

Real-World Characterization and Management of Alopecia Areata Patients in the U.S.



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Background

- Alopecia areata (AA) is a chronic autoimmune condition estimated to affect approximately 2% of people worldwide
- Although a higher prevalence in women is well-documented, it remains unclear why and what, if any, differences in disease phenotype exist between males and females (Lundin, 2014)
- The disease can have a substantial impact on quality of life and mental health, particularly for women
- As novel systemic treatments become available, a better understanding of patients and their management is needed

Objective

- To characterize a representative population of AA patients managed by dermatologists for alopecia areata in the U.S.
- To explore differences in age, race, comorbidity burden and treatment in female and male patients with AA.

Methods

- Data were derived from the OM1 Dermatology Network (OM1, Inc; Boston, MA), a multi-source real-world data (RWD) network with deterministically-linked healthcare claims, patient-level social determinants of health (SDoH), and electronic medical records data for U.S. patients managed by dermatologists.
- Index date was set by the first encounter with an AA diagnosis code during the study period (01/2013 - 07/2022).
- Patient demographics, insurance type, education, and household income were assessed at index. Obesity was determined by BMI
- Major depressive disorder (MDD) and generalized anxiety disorder (GAD) were defined by the presence of at least 2 outpatient diagnosis codes ≥30 days apart or one inpatient diagnosis code
- Medications were identified by prescriptions, administrations and/or fills and procedures by procedure codes.

Results

- The study included 39,941 patients, 19,543 (49%) of whom had linked SDoH
- Ratio of female to male patients was 3:1 (Figure 1)
- Mean age at start of follow-up was 40 years (standard deviation 19.1) (Figure 2), with female patients having a lower average age compared to male patients (42.7 years versus 33.8 years), with 41% under the age of 35 overall
- Of the 77% of patients with race available, the breakdown was 73% white, 16% black, 6% asian and 5% other. A higher proportion of female patients were black (17.8% vs. 14.4% male), while a higher proportion of male patients were asian (8.3% vs 4.3% female)
- Most common treatments were topical corticosteroids (63%) and intralesional triamcinolone (60%) (Figure 3). Janus kinase inhibitors (JAKi), topical ruxolitinib and oral baricitinib, were used in ≤1% of patients.
- Burden of select comorbidities was higher in females compared to males (Figure 4).
- Proportion of patients with diagnosed with any depression and/or anxiety were 12.9% and 14.6%, with 6.1% and 10.9% specifically diagnosed with major depressive disorder (MDD) and generalized anxiety disorder (GAD), respectively.
- Amongst the patients with SDoH data available, the proportion of patients with some higher education (i.e., post-high school) was slightly higher in males (67% vs. 63% female) and male patients had a higher median income (data not shown).

Conclusions

- In this cohort of dermatologist-managed AA patients, there was a higher proportion of women afflicted, compared to the literature
- Somatic and psychological comorbidity burden in AA patients is high, particularly in female patients, which may have implications for successful management
- With the emergence of novel therapies, more sophisticated approaches to identifying AA phenotypes, including sex-, age-, and comorbidities, will be critical to tailoring therapeutic approaches

