Treatment Patterns and Patient Satisfaction with Baricitinib on the Abbreviated Treatment Satisfaction Questionnaire for Medication in Moderate-to-Severe Atopic Dermatitis: Patient Survey in France, Germany, and the United Kingdom

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BACKGROUND

- Atopic dermatitis (AD) is an inflammatory skin disease posing a considerable burden on patients' lives. [1]
- As recommended by the updated European AD guidelines, AD treatment requires a holistic therapeutic approach. [2]
- The treatment landscape for AD has recently expanded beyond conventional systemics and now includes both biologics and oral Janus kinase inhibitors (JAKi).
- Baricitinib (BARI) was the first daily oral JAKi to be approved in Europe for the treatment of adult patients with moderate-to-severe AD. [3]

OBJECTIVE

- This analysis aims to report on real-world treatment patterns and patients' treatment satisfaction using the Abbreviated Treatment Satisfaction Questionnaire for Medication (TSQM-9) of adult patients with moderate-to-severe AD treated with BARI in clinical practice.

STUDY DESIGN

Figure 1. Study design

- This study is a protocol-driven analysis of data collected through a survey implemented under the relevant market research codes of conduct.
- Adults with moderate-to-severe AD treated with BARI in routine care for ≥ 4 weeks were included.
- Patients initiating concurrent systemic AD therapy with BARI or who participated in a BARI clinical trial were excluded.
- Patients were identified and recruited via healthcare professionals to complete the survey.
- Patients were recruited from France (n=48), Germany (n=53), and the United Kingdom (n=69).
- The survey recorded patient demographics, disease characteristics, and treatment information including AD treatments used immediately prior to BARI and concomitant medications.
- Patients' perspectives, treatment convenience, and global satisfaction with BARI were reported through the medication-generic TSQM-9 (range 0-100, higher scores indicate higher satisfaction).
- Observed data were reported descriptively.

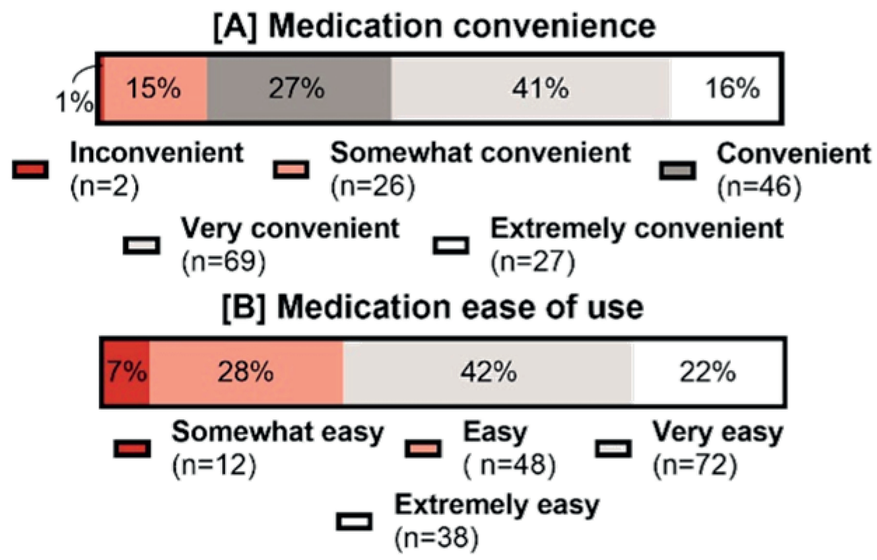
KEY RESULT

Table 1. BARI treatment satisfaction based on the TSQM-9

TSQM-9 Outcome	Mean ± Standard deviation
TSQM-9 effectiveness score	68.1±15.3
Global satisfaction score	62.7±20.5
TSQM convenience score	78.0±14.0

Higher scores indicate higher satisfaction (range 0-100).

Figure 2. BARI convenience [A] and ease of use [B]



Results

Table 2. Patient demographics and clinical characteristics

Patient characteristics	France	Germany	UK	Total
Number of patients	48	53	69	170
Age (years)	36.1 ± 13.1	50.2 ± 12.2	33.3 ± 9.4	39.3 ± 13.5
Female (%)	67%	53%	59%	59%
Time since AD diagnosis (years)	17.0 ± 14.8	18.5 ± 15.3	25.4 ± 11.0	20.9 ± 14.0
BARI treatment duration [median (IQR), months]	5.5 (3.0 - 7.8)	6.0 (4.0 - 10.5)	3.0 (2.0 - 5.0)	4.0 (2.3 - 7.0)

Data are presented as mean ± standard deviation unless otherwise specified.

