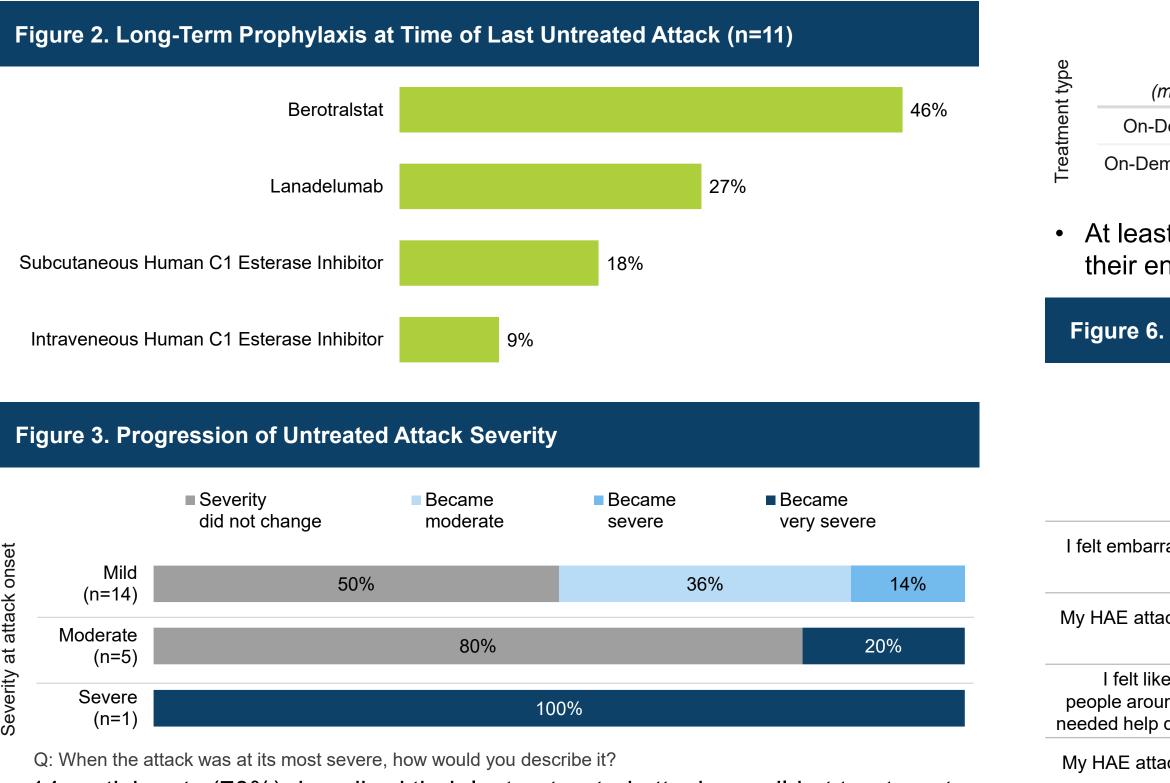
# Burden of Untreated Hereditary Angioedema Attacks and its Impact on Social, Mental, and Physical Health

Cristine Radojicic<sup>1</sup>, Paula Busse<sup>2</sup>, <u>Maeve O'Connor<sup>3</sup></u>, Julie Ulloa<sup>4</sup>, Sherry Danese<sup>4</sup>, Vibha Desai<sup>5</sup>, Tomas Andriotti<sup>5</sup>, Paul Audhya<sup>5</sup>, Sandra Christiansen<sup>6</sup>

<ul> <li>the participants of the location (s) affected</li> <li>(b) b) AE transition of dubbing of a damage of the page of the pag</li></ul>	Background				
<ul> <li>depending on the location(s) affected</li> <li>(bodd) HAE standul consider instally 41</li> <li>(bodd) HAE standul consider instally 42</li> <li>(bodd) HAE standul HAE s</li></ul>	with unpredictable, painful, and debilitating attacks of tissue swelling	Table 1. Respondent Characterist	ics		
HAE Endud consider instituting all attacks carry upon recognizing them notife to reduce mortality 4 <sup>rd</sup> Instituting and attacks carry upon recognizing them notife to reduce mortality 4 <sup>rd</sup> Despite availability of on-demand therapies, patients do not universally treat attacks <sup>1</sup> Instituting attacks on reduce attack on counters is as a set of the patients is as untreated attack on could, mental, and physical health         We examined the impact of the patients is as untreated attack on could, mental, and physical health       Instituting attacks on the patients is as untreated attack on could, mental, and physical health         The US Herediany Angloedema Association recruiced participants taking on-demand restment only patieparts treated 25% of attacks       Instituting attacks on the patients at the firm of the attack         The US Herediany Angloedema Association recruiced participants taking on-demand restment only patieparts treated 25% of attacks       Instituting attacks on the patients at the firm of the attack         The US Herediany Angloedema Could approximately 50% of participants taking on-demand restment only patieparts treated 25% of attacks       Instituting attacks attack         Patieparts attack       Patieparts attack       Institution attack (the there attack attack for the patient attack attack for the could patient attack attack for the patient attack (the there attack attack for the patient attack (the there attack attack for the patient attack attack for the patient attack (the there attack attack for the patient attack (the there attack attack for the patient attack (there attack attack for the the stat attack for the pat				Treatment Only	On-Demar Treatment + (n=11)
<ul> <li>in order to reduce morbiolity and morbility<sup>155</sup></li> <li>Social mental, and physical health</li> <li>We examined the impact of the patients' last untreated attack on social, mental, and physical health</li> <li>We examined the impact of the patients' last untreated attack on social, mental, and physical health</li> <li>The US Horditary Angloodema Association rocruited participants with Type 1 or 2. A last characterization of the patients' in advance approximately 60% of participants taking on demand only and 50% receiving non-androgen long-term prophysics (LTP) plus on-demand, at the time of the last untreated ALE about their last untreated attack.</li> <li>Participants taking on demand only and 50% receiving non-androgen long-term prophysics (LTP) plus on-demand, at the time of the last takk.</li> <li>Participants taking on demand only and 50% receiving non-androgen long-term prophysics (LTP) plus on-demand, at the time of the last takk.