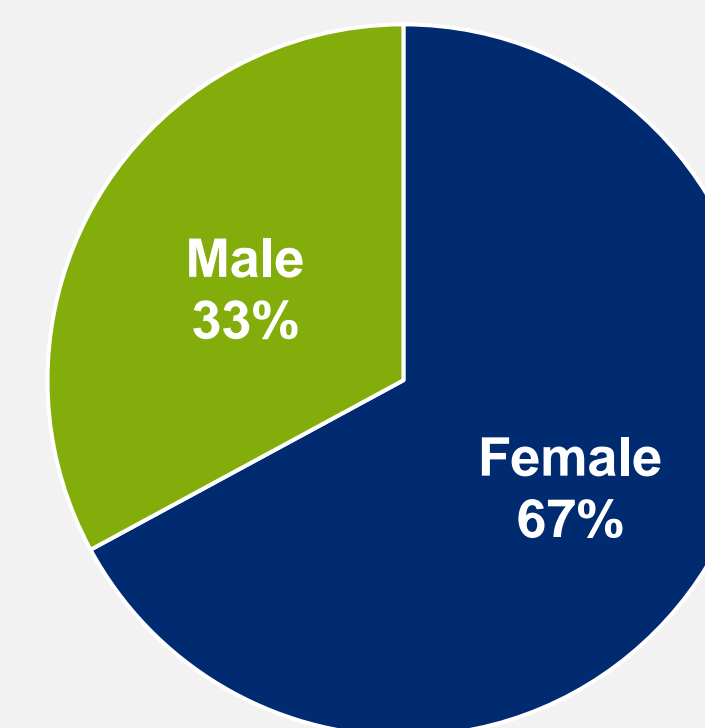


Figure 1. Patient Sex

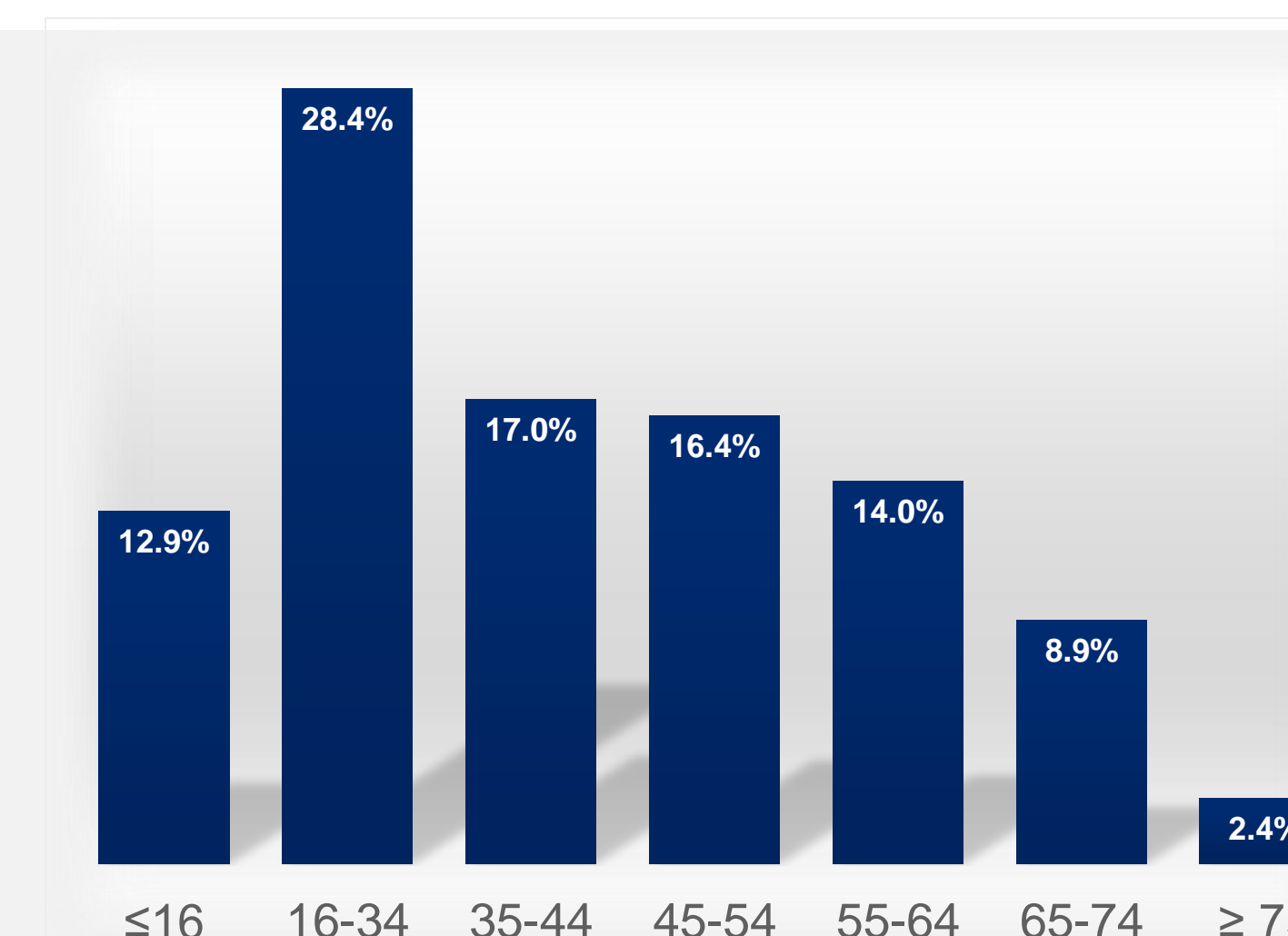


Figure 2. Patient Age (overall) at Start of Follow-up

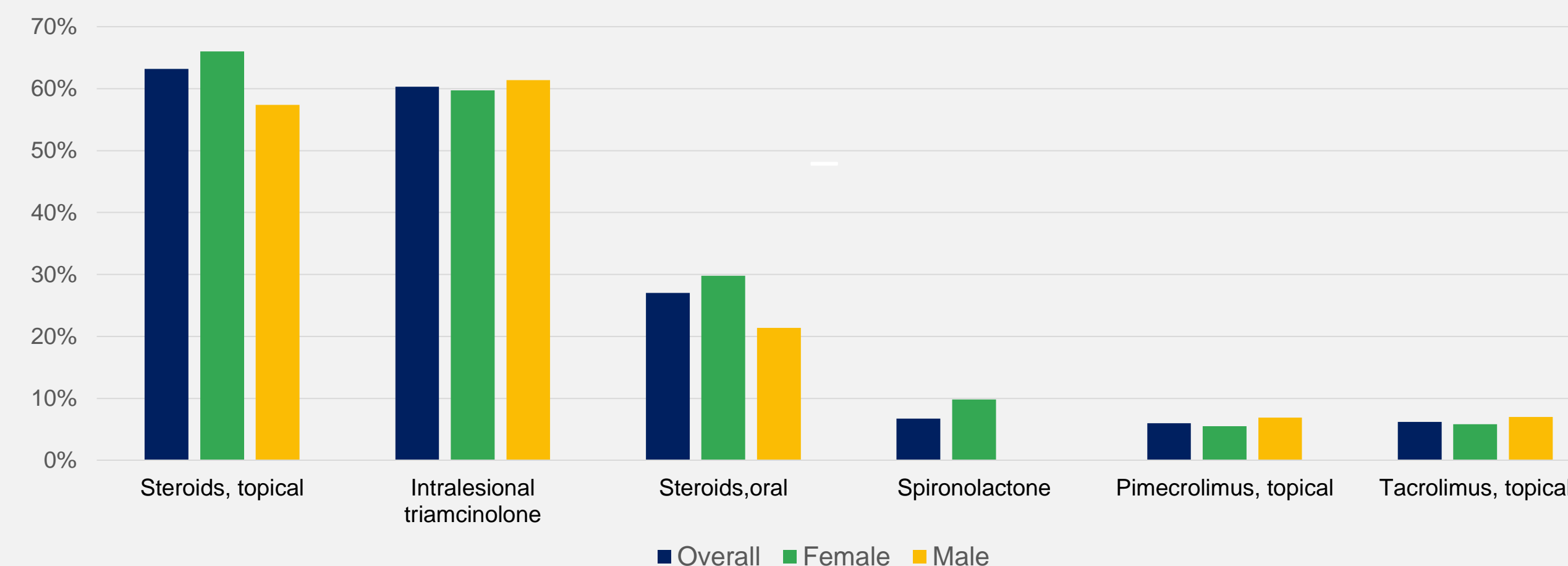


Figure 3. Treatments, overall and by sex