Figure 3. Proportion of treatments used prior to BARI initiation

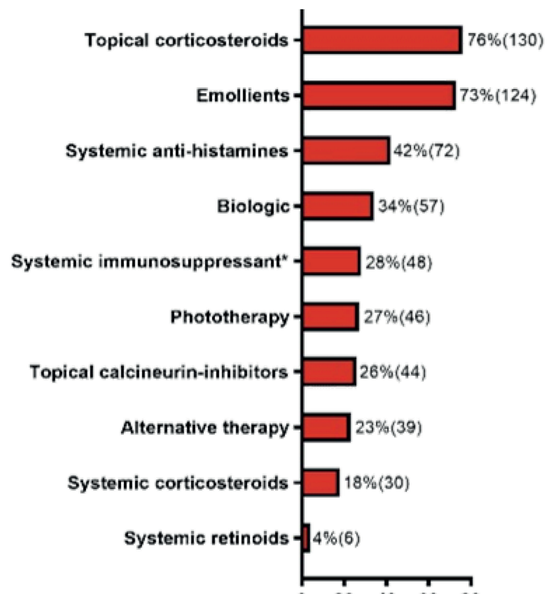
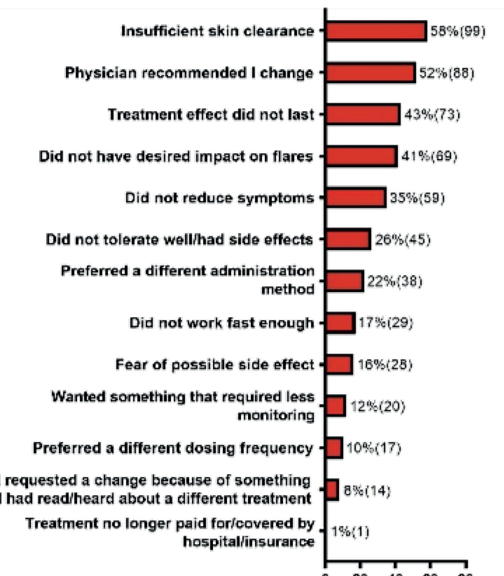
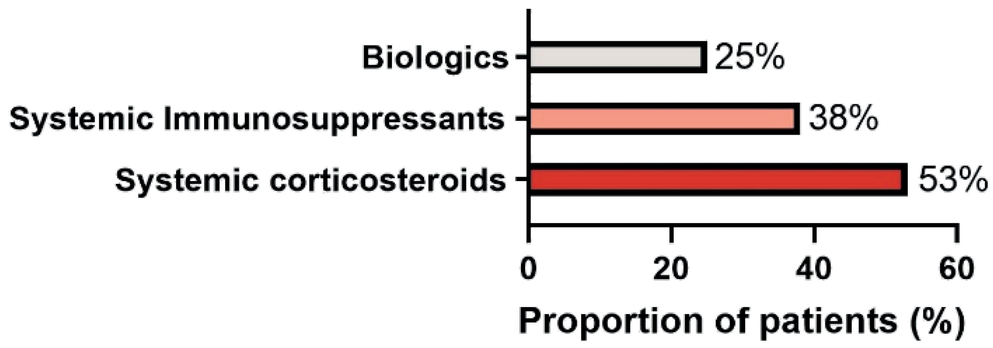


Figure 4. Reasons for discontinuing prior treatment



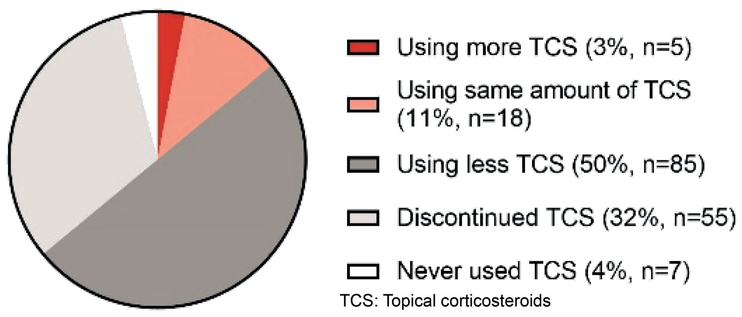
Prior treatments may have been used in combination.
* Included azathioprine, ciclosporine, methotrexate, and mycophenolat mofetil.

Figure 5. Proportion of patients who spent >1 year on prior treatments



Systemic immunosuppressants included azathioprine, ciclosporine, methotrexate, and mycophenolat mofetil.

Figure 6. Use of TCS since BARI initiation



TCS: Topical corticosteroids

CONCLUSIONS

- A large proportion of patients included in this survey have been previously treated with systemics.
- Patients treated with BARI reported high treatment satisfaction.
- Many patients were able to either reduce or stop concomitant topical medication.
- Together, results indicate BARI's effect on controlling AD symptoms.
- Limitations include potential selection bias, recall bias, and bias towards a more engaged patient population

References

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3. European Medicines Agency (2017). EMA/505843/2020: An overview of Olumiant and why it is authorised in the EU. Amsterdam, European Medicines Agency.

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