</li> <li>Participants taking on demand only and 50% receiving non-androgen long-term prophysics (LTP) plus on-demand, at the time of the last takk.</li> <li>Participants and the take take.</li> <li>Participants and the time of the last take.</li> <li>Participants and the time of the last take.</li> <li>Participants and the time of the last untreated ALE about the last take.</li> <li>Participants and the time of the last take.</li> <li>Participants and the time of the last take.</li> <li>Participants and the time of the last untreated take.</li> <li>Participants and the time of the last untreated take.</li> <li>Participants and the time of the last untreated take.</li> <li>Participants and the time of the last untreated take.</li> <li>Participants and the time of the last untreated take.</li> <li>Participants and the time of the last untreated take.</li> <li>Participants and the time of the last untreated take.</li> <li>Participants and the time of the last untreated the last of the take and take.</li> <li>Participants and the time of the last untreated take.</li> <li< td=""><td></td><td>Current Mean Age, Years (SD)</td><td>39 (14.6)</td><td>45 (14.2)</td><td>33 (13.1)</td></li<></ul>		Current Mean Age, Years (SD)	39 (14.6)	45 (14.2)	33 (13.1)
<ul> <li>Despite availability of on-demand therapies, patients do not intervally treat attacks?</li> <li>Despite availability of on-demand therapies, patients do not intervally treat attacks?</li> <li>We asaminad the impact of the patients' last untrasted attack on social, mental, and physical health</li> <li>The US Hereditary Angleedema Association recruited participants and treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' treated 22% of attacks?</li> <li>On-demand treatment of the patients' attack?</li> <li>Patients' attack attack?</li> <li< td=""><td></td><td></td><td></td><td></td><td></td></li<></ul>					
Lessifie availability of on-demand therapies, patients do not inversally treat attacks <sup>1</sup> Objective       See Elimitary         When a construction of the patients' last untreated attack on obciel, mental, and physical health       See Elimitary         When a construction of the patients' last untreated attack on obciel, mental, and physical health       On-demand treatment only participants treated 22% of allocks         The US Hereditary Angloedema Association recruited participants that the year in order path of the set treated attack.       On-demand treatment only participants treated 22% of allocks         Percultament was stratified to include approximately 50% of participants taking on-demand only and 50% receiving non-androgen long-term prophysics (LTP) points on-demand, at the time of their last treated attack was stratifted to include approximately 50% of participants taking on-demand only and 50% receiving non-androgen long-term prophysics (LTP) points on-demand treatment for their attacks         Figure 1. Proving 1. More 1. Strong 1. Mor					
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Objective         We examined the impact of the patients' last untreated attack on ocial, montal, and physical health		-	87%	89%	79%
<ul> <li>A resummed the impact of the patients' last untreated attack on point, metal, and physical health</li> <li>On-demand treatment only participants and on-demand + LTP participants for the patient of the participants for the participants for the patient of the participants for the patient of the patien</li></ul>					