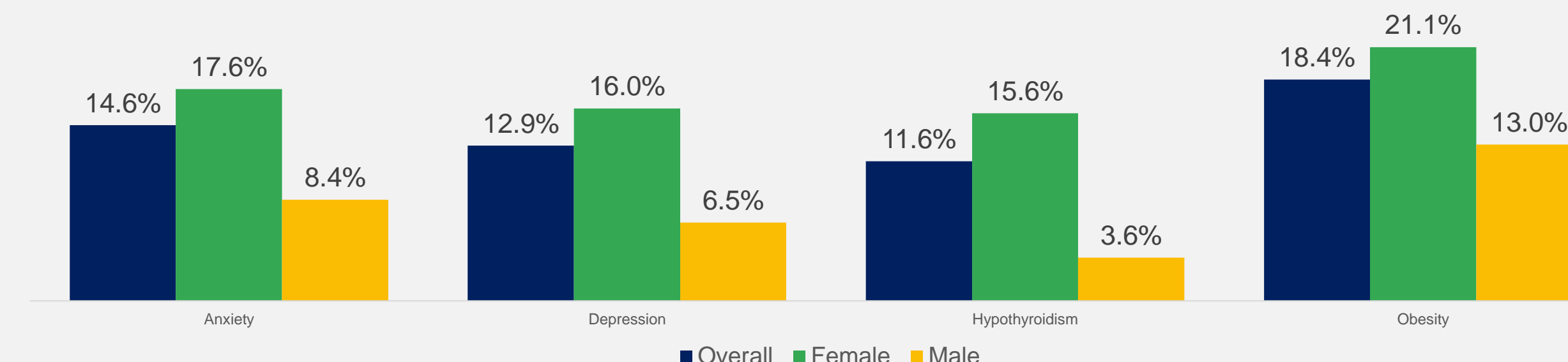


Figure 4. Select Comorbidities, overall and by sex

References

1. Lundin M, Chawa S, Sachdev A, Bhanusali D, Seiffert-Sinha K, Sinha AA. Gender differences in alopecia areata. J Drugs Dermatol. 2014 Apr;13(4):409-13.