

# Impact of Scalp Hair Loss on Treatment Patterns and Physician Satisfaction with Disease Control for Alopecia Areata Patients in Europe

Peter Anderson<sup>1</sup>, Simran Marwaha<sup>1</sup>, James Piercy<sup>1</sup>, Ernest H. Law<sup>2</sup>, Robert Wolk<sup>3</sup>, Gregor Schaefer<sup>4</sup>, Maureen P. Neary<sup>5</sup>

<sup>1</sup> Adelphi Real World, Bollington, United Kingdom; <sup>2</sup> Pfizer Inc., New York, NY, United States; <sup>3</sup> Pfizer Inc., Groton, Connecticut, United States; <sup>4</sup> Pfizer Pharma GmbH, Berlin, Germany; <sup>5</sup> Pfizer Inc., Collegeville, PA, United States

## INTRODUCTION

- Alopecia areata (AA) is an autoimmune disease which may cause non-scarring hair loss of the scalp, face and body<sup>1</sup>.
- Approximately 2% of the population are believed to suffer from AA in their lifetime with the majority experiencing symptoms around 30 years of age or younger<sup>2</sup>.
- Until recently, AA treatment options were limited to off-label therapies with little clinical efficacy and safety data, and use limited by unreliable effectiveness and/or long-term safety concerns<sup>3</sup>.
- With new therapies emerging for AA, it will be important to understand the contemporary treatment landscape and physician perspective on current therapies.

## OBJECTIVE

- The aim of this study was to describe real-world treatment patterns, physician-reported reasons for therapy choice/improvement and their satisfaction with disease control.

## METHODS

- Real-world data were drawn from the 2021 Adelphi AA Disease Specific Programme, a survey<sup>4</sup> of dermatologists and their adult patients in France, Germany, Italy, Spain and the United Kingdom.
- For each patient, physicians provided details on estimated % scalp hair loss (SHL), current/previously prescribed AA therapy, reasons for choice/needs for improvement of current therapy, and reasons for switching from previous therapy.
- Physicians indicated their level of satisfaction with disease control for current treatment and whether this was the best possible control that could be achieved, in their opinion.

## RESULTS

- This analysis included 1,720 patients with AA. The mean age of patients was 35.8 years, 51% were male, 90% were White, and 63% were working full time.
- Table 1 shows the number of patients in each SHL group and physician-reported concomitant conditions. Patients with SHL of 50% or higher were more likely to be experiencing anxiety and/or depression.

Table 1. SHL groups and physician-reported concomitant conditions versus % SHL\*

Scalp hair loss (SHL) group	≤10%	11-20%	21-49%	50-74%	75-99%	100%
Fraction of cohort	12%	8%	42%	17%	11%	10%
n number	(n=207)	(n=131)	(n=717)	(n=299)	(n=196)	(n=170)
<b>Concomitant condition</b>						
- none	62%	56%	54%	47%	51%	45%
- anxiety	3%	7%	7%	13%	12%	7%
- depression	2%	3%	3%	7%	8%	10%

\* For full demographics and clinical characteristics, please scan the QR code

## CONCLUSIONS

- Off-label therapies used in alopecia areata were associated with low levels of satisfaction among physicians and the opinion that better control could be achieved.
- Patients with extensive SHL had a high likelihood of stopping treatment and were more likely to be anxious and/or depressed. The majority of those with >20% SHL showed no improvement in their disease, and up to a third were considered to be deteriorating.
- Together these findings suggest a high unmet need for approved effective treatments for alopecia areata.