<ul> <li>ie examined the impact of the patients' last untreated attack on polal, mental, and physical health</li> <li>ie examined the impact of the patients' last untreated attack on polal, mental, and physical health</li> <li>is the US Hereditary Angloedema Association recruited participants at the past year</li> <li>in Charlemand treatment only participants and on-demand - UTP participants to reported healthing an average of 10 attacks over the past year</li> <li>in Charlemand treatment only participants attaing on-demand only and 50% receiving non-androgen iong-term prophylaxis (LTP) plus on-demand, at the time of the last treated attack</li> <li>articipants acting and endemand only and 50% receiving non-androgen iong-term prophylaxis (LTP) plus on-demand, at the time of the attack</li> <li>articipants and to be at least 18 years old and had at least 1 threated attack in the past 3 months</li> <li>hysical and social QoL was assessed using a modified version of the Hereditary Angloedema Quality of Life Questionnaire (HAEA-oU.V).</li> <li>Physical impact of HAE (energy level, sleep, and activity level)</li> <li>Range from 1 (strongly disagree) to 5 (strongly agree)</li> <li>Uroog Vas used to assesse physical and montal QoL "today" (i.e., urrent QoL) and at the time of the last untreated attack</li> <li>EQ-5D-5L. Index Score = QoL composite of thers across 5 domains: from -0.59 (lowest possible health state) to 1 (best possible health state) to 1 (best imaginable health state) to 1 (best imaginable health state) to 100 ('best imaginable health state) t</li></ul>	Objective		-		
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<ul> <li>Methods</li> <li>On-demand treatment only participants treated 22% of attacks</li> <li>On-demand t+LTP participants treated 24% of attacks</li> <li>Figure 1. Prescribed On-demand Treatment at the Time of Last Untreated Attack</li> <li>On-demand Therapy</li> <li>On-demand Therapy&lt;</li></ul>	ocial, mental, and physical health	<ul> <li>On-demand treatment only part</li> </ul>	rticipants and or	n-demand + LTP pa	articipants b
<ul> <li>Methods</li> <li>Cn-demand + LTP participants treated 64% of attacks</li> <li>Figure 1 or 2 HAE between April and June 2023</li> <li>Recruitment was stratified to include approximately 50% of participants taking on-demand of yards of 20% of call attacks.</li> <li>Figure 1. Prescribed On-demand Treatment at the Time of Last Untreated Attack.</li> <li>Figure 3. Prescribed On-demand Treatment at the Time of Last Untreated Attack.</li> <li>Figure 3. Prescribed On-demand Treatment at the Time of Last Untreated Attack.</li> <li>Figure 3. Prescribed On-demand Treatment at the Time of Last Untreated Attack.</li> <li>Figure 3. Prescribed On-demand Treatment at the Time of Last Untreated Attack.</li> <li>Figure 3. Prescribed On-demand Treatment at the Time of Last Untreated Attack.</li> <li>Figure 3. Prescribed On-demand Treatment Terrate</li> <li>Figure 3. Prescribed On-demand Treatment of their attacks.</li> <li>Figure 3. Prescribed On-demand Treatment of their attacks.</li> <li>Figure 3. Prescribed On-demand Treatment for their attacks.</li> <li>Figure 3. Prescribed On-demand Treatment of their attacks.</li> <li>Figure 3. Long-term Prophylaxis at Time of Last Untreated Attack (n=11)</li> <li>Prescribed Self-administering on-demand treatment for their attacks.</li> <li>Figure 3. Long-term Prophylaxis at Time of Last Untreated Attack (n=11)</li> <li>Prescribed Self-administering on-demand treatment for their attacks.</li> <li>Figure 3. Long-term Prophylaxis at Time of Last Untreated Attack (n=11)</li> <li>Prescribed Self-administering on-demand treatment of their attacks.</li> <li>Figure 3. Long-term Prophylaxis at Time of Last Untreated Attack (n=11)</li> <li>Prescribed Self-administering on-demand treatment for their attacks.</li> <li>Figure 3. Progression of Untreated Attack Severity</li> <li>Figure 3. Progression of Untreated Atta</li></ul>		reported having an average of	10 attacks over	the past year	
