

Anxiety Associated with On-Demand Treatment for Hereditary Angioedema (HAE) Attacks

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Background

- Hereditary angioedema (HAE) is characterized by unpredictable swelling attacks affecting cutaneous and submucosal tissues, which are typically painful, debilitating, and potentially fatal
- WAO/EAACI 2021 updated guidelines recommend the early use of on-demand treatment following attack recognition to reduce morbidity and prevent mortality¹⁻³
- All currently approved on-demand treatment options require parenteral administration, which can be challenging to administer, resulting in anxiety and increased treatment burden⁴

Objective

- The current study aimed to characterize anxiety related to use of parenteral on-demand therapy for HAE attacks administered either subcutaneously (SC) or intravenously (IV)

Methods

- Participants with Type 1 or 2 HAE were recruited through HAE UK, the patient organization, between April and May 2023
 - Recruitment was stratified to include 50% of participants taking on-demand only and 50% receiving long-term prophylaxis (LTP) + on-demand
- The survey was self-reported, and took respondents approximately 20 minutes to complete
- Study population included participants that were at least 18 years of age, had at least one HAE attack within the three months prior to the survey and had treated that attack with an approved on-demand therapy
- Respondents provided consent for their data to be used anonymously or in aggregate
- Anxiety was rated on a scale of 0 (not at all anxious), 1-3 (mildly anxious), 4-6 (moderately anxious) and 7-10 (extremely anxious)
- Analysis was performed using descriptive statistics

