# Real-World Impact of Treated Hereditary Angioedema Attacks on Patients' Quality of Life

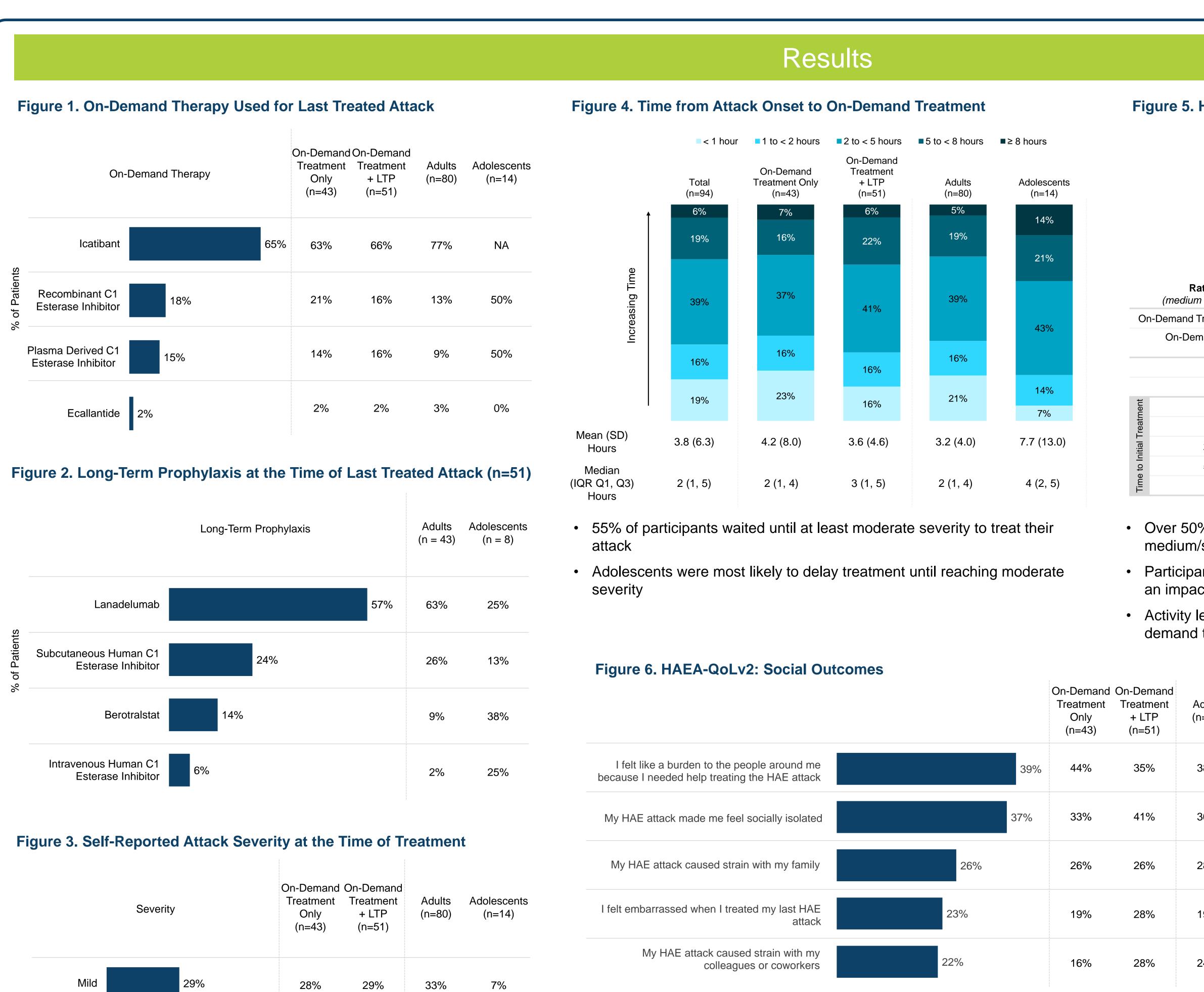
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Hereditary angioedema (HAE) is a rare genetic disease associated with unpredictable, painful, and debilitating attacks of tissue swelling in various locations of the body that can be life-threatening depending on the location(s) affected							
Global HAE treatment guidelines recommend that people living with HAE should consider treating all attacks early upon recognizing them in order to reduce both the severity and duration of each attack <sup>1-3</sup>							
	hough long-term prophylaxis (LTP) has been shown to reduce attack quency, it does not eliminate the need for on-demand treatment						
Currently all approved on-demand treatment options require parenteral administration, which can be challenging for certain patients and contributes to notable treatment burden							
We described the physical and social early treatment	•	•					
	N	<b>Nethoc</b>	S				
The US Hereditar Type 1 or 2 HAE I consent for their c	between Ap	ril and June	2023; respo	ondents pro			
Participants had to be at least 12 years old and have treated at least 1 HAE attack within the prior 3 months using an approved on-demand therapy							
	stratified to	include anni	covimately F	50% of parti	cipants		
Recruitment was who were taking or receiving LTP plus attack	on-demand	treatment or	nly and 50%	of those w	ho were		
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References

