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THE BURDEN OF ATOPIC DERMATITIS IN U.S. ADULTS: RESULTS FROM THE 2013 NATIONAL HEALTH AND WELLNESS SURVEY

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BACKGROUND

Atopic dermatitis (AD) is a chronic, inflammatory skin disease with an estimated prevalence ranging from 1.5-10% of the population. The AD pathophysiologic basis appears to be an immune-mediated response that results in skin barrier disruption, with clinical presentation that includes pruritus, lichenification, papulation, excoriation, and dermatitis herpetiformis. Disease activity is generally assessed using self-reported clinical data. While evolution in treatment options is possible, AD becomes more challenging for many patients. AD severity has been estimated on a visual analog scale (VAS), with VAS scores from 0-100, where 0 is no presence of AD whereas 100 is the worst possible disease severity, and the scores are generally associated with very high childhood. 

OBJECTIVES

1. To describe the demographic and clinical characteristics of atopic dermatitis (AD) and to compare these characteristics to a group of healthy adults (HCA) without AD.

2. To describe the impact of AD on health-related quality of life (HRQoL), work productivity, and healthcare resource use among adults with AD relative to HCA and to evaluate the impact of reported severity of AD on HCA and AD respectively.

METHODS

1. The NHWS is a self-administered, internet-based survey that includes disease-specific measures and is administered via the Internet. AD was defined as a physician diagnosis and patients were approached via a random sample of households.

2. The NHWS has been well described and is administered using methods intended to reduce bias (patient selection, self-administration, visit-free, self-report).


RESULTS

1. Of the 75,000 NHWS survey respondents, 428 reported experiencing AD within the past 12 months; the other 74,572 subjects reported no AD.

2. A) Subjects with atopic dermatitis relative to those without atopic dermatitis. B) Subjects with atopic dermatitis stratified by self-reported disease severity.

3. Table 1: Demographic and clinical characteristics of the atopic dermatitis and comparator groups.

Table 2: Employment status of subjects with atopic dermatitis stratified by self-reported disease severity.

DISCLOSURE

The authors report no potential conflicts of interest.

REFERENCES

1. AD patients are significantly more likely to report one or more comorbidities and to report physician visits in the past 12 months than healthy adults (HCA) without AD (Table 1).

2. Subjects with AD have significantly higher reported prevalence of all evaluated comorbidities relative to those without AD (Tables 1 and 3).

3. The neuropsychiatric conditions with the highest prevalence in AD subjects were anxiety (42.5%) and depression (37.2%) (Table 3). AD severity had significant impact on health outcomes among subjects with isolated AD relative to HCA (P < 0.001 vs mild vs moderate AD) (Figure 3).

Figure 1: Component summary scores of the 36-item Short Form Health Survey (SF-36). A) Subjects with atopic dermatitis relative to those without atopic dermatitis. B) Subjects with atopic dermatitis stratified by self-reported disease severity.

Figure 2: Percent lost productivity and activity impairment in the past week as measured by the Work Productivity and Activity Impairment questionnaire (WPAI) between 32 AD subjects with AD and 32 HCA subjects without AD.

Figure 3: Healthcare resource utilization in the past 12 months among subjects with AD and HCA. A) With atopic dermatitis (n=428) Without atopic dermatitis (n=74,572)

Figure 4: Markers of clinical severity and activity impairment on the VAS. The Kruskal-Wallis test was used to compare the groups (P < 0.001 vs mild vs moderate AD) (Figure 3).

Table 1: Demographic and clinical characteristics of the atopic dermatitis and comparator groups.

Table 2: Employment status of subjects with atopic dermatitis stratified by self-reported disease severity.

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