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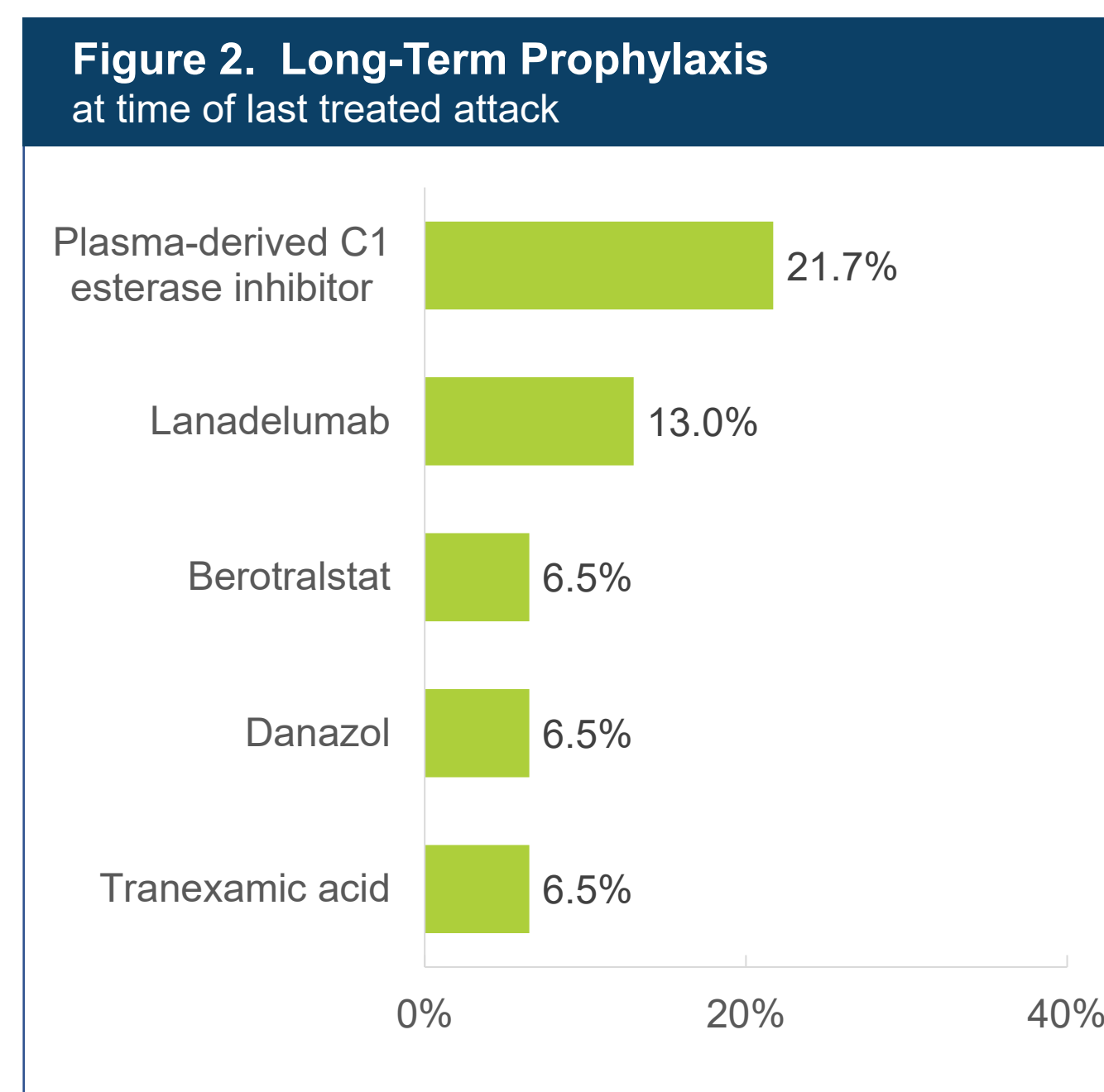
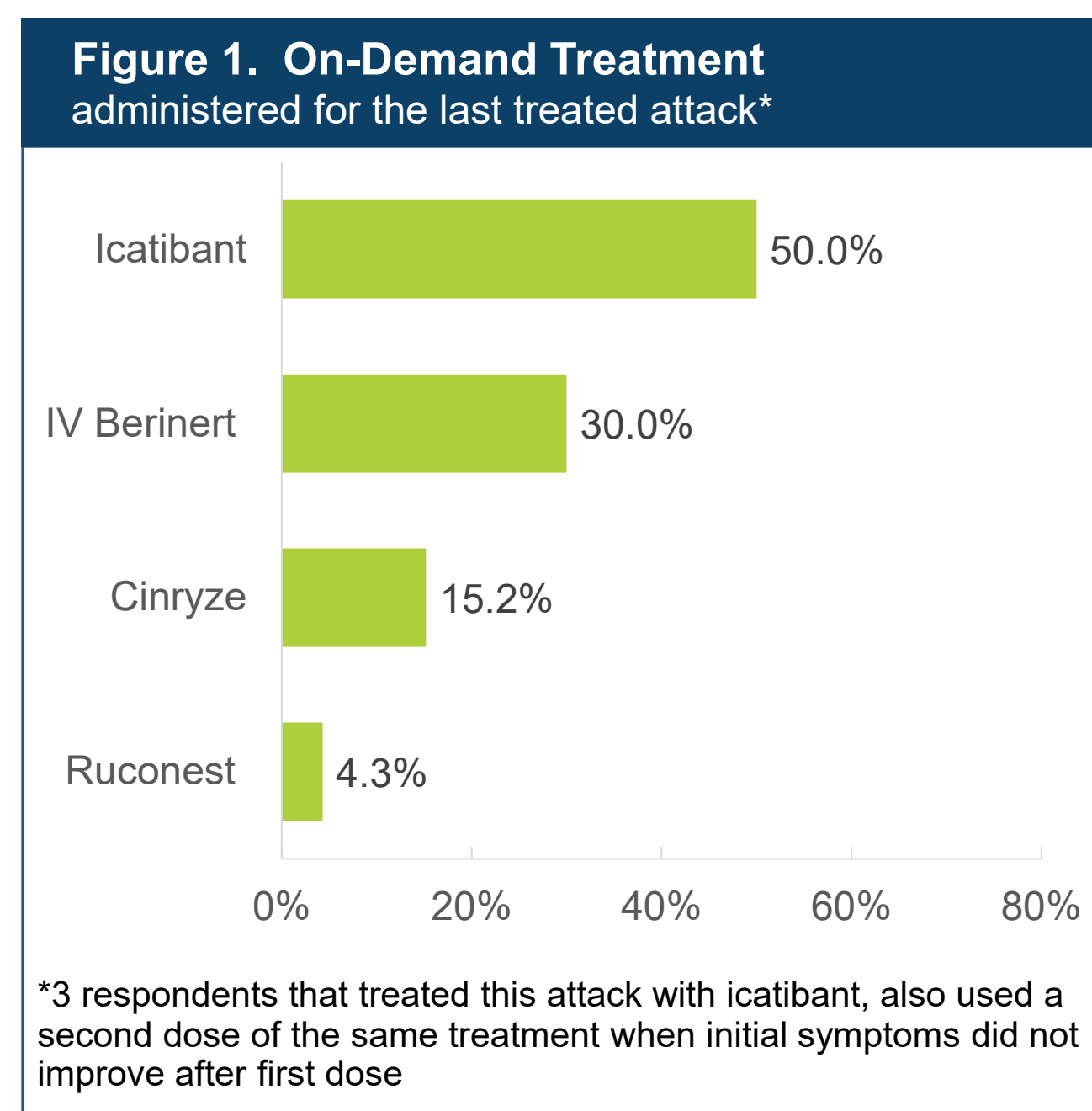
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Disclosures