<ul> <li>The US Hereditary Angioedema Association recruited participants with Type 1 or 2 HAE between April and June 2023</li> <li>Recruitment was stratified to include approximately 50% of participants taking on-demand Original 50% receiving non-androgen long-term prophylaxis (LTP) plus on-demand, at the time of their last trated attack.</li> <li>Participants completed a 20-minute. self-reported, online survey that raticipants had to be at least 18 years old and had at least 1 intreated attack in the past 3 months.</li> <li>Physical and social CoL was assessed using a modified version of the Hereditary Angioedema Quality of Life Questionnaire (HAEA-20L/2).</li> <li>Physical impact of HAE (excere/very severe)</li> <li>Social impact of HAE (excere/very severe)</li> <li>Subduttemas Human CI Exerase Initiator in the of the last untreated attack (1990)</li> <li>Range from 1 (strongly disagree) to 5 (strongly agree)</li> <li>survey, was used to assess physical and mental Qu. "today" (i.e., uurrent Qu.) and at the time of the last untreated attack (1990)</li> <li>Range from 0 ("worst imaginable health state) to 100 ("best imaginable health state)</li> <li>Wasal Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state) to 100 ("best imaginable health state)</li> <li>Wasal Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state) to 100 ("best imaginable health state)</li> </ul>	Methods		• • •		cks
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<ul> <li>androgen long-term prophylaxis (LTP) plus on-demand, at the time of their last treated attack</li> <li>Participants completed a 20-minute, self-reported, online survey that aquired about their last untreated HAE attack</li> <li>Participants had to be at least 18 years old and had at least 1 intreated attack in the past 3 months</li> <li>Physical and social QoL was assessed using a modified version of the Hereditary Angioedema Quality of Life Questionnaire (HAEA-boLv2)</li> <li>Physical impact of HAE (energy level, sleep, and activity level)</li> <li>Range from 1 (not at all) to 4 (severe/very severe)</li> <li>Social impact of HAE (ex, felt embarrassed, felt socially isolated)</li> <li>Range from 1 (strongly disagree) to 5 (strongly agree) turvey, was used to assess physical and mental QoL "today" (i.e., urrent QoL) and at the time of the last untreated attack</li> <li>EQ-5D-SL Index Score = QoL composite of items across 5 domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression</li> <li>Range from -0.59 (lowest possible health state) to 1 (best possible health state)</li> <li>Wasa Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> <li>Wasa Analogue Score (VAS) = Single-item, self-assessment of overall health state)</li> <li>Status Analogue Score (VAS) = Single-item, self-assessment of overall health state)</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> </ul>	participants taking on-demand only and 50% receiving non-	On-Demand The	ару		
<ul> <li>Plasma Device C1 20%</li> &lt;</ul>	androgen long-term prophylaxis (LTP) plus on-demand, at the				(n=1)
