

# 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)<sup>1</sup>
- WAO/EAACI 2022 updated guidelines recommend that all HAE patients:<sup>2</sup>
  - 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,<sup>3</sup> it is known that people living with HAE may delay on-demand treatment administration<sup>4,5</sup>

## 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%)

## 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

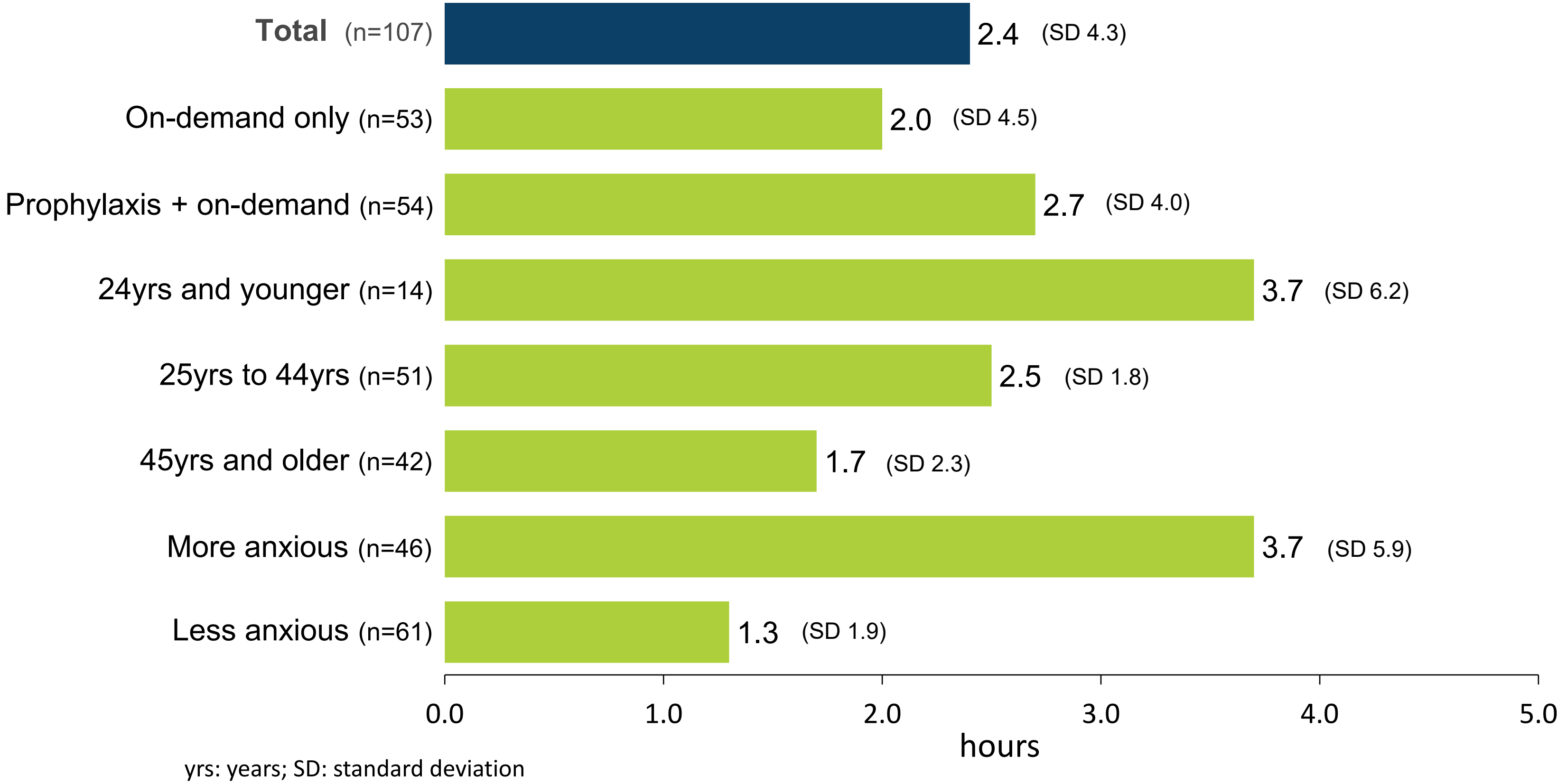


Figure 2. Proportion of respondents that will wait 5 hours or longer after first recognizing the start of an HAE attack to administer on-demand treatment