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		Severity	On-Demand Treatment Only (n=43)	On-Demand Treatment + LTP (n=51)	Adults (n=80)	Adolescents (n=14)		
% of Patients	Mild	29%	28%	29%	33%	7%	•	
	Moderate	55%	63%	49%	56%	50%	•	
	Severe	13%	7%	18%	9%	36%		
	Very severe	3%	2%	4%	3%	7%	•	
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- 55% of participants waited until at least moderate severity to treat their attack
- Adolescents were most likely to delay treatment until reaching moderate severity

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Thirty-seven (39%) participants felt like a burden to people around them because they needed help treating their HAE attacks Thirty-five (37%) participants felt social isolation due to HAE attack (28% if treated <1 hour) Fewer participants reported negative social outcomes if they had treated their attacks in <1 hour

## Conclusions

These results indicate that the majority of participants' physical and social QoL was substantially affected by their HAE attacks, regardless of being on LTP

Early treatment of attacks (less than 1 hour) was associated with less negative impact on energy, sleep, activity, and social outcomes Taken together, these results highlight the need for education centered on prompt attack intervention

AEA-QoLv2: F	Physical Outcom	es	
	31%	16%	28%
<ul> <li>A lot/severe</li> <li>Medium</li> <li>A little</li> <li>Not at all</li> </ul>		35%	
	38%	3370	42%
	5070	23%	
	19%	26%	23%
	12%	2070	7%
<b>d top 2</b> a lot/severe)	Your Energy Level	Your Sleep	Your Activity Leve
atment Only (n=43)	68%	47%	70%
d Treatment + LTP (n=51)	71%	55%	69%
Adult (n=80)	68%	45%	65%
Adolescent (n=14)	79%	86%	93%
< 1 hour (n=18)	56%	33%	56%
o < 2 hours (n=15)	67%	47%	53%
< 5 hours (n=37)	76%	54%	78%
o < 8 hours (n=18)	72%	72%	78%
≥ 8 hours (n=6)	67%	33%	67%

• Over 50% of participants reported that their last attack had a medium/severe impact on their energy levels, sleep, and activity levels Participants that treated their attacks in <1 vs ≥5 hours experienced less of</li> an impact on their energy levels, sleep, and activity levels • Activity levels were similar in participants receiving prophylaxis and on-

demand treatment compared to those receiving on-demand treatment only

	1	Time to Initial Treatment					
Adults n=80)	Adolescents (n=14)	< 1 hour (n=18)	1 to < 2 hours (n=15)	2 to < 5 hours (n=37)	5 hours to < 8 hours (n=18)	≥ 8 hours (n=6)	
38%	50%	28%	40%	46%	39%	33%	
36%	43%	28%	27%	35%	61%	33%	
28%	14%	17%	33%	27%	22%	33%	
19%	50%	11%	33%	24%	28%	17%	
24%	14%	17%	47%	22%	17%		