<ul> <li>an ubparts completed a 20-minute, self-eported, offile survey that articipants had to be at least 18 years old and had at least 1 intreated attack in the past 3 months hysical and social QoL was assessed using a modified version of the Hereditary Angioedema Quality of Life Questionnaire (HAEA-toLV2)</li> <li>Physical impact of HAE (energy level, sleep, and activity level)</li> <li>Range from 1 (not at all) to 4 (severe/very severe)</li> <li>Social impact of HAE (ex. felt embarrassed, felt socially isolated)</li> <li>Range from 1 (strongly disagree) to 5 (strongly agree)</li> <li>uroQol Five-Dimensions Five-Levels (EQ-5D-5L), a self-report ravey, was used to assess physical and mental QoL. "today" (i.e., trent QoL) and at the time of the last untreated attack</li> <li>EQ-5D-5L Index Score = QoL composite of items across 5 domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression</li> <li>Range from -0.59 (lowest possible health state) to 1 (best possible health state)</li> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health state)</li> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health state)</li> <li>States" (ref)</li> <li>Widd 60%</li> <li>Severity</li> <li>Severity progressed for 45% of all attacks, either becoming moderate, sever or very severe</li> </ul>	time of their last treated attack	Icatibant		75% 78%	73%
<ul> <li>standardingents had to be at least 18 years old and had at least 1 intreated attack in the past 3 months</li> <li>threated attack in the past 3 months</li> <li>threaditary Angloedema Quality of Life Questionnaire (HAEA-boLV2)</li> <li>Physical impact of HAE (energy level, sleep, and activity level)</li> <li>Range from 1 (not at all) to 4 (severe/very severe)</li> <li>Social impact of HAE (ex. felt embarrassed, felt socially isolated)</li> <li>Range from 1 (strongly disagree) to 5 (strongly agree)</li> <li>turooOd Five-Dimensions Five-Levels (EQ-5D-5L), a self-report urvey, was used to assess physical and mental QoL "today" (i.e., urrent QoL) and at the time of the last untreated attack</li> <li>EQ-5D-5L Index Score = QoL composite of items across 5 domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression</li> <li>Range from -0.59 (lowest possible health state) to 1 (best possible health state)</li> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health state")</li> <li>Nange from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> <li>Sange from 0 (Soys) of all attacks, either becoming moderate, sever or very severe</li> <li>Severity progressed for 45% of all attacks, either becoming moderate, sever or very severe</li> </ul>	Participants completed a 20-minute, self-reported, online survey that		0%	22%	36%
Participants had to be at least 18 years old and had at least 1 untreated attack in the past 3 months Physical and social QQL was assessed using a modified version of the Hereditary Angioedema Quality of Life Questionnaire (HAEA- QQLV2) - Physical impact of HAE (energy level, sleep, and activity level) - Social impact of HAE (ex. felt embarrassed, felt socially isolated) - Range from 1 (not at all) to 4 (severe/very severe) - Social impact of HAE (ex. felt embarrassed, felt socially isolated) - Range from 1 (strongly disagree) to 5 (strongly agree) EuroQol Five-Dimensions Five-Levels (EQ-5D-5L), a self-report survey, was used to assess physical and mental QoL "today" (i.e., current QoL) and at the time of the last untreated attack - EQ-5D-5L Index Score = QoL composite of items across 5 domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression - Range from -0.59 (lowest possible health state) to 1 (best possible health state) - Visual Analogue Score (VAS) = Single-item, self-assessment of overall health status - Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")	inquired about their last untreated HAE attack	• 55% reported self-administerir	na on-demand tr	eatment for their a	ttacks