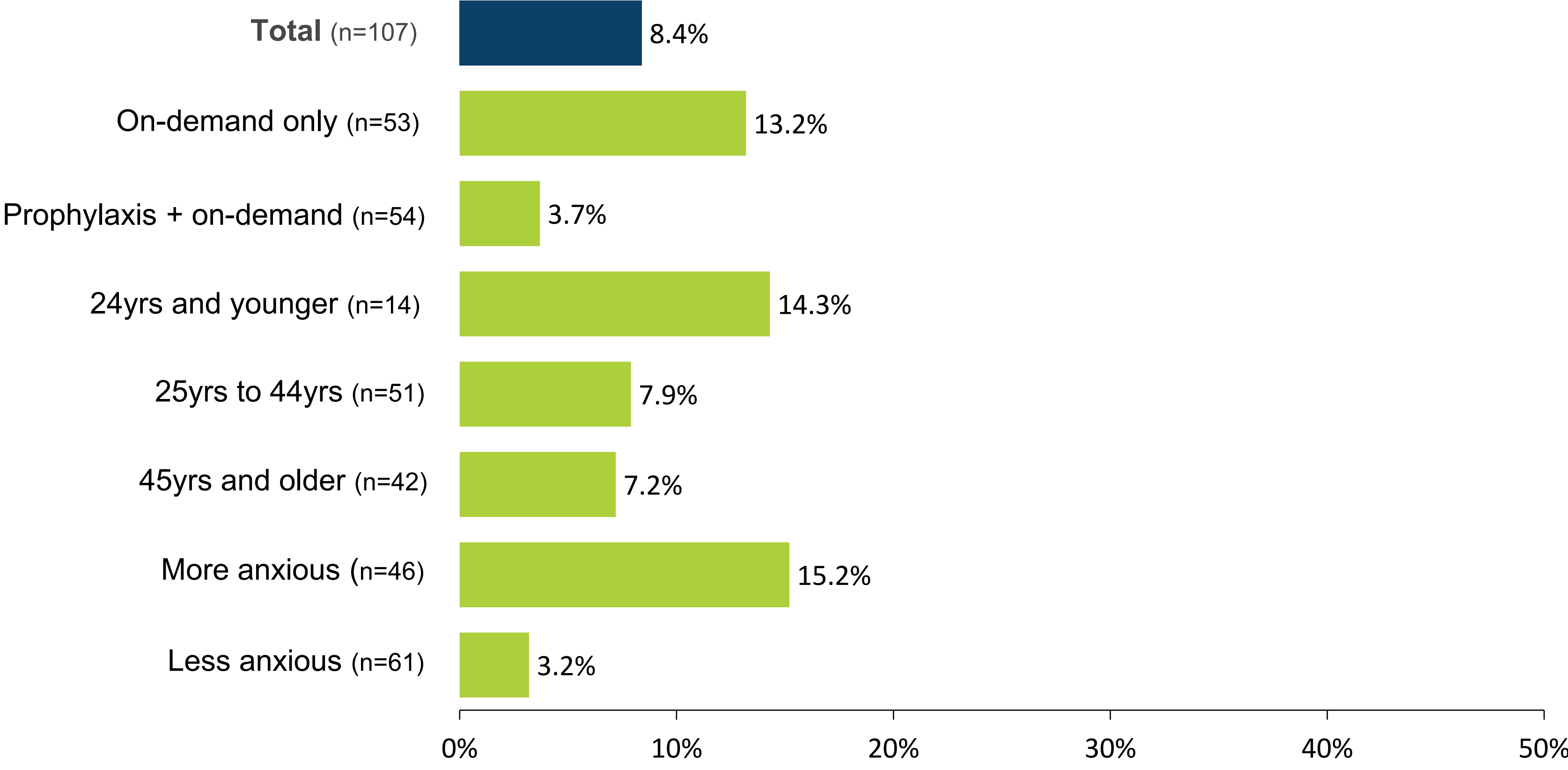


Table 2. Survey question and responses

	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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## Disclosures

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