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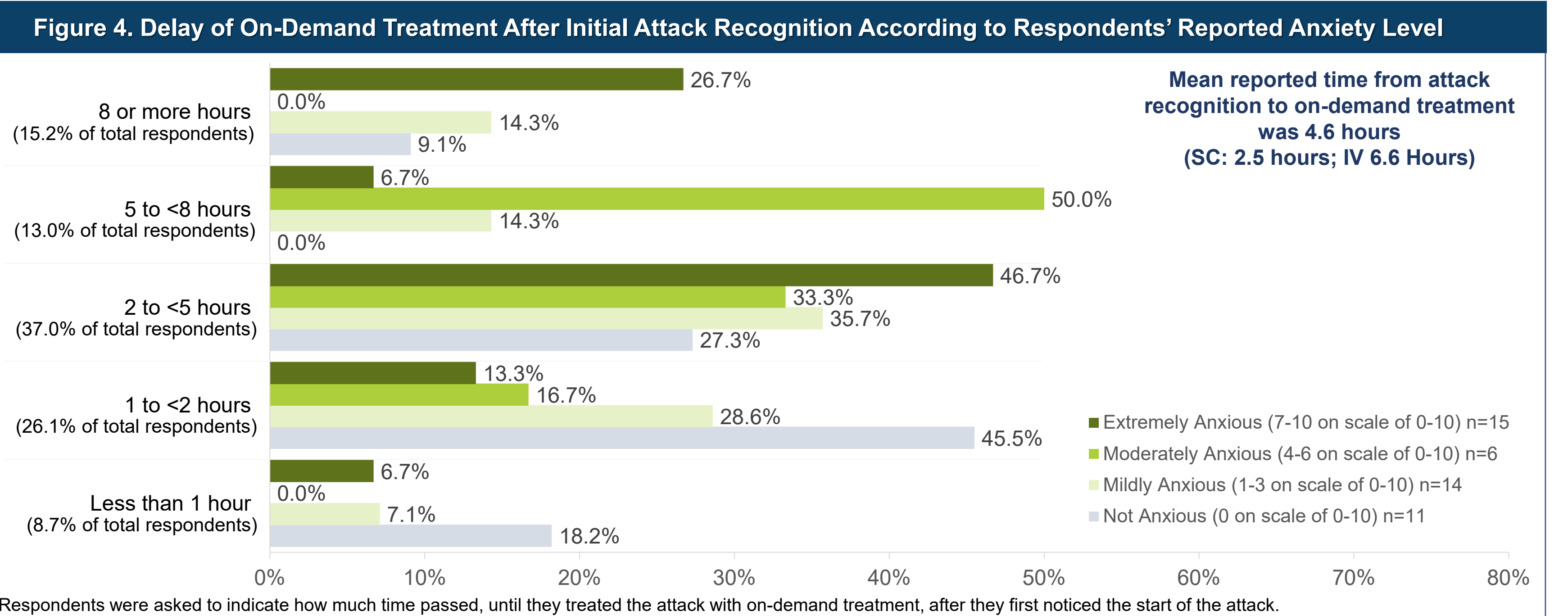
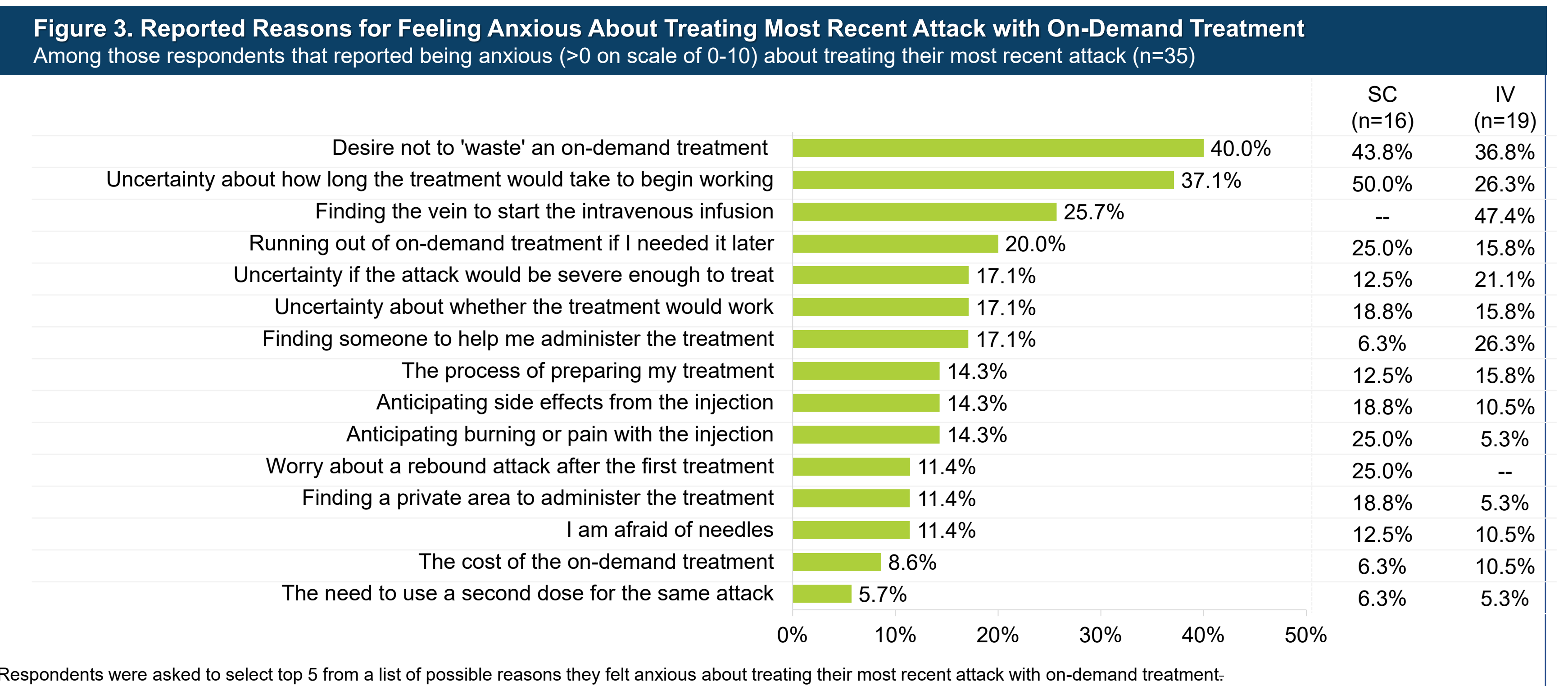
Results