<ul> <li>Physical and social QoL was assessed using a modified version of the Hereditary Angioedema Quality of Life Questionnaire (HAEA-QoLv2)</li> <li>Physical impact of HAE (energy level, sleep, and activity level)</li> <li>Range from 1 (not at all) to 4 (severe/very severe)</li> <li>Social impact of HAE (ex. felt embarrassed, felt socially isolated)</li> <li>Range from 1 (strongly disagree) to 5 (strongly agree)</li> <li>EuroQol Five-Dimensions Five-Levels (EQ-5D-5L), a self-report survey, was used to assess physical and mental QoL "today" (i.e., current QoL) and at the time of the last untreated attack</li> <li>EQ-5D-5L Index Score = QoL composite of items across 5 domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression</li> <li>Range from -0.59 (lowest possible health state) to 1 (best possible health status</li> <li>Nange from 0 ("worst imaginable health state") to 100 ("best imaginable health state") to 100 ("best imaginable health state")</li> </ul>			-		
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<ul> <li>Physical impact of HAE (energy level, sleep, and activity level)</li> <li>Range from 1 (not at all) to 4 (severe/very severe)</li> <li>Social impact of HAE (ex. felt embarrassed, felt socially isolated)</li> <li>Range from 1 (strongly disagree) to 5 (strongly agree)</li> <li>EuroQol Five-Dimensions Five-Levels (EQ-5D-5L), a self-report survey, was used to assess physical and mental QoL "today" (i.e., surrent QoL) and <u>at the time of the last untreated attack</u></li> <li>EQ-5D-5L Index Score = QoL composite of items across 5 domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression</li> <li>Range from -0.59 (lowest possible health state) to 1 (best possible health state)</li> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> <li>When the attack was at its most severe, how would you described their last untreated attack as mild at treatm and of these, 7 participants (70%) described their last untreated attack as mild at treatm and of these, 7 participants (50%) progressed to moderate/severe</li> <li>Severe</li> <li>Severe</li> </ul>	he Hereditary Angioedema Quality of Life Questionnaire (HAEA-	Berotralsta	at		4
<ul> <li>Range from 1 (not at all) to 4 (severe/very severe)</li> <li>Social impact of HAE (ex. felt embarrassed, felt socially isolated)</li> <li>Range from 1 (strongly disagree) to 5 (strongly agree)</li> <li>EuroQol Five-Dimensions Five-Levels (EQ-5D-5L), a self-report</li> <li>survey, was used to assess physical and mental QoL "today" (i.e.,</li> <li>EQ-5D-5L Index Score = QoL composite of items across 5 domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression</li> <li>Range from -0.59 (lowest possible health state) to 1 (best possible health state)</li> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> </ul>	<ul> <li>Physical impact of HAE (energy level, sleep, and activity level)</li> </ul>	Lanadeluma	ıb	27%	
