

Real-World Impact of Disease Severity on Disease Progression and Mental Health Among Patients With Alopecia Areata in the United States

Arash Mostaghimi¹, Ahmed M. Soliman², Jenny Austin³, Grace O'Neill³, Sharanya M. Ford², Amy J. McMichael⁴

¹Brigham and Women's Hospital, Boston, MA, USA; ²AbbVie Inc., North Chicago, IL, USA; ³Adelphi Real World, Bollington, UK; ⁴Wake Forest University School of Medicine, Winston-Salem, NC, USA

OBJECTIVE

To investigate the relationship between alopecia areata (AA) severity determined by the AA-Investigator Global Assessment (IGA) score and disease progression and patient mental health outcomes

CONCLUSIONS

Increased AA-IGA disease severity is associated with increased symptomatic burden, worsening disease progression and decreased satisfaction with disease control; further research should evaluate the impact of novel AA treatments on disease severity and subsequent progression

AA has a high psychological burden across all disease severities; therefore, physicians should continue to prioritise mental health support for patients with AA

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INTRODUCTION

- Alopecia areata (AA) is an autoimmune disease characterised by nonscarring hair loss on the scalp, face and body¹
- Visible hair loss may reduce patients' self-esteem and cause substantial psychological burden²
- Previous studies have investigated the impact of AA severity on disease progression and mental health outcomes, with severity defined subjectively by physicians³
- Here we further investigated these outcomes using the rigorously defined AA-Investigator Global Assessment (IGA) score

METHODS

Data Source and Patient Population

- Data were drawn from the Adelphi Real World AA Disease Specific Programme™, a cross-sectional survey, with retrospective data collection, of dermatologists and their patients with AA in the United States from November 2023 to June 2024
- Patient inclusion criteria:
 - Aged ≥18 years old
 - Physician-confirmed AA diagnosis
 - Not currently involved in a clinical trial

Outcomes

- Dermatologists treating ≥7 patients with AA per month (≥1 mild, ≥3 moderate and ≥3 severe/very severe) completed an online survey reporting patient demographics, clinical characteristics, and anxiety/depression status
- Data were stratified by disease severity according to the AA-IGA score (Table 1)
- AA severity and changes in disease status were reported at AA diagnosis, initiation of current treatment and at the time the survey was conducted

Data Analysis

- Analysis was descriptive
- All dermatologist-reported patient data with nonmissing responses were included in the analysis

Table 1. AA-IGA Score

AA-IGA score	Scalp hair loss
None/Limited	≤20%
Moderate	21%–49%
Severe/Very Severe	≥50%

AA, alopecia areata; IGA, Investigator Global Assessment.

RESULTS

Patient Demographics

- Overall, 65 physicians reported data for 501 patients with AA, of whom 51% were female and mean (SD) age was 37.8 (12.4) years. Mean (SD) time since diagnosis (n = 379) was 2.2 (3.4) years (Table 2)
- At the time of the survey, 28.1% (n = 141), 36.1% (n = 181), and 35.7% (n = 179) of patients currently had none/limited, moderate and severe/very severe AA severity, respectively (Table 2)

Outcomes

- According to physicians, overall AA severity worsened in 15% of patients from diagnosis to initiation of current treatment and in 7% of patients from initiation of current treatment to time of survey completion (Figure 1A), with the greatest prevalence of worsening disease progression in the severe or very severe patient cohort (21%) (Figure 1B)

RESULTS CONTINUED

- For patients with currently severe/very severe AA, 39% (n = 70) had eyebrow, 25% (n = 44) eyelash, and 20% (n = 35) body hair loss; among patients with moderate and none/limited severity, 14% (n = 26) and 8% (n = 11); 9% (n = 16) and 6% (n = 8); and 9% (n = 16) and 3% (n = 4) had eyebrow, eyelash, and body hair loss, respectively (Figure 2)
- Physicians reported dissatisfaction with disease control for 40% (n = 72) of patients with currently severe/very severe AA, 36% (n = 66) of patients with moderate AA and 21% (n = 30) of patients with none/limited AA (Figure 3)
- Anxiety and depression were observed in patients across all severity levels. Severe anxiety and depression were reported by 20% (n = 35) and 16% (n = 29) of patients with currently severe/very severe AA; 4% (n = 8) and 4% (n = 8) of patients with moderate AA; and 9% (n = 13) and 8% (n = 11) of patients with none/limited AA, respectively (Figure 4)
- Anxiety and depression were a direct result of AA in 68% (n = 21) of patients with currently severe/very severe AA, 40% (n = 8) of patients with moderate AA, and 46% (n = 6) of patients with none/limited AA (Figure 5)

Table 2. Patient Demographics

	AA patients N = 501
Sex	
Female	257 (51)
Male	244 (49)
Age, mean, years ± SD	37.8 ± 12.4
Ethnicity	
White	406 (81)
Black	45 (9)
Asian	31 (6)
Other	23 (5)
Hispanic, Latin or Spanish origin ^a	
No	437 (87)
BMI, mean ± SD	25.7 ± 3.8
Time since AA diagnosis, ^b mean, years ± SD	2.2 ± 3.4
Hair color ^c	
Brown	267 (53)
Black	111 (22)
Blonde	81 (16)
White/gray	21 (4)
Red	9 (2)
Other	5 (1)
Employment status ^d	
Employed	377 (77)
Student	44 (9)
Other	67 (14)
AA-IGA current severity	
None/limited (≤20% SHL)	141 (28)
Moderate (21%–49% SHL)	181 (36)
Severe/very severe (≥50% SHL)	179 (36)
Concomitant conditions	
Yes	216 (43)

AA, alopecia areata; BMI, body mass index; IGA, Investigator Global Assessment.

