

Patients Delay Treating Hereditary Angioedema (HAE) Attacks with Currently Available, Injectable, On-demand Therapies

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Background

- HAE is characterized by recurrent and unpredictable episodes of subcutaneous or submucosal swelling which can affect the abdomen, extremities, genitals, face, and larynx
- Symptoms of an HAE attack can be painful and debilitating, potentially interfering with the ability to conduct daily activities (work, school, social activities)¹
- WAO/EAACI 2022 updated guidelines recommend that all HAE patients:²
 - consider treating all attacks as early as possible
 - have access to sufficient medication to treat two attacks
 - carry on-demand treatment at all times, regardless of prophylactic therapy
- Although self-administration of on-demand parenteral treatments has enhanced overall HAE attack management,³ it is known that people living with HAE may delay on-demand treatment administration^{4,5}

Rationale

- This survey evaluated on-demand treatment patterns and patient characteristics associated with longer delays in treatment, as reported by individuals living with HAE

Methods

- People living with HAE were recruited by the US Hereditary Angioedema Association (HAEA) to complete an online survey
- The survey was self-reported, and took respondents approximately 20 minutes to complete
- The survey was completed by 107 individuals between September 6 and October 19, 2022
- Respondents provided consent for their data to be used anonymously or in aggregate
- Analysis was performed using descriptive statistics

Table 1. Respondent characteristics

Characteristic	Total (n=107)
Age, mean	41yrs
Age category, n (%)	(Range 16-83 yrs)
24yrs and younger	14 (13.1%)
25yrs to 44yrs	51 (47.7%)
45yrs and older	42 (39.3%)
Gender, n (%)	
Female	86 (80.4%)
Male	21 (19.6%)
Type of therapy, n (%)	
On-demand only	53 (49.5%)
Prophylaxis with on-demand	54 (50.5%)
Level of anxiety when anticipating on-demand treatment	
More anxious (≥6 on scale of 1 to 10)	46 (43.0%)
Less anxious (≤5 on scale of 1 to 10)	61 (57.0%)
Time to HAE attack treatment	
Immediately treat all attacks	15 (14.0%)
Do not immediately treat all attacks	92 (86.0%)

Disclosures

This study was sponsored by KalVista Pharmaceuticals, Inc. All authors met the ICMJE authorship criteria and had full access to relevant data. The authors had full editorial control of the data presented and provided final approval of all content. Neither honoraria nor payments were made for authorship.

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Results

Figure 1. Approximately how long (mean, in hours) respondents will wait after first recognizing the start of an HAE attack to administer on-demand treatment