Characteristic	Total (N=46 Adults)	On-Demand Only (n=21, 46%)	LTP + On-Demand (n=25, 54%)
Current Age (Mean)	44 years	42 years	46 years
Age of Diagnosis (Mean)	17 years	17 years	17 years
Gender			
Male	28%	33%	24%
Female	70%	67%	72%
Prefer not to respond	2%	-	4%
Race / Ethnicity			
White	91%	95%	88%
Black / Black British / Caribbean or African	-	-	-
Asian or Asian British	7%	5%	8%
Other	-	-	-
Prefer not to respond	2%	-	4%
HAE Type			
Type I	100%	100%	100%
Type II	-	-	-
Time Since Last Treated Attack (Mean)	16 days	13 days	18 days



Level of Anxiety	Total (N=46)	On-Demand Only (n=21)	LTP + On-Demand (n=25)	SC (n=23)	IV (n=23)
Not Anxious (0 on scale of 0-10)	11 (23.9%)	7 (33.3%)	4 (16.0%)	7 (30.4%)	4 (17.4%)
Mildly Anxious (1-3 on scale of 0-10)	14 (30.4%)	6 (28.6%)	8 (32.0%)	8 (34.8%)	6 (26.1%)
Moderately Anxious (4-6 on scale of 0-10)	6 (13.0%)	3 (14.3%)	3 (12.0%)	4 (17.4%)	2 (8.7%)
Extremely Anxious (7-10 on scale of 0-10)	15 (32.6%)	5 (23.8%)	10 (40.0%)	4 (17.4%)	11 (47.8%)

Respondents were asked, "How much anxiety did you feel about treating this HAE attack with on-demand treatment?" and provided a scale to select from 0-Not at all anxious to 10-Extremely anxious



Conclusions

- Both routes of administration were associated with anxiety, with IV users more likely to be extremely anxious
- More patients using SC treatment were anxious due to uncertainty about how long treatment would take to work, anticipated burning or pain, and finding a private area to administer treatment
- More patients using IV treatment were anxious due to finding a vein for infusion, uncertainty if the attack would be severe enough to treat, and finding someone to help administer treatment
- Treatment-related anxiety was associated with time to treatment with a higher proportion of patients reporting not/mildly anxious treating sooner than patients with moderate to extreme treatment-related anxiety
- Effective alternatives to current parenteral on-demand treatments are needed to address treatment-related anxiety as a potential barrier to timely treatment

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