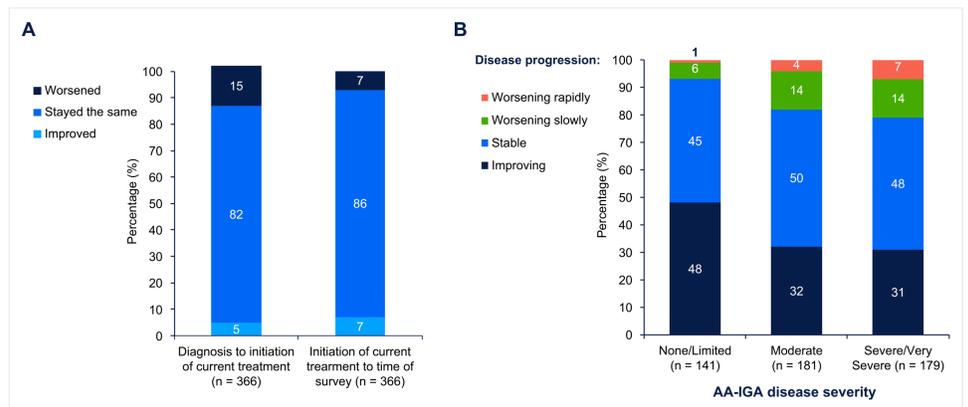
SHL, scalp hair loss.

Data are n (%), unless otherwise stated.

^aIncludes patients with an unknown Hispanic, Latin or Spanish origin status; ^bn = 379;

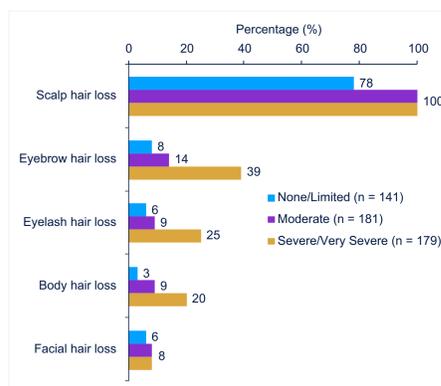
^cIncludes patients with unknown hair color; ^dIncludes patients with known data.

Figure 1. AA Disease Severity and Progression. (A) Change in AA Disease Status From Diagnosis to Time of Survey (B) Physician-Reported AA-IGA Severity and Disease Progression at Time of Survey



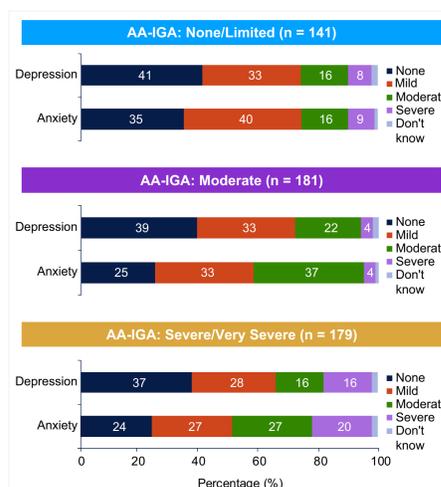
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Figure 2. AA Symptoms at Time of Survey Across AA-IGA Severity Levels



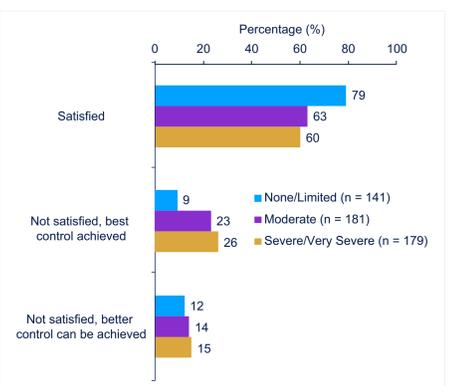
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Figure 4. Status of Depression and Anxiety as a Result of AA at Time of Survey by AA-IGA Severity Levels



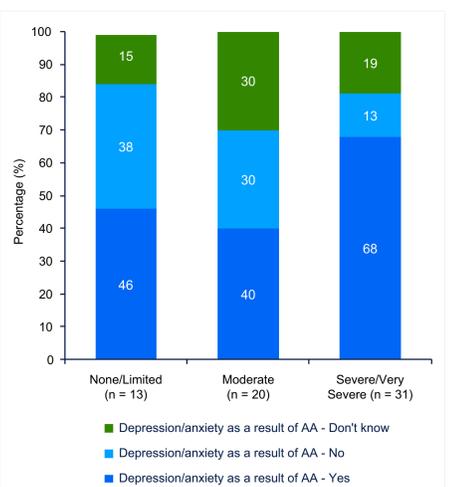
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Figure 3. Physician-Reported Satisfaction With AA Disease Control Across AA-IGA Severity Levels at Time of Survey



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Figure 5. Depression and Anxiety as a Result of AA Across AA-IGA Severity Levels



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