<ul> <li>Social impact of HAE (ex. felt embarrassed, felt socially isolated)</li> <li>Range from 1 (strongly disagree) to 5 (strongly agree)</li> <li>EuroQol Five-Dimensions Five-Levels (EQ-5D-5L), a self-report</li> <li>EuroQol and at the time of the last untreated attack</li> <li>EQ-5D-5L Index Score = QoL composite of items across 5</li> <li>domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression</li> <li>Range from -0.59 (lowest possible health state) to 1 (best possible health state)</li> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> <li>1000 ("best imaginable health state")</li> <li>1100 (best imaginable health state")</li> <li>1100 (best imaginable health state)</li> <li>1100 (bes</li></ul>					
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<ul> <li>EuroQol Five-Dimensions Five-Levels (EQ-5D-5L), a self-report survey, was used to assess physical and mental QoL "today" (i.e., burrent QoL) and <u>at the time of the last untreated attack</u></li> <li>EQ-5D-5L Index Score = QoL composite of items across 5 domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression</li> <li>Range from -0.59 (lowest possible health state) to 1 (best possible health state)</li> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> <li>When the attack was at its most severe, how would you describe it?</li> <li>14 participants (70%) described their last untreated attack as mild at treatm and of these, 7 participants (50%) progressed to moderate/severe</li> <li>Severity progressed for 45% of all attacks, either becoming moderate, severe or very severe</li> </ul>					
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<ul> <li>Figure 3. Progression of Untreated Attack Severity</li> <li>EQ-5D-5L Index Score = QoL composite of items across 5 domains: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression</li> <li>Range from -0.59 (lowest possible health state) to 1 (best possible health state)</li> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> <li>When the attack was at its most severe, how would you describe it?</li> <li>Id participants (70%) described their last untreated attack as mild at treatment and of these, 7 participants (50%) progressed to moderate/severe</li> <li>Severity progressed for 45% of all attacks, either becoming moderate, severe or very severe</li> </ul>					
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<ul> <li>Nange from 10.39 (lowest possible health state) to 1 (best possible health state)</li> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> <li>Q: When the attack was at its most severe, how would you describe it?</li> <li>14 participants (70%) described their last untreated attack as mild at treatm and of these, 7 participants (50%) progressed to moderate/severe</li> <li>Severity progressed for 45% of all attacks, either becoming moderate, severe or very severe</li> </ul>		60%	)	36%	14
<ul> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> <li>When the attack was at its most severe, how would you describe it?</li> <li>14 participants (70%) described their last untreated attack as mild at treatm and of these, 7 participants (50%) progressed to moderate/severe</li> <li>Severity progressed for 45% of all attacks, either becoming moderate, sever or very severe</li> </ul>	anxiety/depression		000/		000/
<ul> <li>overall health status</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best imaginable health state")</li> <li>Q: When the attack was at its most severe, how would you describe it?</li> <li>14 participants (70%) described their last untreated attack as mild at treatm and of these, 7 participants (50%) progressed to moderate/severe</li> <li>Severity progressed for 45% of all attacks, either becoming moderate, sever or very severe</li> </ul>	<ul> <li>anxiety/depression</li> <li>Range from −0.59 (lowest possible health state) to 1 (best</li> </ul>	Hoderate Moderate	80%		20%
