# Impact Of Day-to-Day Sleep Disruption on The Burden of Disease In Moderate-severe Adult Atopic Dermatitis Patients

## Evangeline Pierce,<sup>1</sup> C. Elise Kleyn,<sup>2</sup> Susanne Grond,<sup>1</sup> Jenny Austin,<sup>3</sup> Catherine Reed,<sup>1</sup> Sonja Ständer <sup>4</sup>

<sup>1</sup>Eli Lilly and Company, Indianapolis, IN, USA; <sup>2</sup>The Dermatology Centre, Salford Royal NHS Foundations Trust, Manchester NIHR Biomedical Research Centre, The University of Manchester, University of Manchester, Manchester, UK; <sup>3</sup>Adelphi Real World, Bollington, UK; and <sup>4</sup>University Hospital Münster, Münster, Germany

#### **BACKGROUND**

- Atopic Dermatitis (AD) is a common inflammatory skin disease with symptoms including itching, dry, red and scaly skin.
- Itch and associated skin pain can frequently lead to sleep disruption (S-D) among patients with AD with resulting daytime fatigue and disturbed cognition.<sup>1, 2</sup>
- While recent studies have demonstrated a link between higher AD severity and reduced sleep quantity and quality,3 real-world data for AD from the patient perspective is still limited and the role of S-D frequency and its impact on patient quality of life (QoL) requires further exploration.

#### **OBJECTIVE**

**METHODS** 

**Data Source** 

(2020) and Spain (2021).

**Patient-Reported Outcomes** 

symptom frequency.

■ To assess the impact of day-to-day (not related to a flare) S-D frequency on patients with moderate-tosevere AD using patient-reported outcomes (PROs).

Data were drawn from the Adelphi Atopic Dermatitis

Disease Specific Programme (DSPTM), a multi-

(dermatologists, allergists and PCPs) and their

consulting AD patients in the US (during 2018)

physician-assessed moderate-to-severe AD.

Patients completed PRO questionnaires in which

symptoms they usually experienced (not related to a

anxiety, and depression/low mood, and to rate the

frequent S-D (all the time/regularly) and those with

they were asked to select ongoing day-to-day

flare) from a list including S-D, itch, skin pain,

Two patient groups were evaluated: those with

infrequent S-D (sometimes/rarely/none).

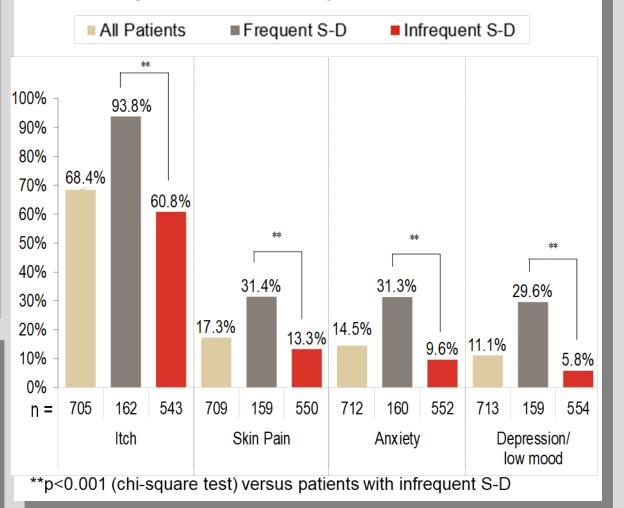
Germany (2019), Italy (2019), UK (2019), France

■ The study used data from adults aged ≥18 years with

national, point in time survey of physicians

#### **KEY RESULTS**

Figure 1. Patient-reported day-to-day symptoms in moderate-to-severe adult AD patients according to the frequency of S-D.



The patient questionnaire included the following validated PRO assessments:

- Patient Orientated Eczema Measure (POEM)<sup>4,5</sup>
- Dermatology Life Quality Index (DLQI)<sup>6</sup>
- Work Productivity and Activity Impairment (WPAI)<sup>7</sup>
- Statistical comparisons for the two patient groups were made using pairwise t-tests for continuous variables and chi-squared for categorical variables.

#### **RESULTS**

- 719 patients with a physician assessment of moderate or severe AD completed the PRO questionnaire and were included in this analysis
- 22.5% experienced day-to-day frequent S-D and 77.5% infrequent S-D.
- Table 1 shows patient demographics and clinical characteristics.
- Patients with patient-reported day-to-day frequent S-D were significantly more likely to experience frequent itch, skin pain, anxiety and depression than those with infrequent S-D (Figure 1).

Figure 2. WPAI due to AD in moderate-to-severe adult AD patients according to the frequency of S-D.