## KEY RESULTS

Figure 1. Current prescribed treatment\* versus % SHL

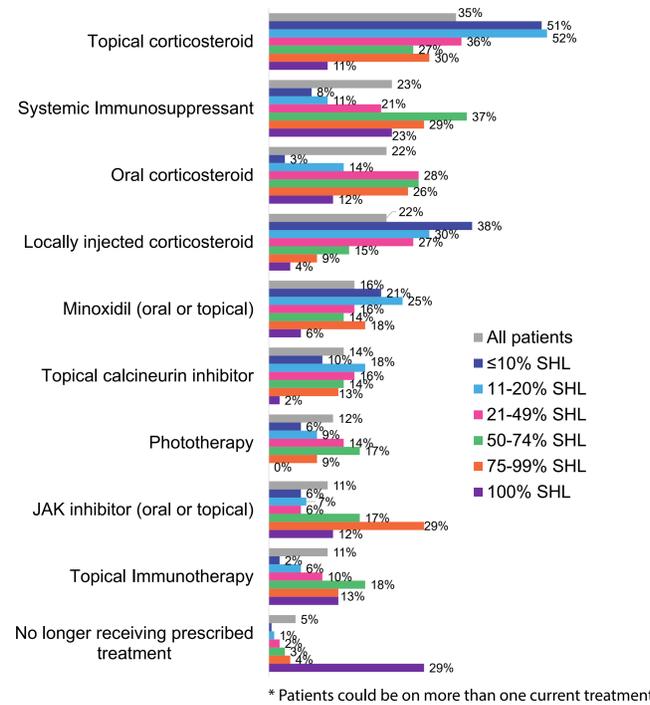


Figure 2. Reasons for choice of current treatment\* versus % SHL

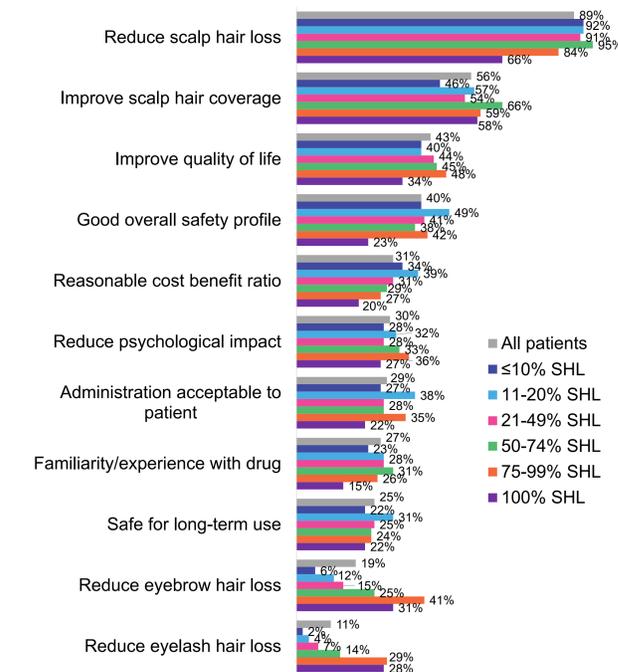


Figure 3. Lines of treatment (% of patients receiving)

