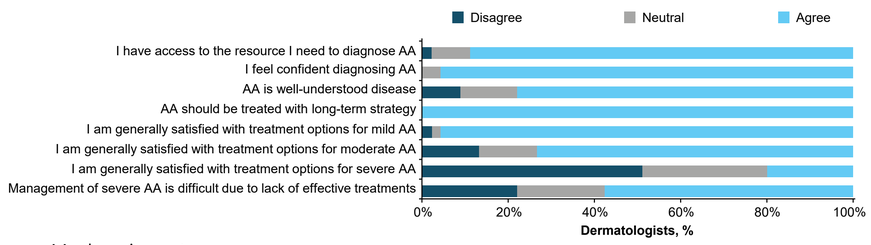


AA, alopecia areata.
* Dermatologists assessed the sampled patient's disease severity at the time of the survey.
† Level of impairment to QoL was rated on a 7-point scale from 0-6, where a score of 0 indicated no impairment, a score of 1-2 indicated mild impairment, a score of 3-4 indicated moderate impairment, and a score of 5-6 indicated severe impairment.

Dermatologist Perspectives on AA Diagnosis and Management

- Most dermatologists felt confident in diagnosing AA, and felt they had the resources to do so (**Figure 5**)
- Few were satisfied with treatment options for severe AA
- More than half felt severe disease was difficult to manage due to a lack of effective and safe treatments

Figure 5. Dermatologist perspectives on AA diagnosis and treatment



AA, alopecia areata.

LIMITATIONS

- Sampling quotas based on dermatologist-assessed disease severity may bias the sample towards severity classes defined most strongly by clinical hair loss characteristics
- Sampling was captured from consecutive patients seen by participating dermatologists; patients who are more likely to consult their dermatologist frequently were more likely to be included
- Patients could have been receiving any line of therapy at the time of the study, which limited sample size for several outcomes. Additionally, many dermatologists reported patients were not on their current treatment long enough to assess satisfaction
- Examining outcomes on prior treatment lines was limited to patients who had an inadequate response to prior therapies
- Dermatologists reported QoL/psychosocial impacts on patients. These data were not systematically captured in the patient medical records and could be biased by the dermatologist's interpretation of impacts to the patient

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DISCLOSURES

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