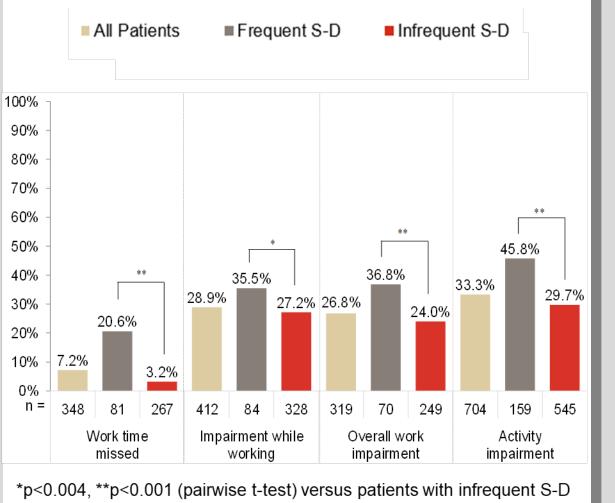
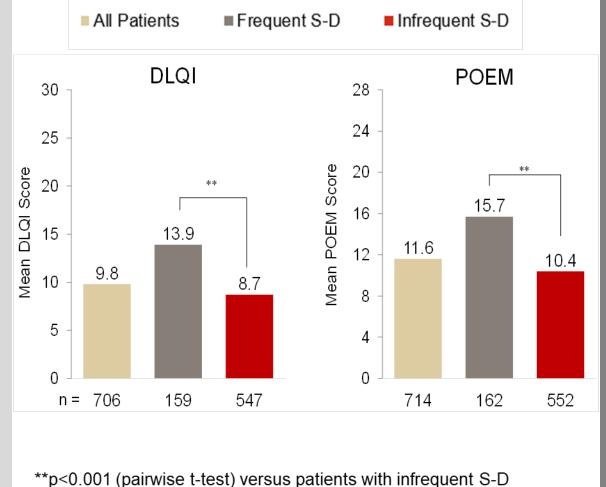


Figure 3. Mean DLQI and POEM scores in moderate-to-severe adult AD patients according to the frequency of S-D.



### **CONCLUSIONS**

- More than one fifth of moderate-to-severe adult AD patients experience S-D regularly or all the time.
- Compared with infrequent S-D patients, frequent S-D patients have significantly more frequent day-to-day itch and are also more likely to experience skin pain, anxiety and depression more frequently.
- Patients with frequent S-D have greater activity/work productivity impairment and higher disease burden.
- These results reinforce the link between itch, skin pain, anxiety, and depression with S-D. and underline the importance of sleep for patient's QoL.

### Table 1. Physician-reported demographics and clinical characteristics for adults with moderate-tosevere AD according to the frequency of S-D.

	All patients (n=719)	Frequent S-D (n=162)	Infrequent S-D (n=557)	p-value
Mean age (years)	38.5 ± 14.5	37.0 ± 14.5	38.9 ± 14.4	0.142
Male, n (%)	347 (48.3%)	83 (51.2%)	264 (47.4%)	0.390
Body mass index (kg/m²)	25.7 ± 13.4	26.9 ± 27.2	25.3 ± 4.1	0.175
Psychological comorbidities, n (%)				
Anxiety	132 (18.4%)	29 (17.9%)	103 (18.5%)	0.864
Depression	69 (9.6%)	18 (11.1%)	51 (9.2%)	0.457
Employed <sup>a</sup> , n (%)	549 (64.6%)	97 (60.2%)	362 (65.8%)	0.194
Time since AD diagnosis (years) <sup>b</sup>	10.9 ± 12.1	12.3 ± 11.9	10.5 ± 12.1	0.192
Current EASI score	9.9 ± 8.0	12.2 ± 10.0	9.2 ± 7.3	<0.001
Current BSA affected (%) <sup>c</sup>	23.7 ± 16.2	24.5 ± 17.1	23.5 ± 16.0	0.512

Results are presented as mean ± standard deviation unless stated otherwise

<sup>a</sup>N=711, 161 and 550 for the three groups, respectively; <sup>b</sup>N=433, 98 and 335 for the three groups, respectively; <sup>c</sup>N=627, 140 and 487 for the three groups, respectively AD, atopic dermatitis; S-D, sleep disruption

- Overall work and activity impairment due to AD was significantly increased in patients with frequent S-D than those with infrequent S-D, as shown in Figure 2.
- Figure 3 shows burden of disease on QoL and AD symptoms was higher for patients with frequent versus infrequent S-D.

## STRENGTHS AND LIMITATIONS

Adelphi DSPs provide data from large international databases, providing realworld information on disease characteristics, management and outcomes

Assessment of AD severity was not based on a standardized definition but

•The S-D definition was based on patient-report rather than a standardised

•The study was limited by factors associated with any survey, such as accurate recall and variability in the interpretation of questions

Point-in-time design therefore cannot be used to demonstrate cause and effect

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