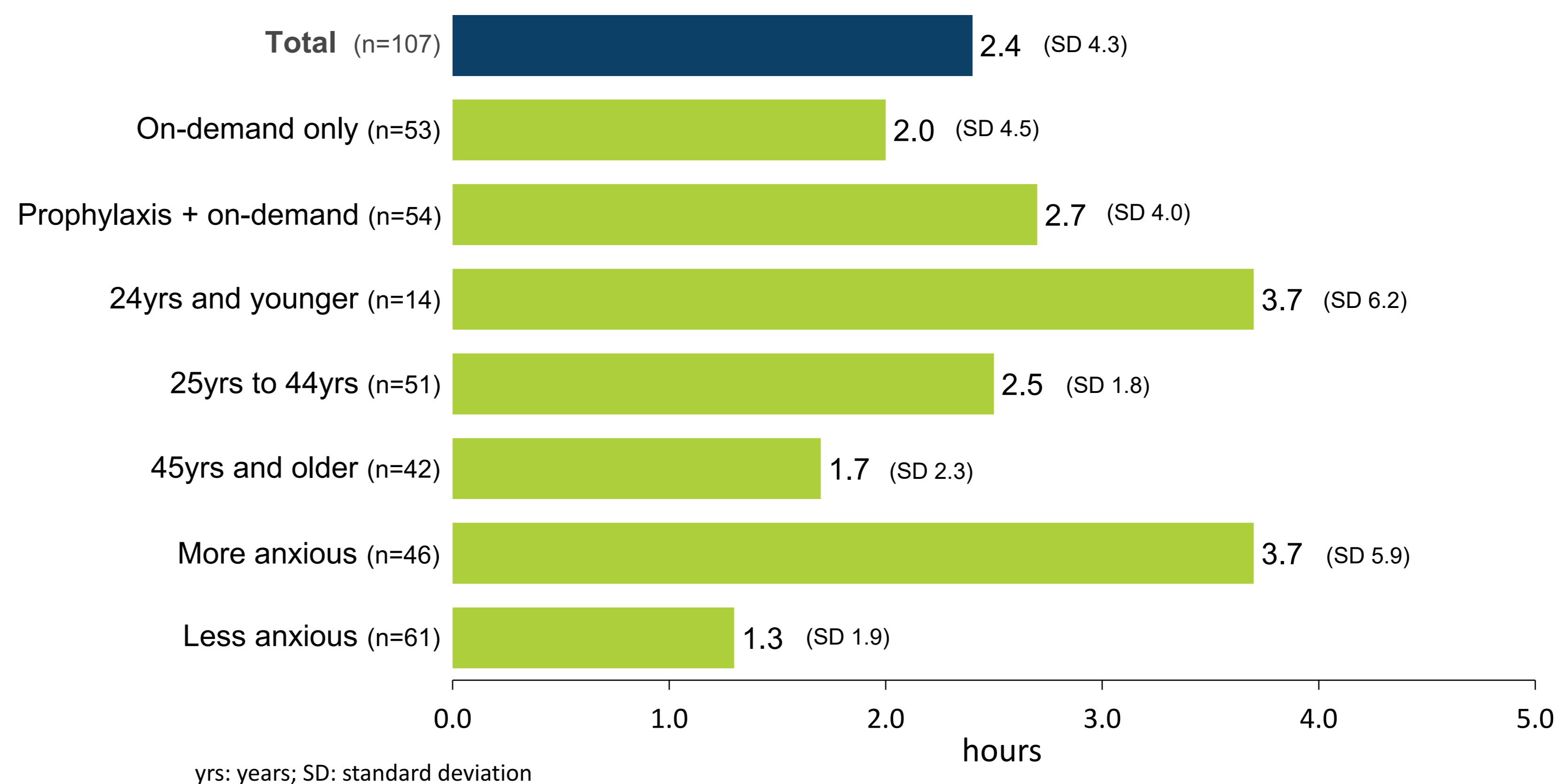


Figure 2. Proportion of respondents that will wait 5 hours or longer after first recognizing the start of an HAE attack to administer on-demand treatment

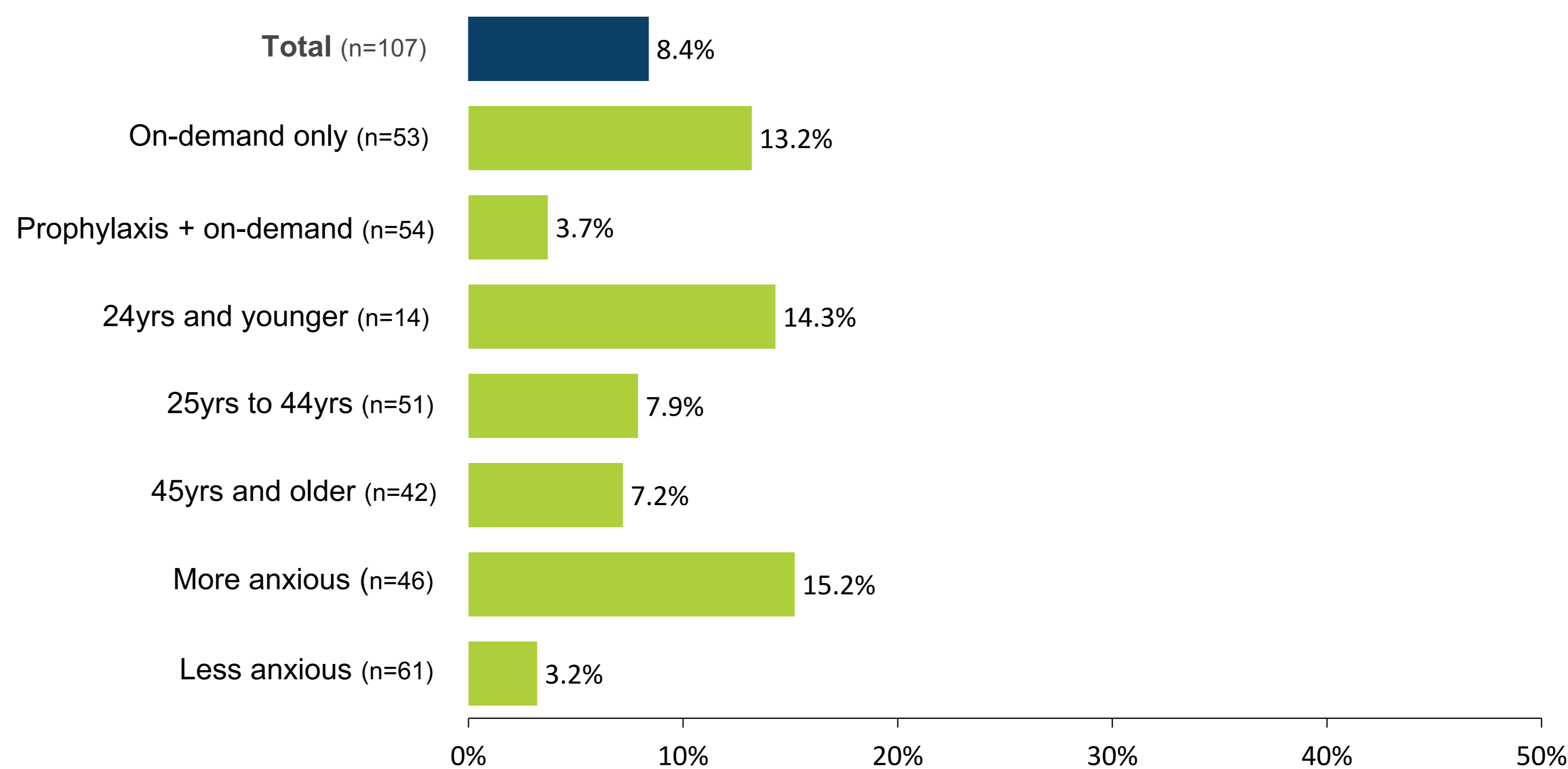


Table 2. Survey question and responses

	Total (n=107)	Prophylaxis + On-demand (n=54)	On-demand Only (n=53)	More Anxious (n=46)	Less Anxious (n=61)
At first recognition of an HAE attack, do you wait to administer on-demand treatment?					
% "Yes"	86.0%	81.5%	90.6%	95.7%	78.7%
% "No"	14.0%	18.5%	9.4%	4.3%	21.3%

Conclusions

- Results highlight that despite most patients recognizing the onset of an HAE attack, the majority of respondents reported waiting to administer on-demand treatment
- Those who are younger or have more anxiety about their current on-demand treatment tend to delay administration of treatment the longest
- More impactful patient-physician dialogue, as well as further advancements in treatment options may help to overcome barriers to timely on-demand treatment and ensure current practice guidelines are followed

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