<ul> <li>• 14 participants (70%) described their last untreated attack as mild at treatmand of these, 7 participants (50%) progressed to moderate/severe</li> <li>• Severity progressed for 45% of all attacks, either becoming moderate, severo or very severe</li> </ul>	<ul> <li>anxiety/depression</li> <li>Range from −0.59 (lowest possible health state) to 1 (best possible health state)</li> </ul>			0%	
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	<ul> <li>anxiety/depression</li> <li>Range from -0.59 (lowest possible health state) to 1 (best possible health state)</li> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best</li> </ul>	<ul> <li>te (n=5)</li> <li>Severe (n=1)</li> <li>Q: When the attack was at its most severe</li> <li>14 participants (70%) describ and of these, 7 participants (5)</li> <li>Severity progressed for 45%</li> </ul>	e, how would you desc ed their last unt 50%) progressed	reated attack as m d to moderate/seve	ere
rences Acknowledgments	<ul> <li>anxiety/depression</li> <li>Range from -0.59 (lowest possible health state) to 1 (best possible health state)</li> <li>Visual Analogue Score (VAS) = Single-item, self-assessment of overall health status</li> <li>Range from 0 ("worst imaginable health state") to 100 ("best</li> </ul>	<ul> <li>training (n=5)</li> <li>Severe (n=1)</li> <li>Q: When the attack was at its most severe</li> <li>14 participants (70%) describe and of these, 7 participants (5)</li> <li>Severity progressed for 45%</li> </ul>	e, how would you desc ed their last unt 50%) progressed	reated attack as m d to moderate/seve	ere

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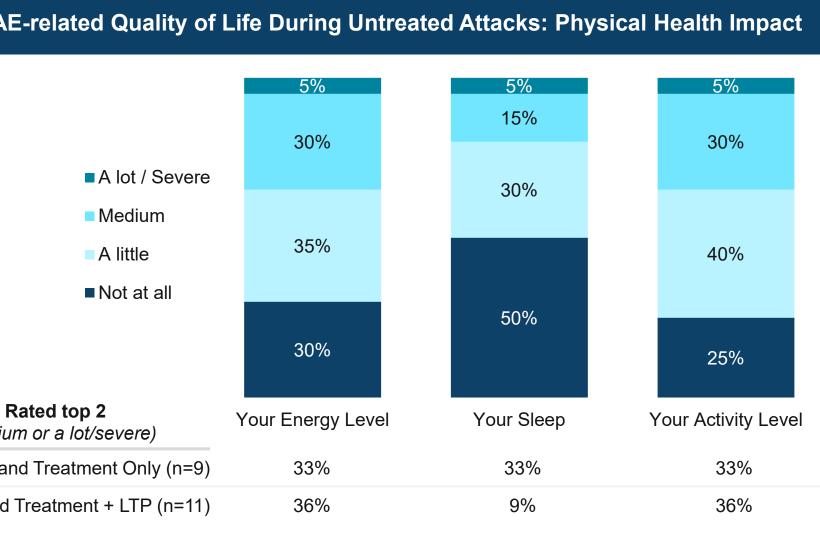
E-related Quality of Life During Untreated Attacks: Social Health Impact Top 2 Treatment Type Strongly On-Demand On-Demand Strongly 1 2 3 4 5 Treatment Treatment + Disagree Agree LTP Only (n=11) Bottom 2 Top 2 (n=9) I felt embarrassed during my 33% 64% 50% 50% 45% 20% last HAE attack My HAE attack made me feel 22% 36% 55% 25% 30% 15% 15% socially isolated I felt like a burden to the 33% 18% people around me because I 60% needed help during the attack My HAE attack caused strain 22% 27% 25% 0%10% 20% with my family My HAE attack caused strain 18% with my colleagues or 60% 0% 30% 10% coworkers

### Results Figure 4. Initial Site of Attack and Symptom Spread On-On-

Initial Site of Attack		Demand Treatment Only (n=9)	Demand Treatment + LTP (n=11)	Symptoms Spread to Another Site (n=20)
ral / Trunk (net <b>)</b>	55%	78%	36%	
g., hands, legs, feet, etc.)	45%	67%	27%	No         Yes           75%         25%
Trunk	10%	11%	9%	
ominal/stomach	20%	11%	27%	<u>%</u>
Face/tongue	15%	11%	18%	On-Demand 22%
Throat	5%		9%	Ireatment (n=9)
Other	5%		9%	Long-Term Prophylaxis (n=11)

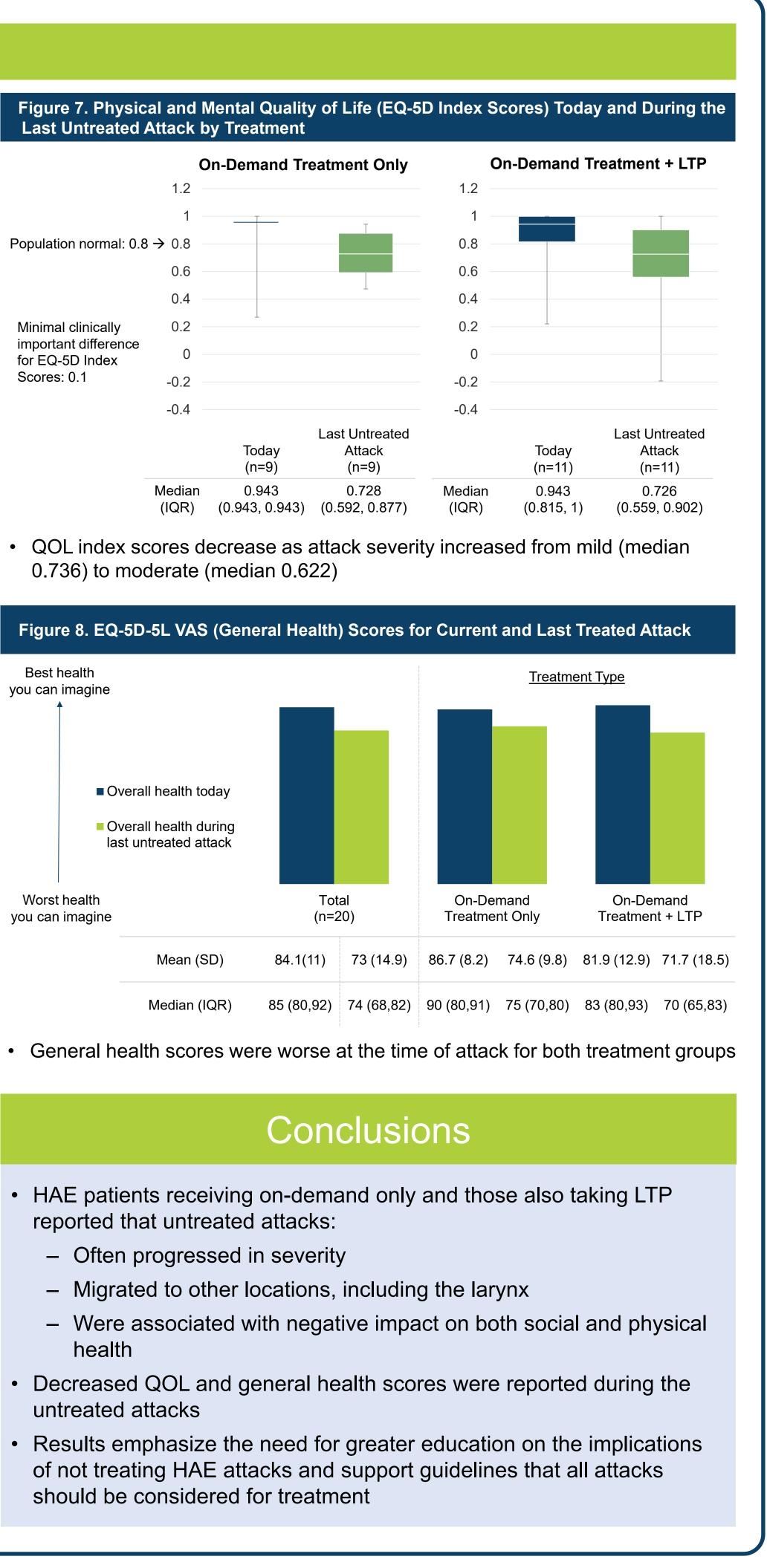
e patients reported that their last untreated attack affected their ue (15%) or throat (5%)

ks (25%) spread to other locations, including 1 to the larynx and 1 to



0% of participants reported that their last untreated attack impacted gy levels, sleep, or activity levels at least "a little"

Last Untreated A	Attack	by
		On-
	1.2	
	1	
Population normal: 0.8	→ 0.8	
	0.6	
	0.4	
Minimal clinically	0.2	
important difference for EQ-5D Index	0	
Scores: 0.1	-0.2	
	-0.4	



## Presented

Eastern Allergy Conference 2024. May 30 – June 2, in Palm Beach, FL

To view this poster after the presentation, visit KalVista Virtual Medical Booth