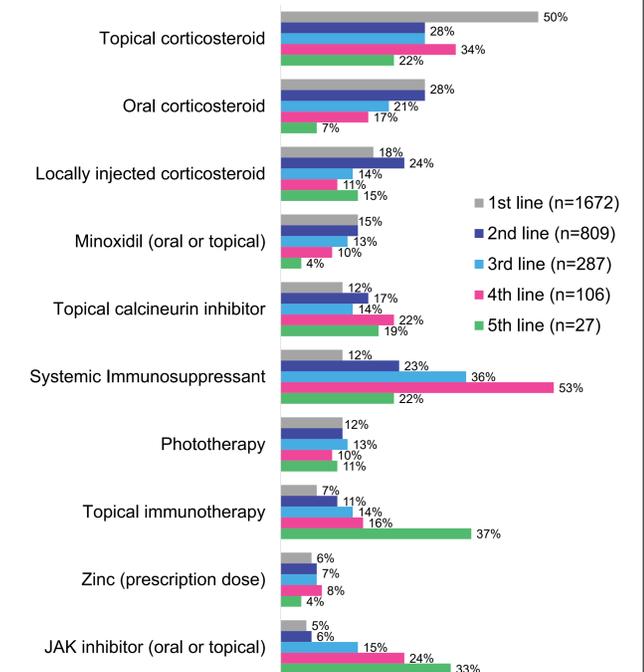


Figure 4. Physician-reported current disease progression

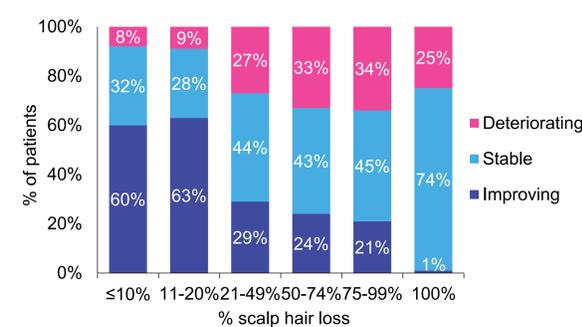


Figure 5. Physician-reported level of control achieved for patient

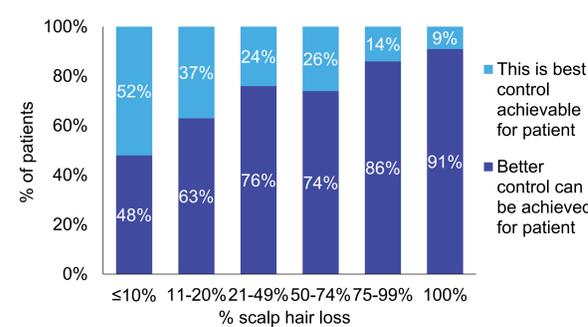


Figure 6. Physician-reported satisfaction with control on current treatment

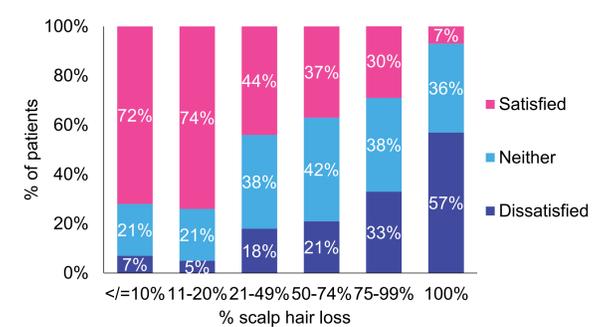


Figure 7. Physician-reported reasons for dissatisfaction with control\*

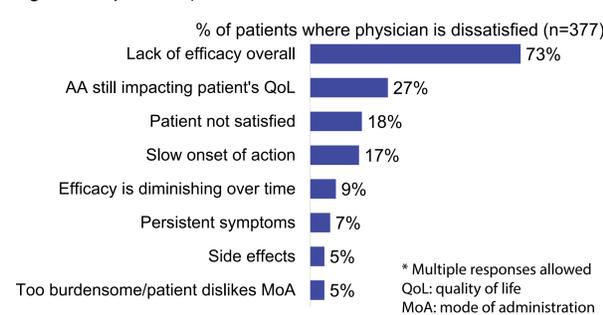


Figure 8. Physician-reported reasons for switch from previous treatment

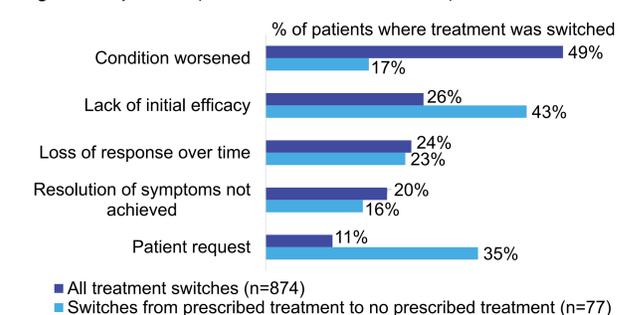
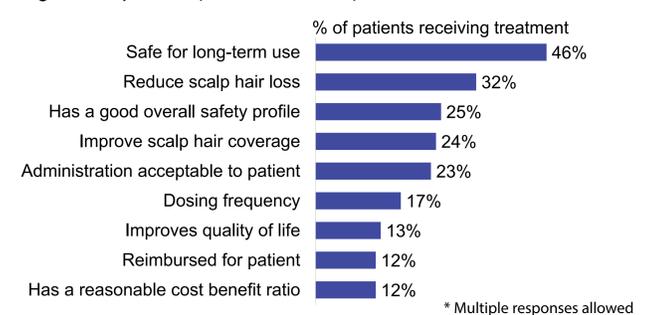


Figure 9. Physician-reported areas for improvement of treatment\*



## REFERENCES

1. Pratt CH, King LE Jr, Messenger AG et al. Alopecia areata. Nat Rev Dis Primers. 2017 Mar 16;3:17011
2. Renert-Yuval Y, Guttman-Yassky E. The Changing Landscape of Alopecia Areata: The Therapeutic Paradigm. Adv Ther. 2017;34(7):1594-609
3. McDonald Hull S, Wood M, Hutchinson P et al. Guidelines for management of alopecia areata. British Journal of Dermatology. 2003;149: 692-699
4. Anderson P, Benford M, Harris N, et al (2008). Real-world physician and patient behaviour across countries: Disease-Specific Programmes - a means to understand. Curr Med Res Opin, 24(11), 3063-3072

## DISCLOSURES

PA, JP and SM are employees of Adelphi Real World. EHL, RW and GS are employees of Pfizer Inc. MPN was an employee of Pfizer Inc and owned Pfizer stock at the time of this work and abstract submission, and at the time of this presentation is an employee of the Janssen Pharmaceutical Companies of Johnson & Johnson

## AUTHOR EMAIL

peter.anderson@adelphigroup.com



Copies of this e-poster and supplementary data obtained through QR, AR and/or text key codes are for personal use only and may not be reproduced without written permission of the authors