BACKGROUND

- Chronic spontaneous (also known as idiopathic) urticaria (CSU/CIU) is the occurrence of wheals (hives), angioedema or both for 6 weeks or longer due to known or unknown causes.
- CSU/CIU has an impact on healthcare payers in terms of resource utilisation such as healthcare professionals (HCP) visits, emergency room (ER) visits, hospital visits, etc.
- There are limited data on healthcare resource utilisation associated with inadequately controlled chronic spontaneous (idiopathic) urticaria (CSU/CIU) patients.

OBJECTIVE

- The ASSURE-CSU study is an observational, non-interventional, multinational, and multicenter study conducted in Canada, France, Germany, Italy, United Kingdom (UK), Spain and the Netherlands to identify and quantify the humanistic and economic burden of illness in CSU/CIU patients who are symptomatic despite treatment.
- Here we present the data on resource utilisation for the Canadian, German, UK and the Netherlands cohort.

METHODS

Study Design
- This study included a 1-year retrospective medical record abstraction, a cross-sectional patient reported outcomes survey, and a 7-day prospective patient diary.

Patient Population
- Adult patients with a clinician-confirmed, guideline-defined diagnosis of CSU/CIU.
- Patients had received at least one treatment course with H1-antihistamines.
- Patients had been symptomatic for more than 12 months at least 3 days per week and were currently symptomatic despite treatment.

Outcomes
- Healthcare resource utilisation due to CSU/CIU in the previous 12 months, identified from patient medical record abstraction.

- Total healthcare professional (HCP) visits (includes routine visits, emergency visits, and visits where “Data not available” was selected as the primary reason for visit).
- Routine HCP visits (includes visits where routine was selected as the primary reason for visit).
- Emergency HCP visits (includes visits where emergency was selected as the primary reason for visit).
- ER visits.
- Hospitalisations.
- Frequency of healthcare encounters by provider specialty.

Data Analysis
- Data were summarized descriptively for each country using mean values and standard deviations for continuous variables and counts and proportions for categorical variables.
- Mean (SD) visits reported for patients with one or more visits (of the respective visit type) in the past 12 months.

RESULTS

- Medical records were abstracted for 59 patients each in Canada and the Netherlands, 100 in Germany and 85 in the UK.
- The mean age of patients at enrolment was 50.8 years in Canada, 45.6 years for Germany, 49.7 years for the UK and 45.3 years for the Netherlands.
- The mean disease duration since diagnosis to enrolment was 62.0, 67.4, 57.4 and 47.2 months, respectively.

- 52.0% of patients had one or more visits to a HCP, with a mean (SD) of 3.3 (3.6) annual visits. The mean (SD) routine HCP annual visits was 3.1 (2.58).
- One patient was hospitalised due to angioedema and 0.1% of patients had one or more ER visits (mean annual ER visits: 2.7 (3.25)).
- In the prior 12 months, visits to consultant allergists and general dermatologists were recorded for 21.7% and 31.1% of patients, respectively.

CONCLUSIONS

- ASSURE-CSU is the first real-world international study to quantify resource utilisation associated with inadequately controlled CSU/CIU.
- The types of medical resources used differ across the countries depending on the local healthcare specifications.
- Hospitalisations were less frequent in Canada, the UK and the Netherlands compared with Germany.
- Resource utilisation pattern was primarily outpatient but varied across countries.

REFERENCES


CONFLICT OF INTEREST

CI has served as a consultant, principal investigator, and speaker for AstraZeneca, GlaxoSmithKline, Novartis, Shire, Merck, and Pfizer. He has also served as an investigator for multiple academic, government, and non-government organizations. In this capacity, he works with a variety of companies and organizations. He receives no payment or honoraria directly from these organizations for services rendered.

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