

Hindernisse für die zeitnahe Behandlung von Schüben des hereditären Angioödems bei deutschen Patienten

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Background

- WAO/EAACI guidelines recommend the early use of on-demand treatment following recognition of an HAE attack to reduce morbidity and prevent mortality¹⁻³
 - Parenteral administration of on-demand therapies has been associated with delayed treatment of attacks⁴
- We present interim data from a survey of patients from Germany describing time to treatment with parenteral HAE therapies and barriers to timely treatment

1. Betschel S, et al. *Allergy Asthma Clin Immunol*. 2019;15:72 doi: 10.1186/s13223-019-0376-8. 2. Busse PJ, et al. *J Allergy Clin Immunol Pract*. 2021;9(1):132-150.e3. 3. Maurer M, et al. *Allergy*. 2022;77(7):1961-1990. 4. Christiansen S et al. *Ann Allergy Asthma Immunol*. 2024;134(5):570-579.

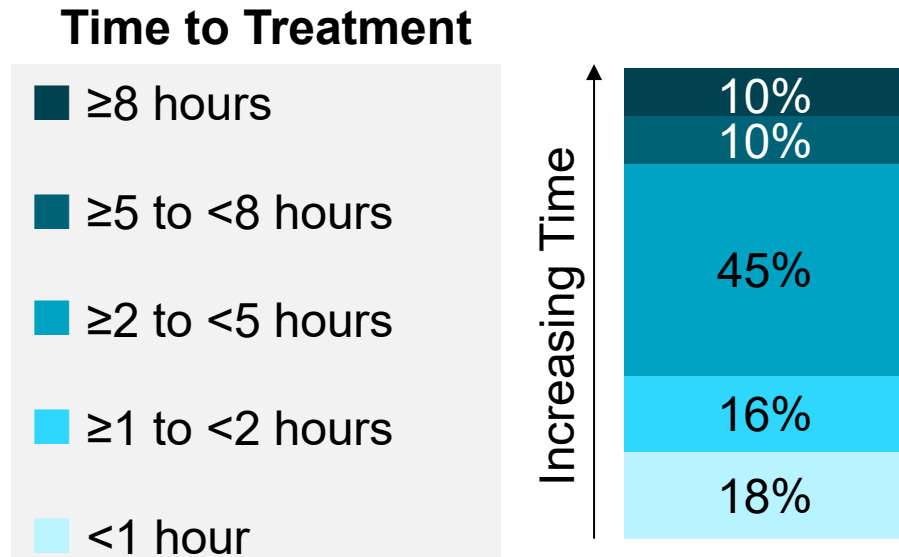
Methods and Demographics

- Patients with Type 1 or Type 2 HAE were recruited between 12/2024 and 4/2025 by Haemophilie-Zentrum Rhein Main and Charité – Universitätsmedizin to complete an online survey about their last treated attack
- Participants were ≥ 12 years old and had to have treated ≥ 1 HAE attack with an approved parenteral on-demand therapy within 3 months prior to the survey

Characteristic	Total (N=49)
Current Age , y, Mean (SD)	40.2 (16.4)
Adolescents (<18y)	4.1%
Age at Diagnosis , y, Mean (SD)	18 (15.9)
Gender	
Female	71.4%
Race	
White	100%
HAE Type	
Type I	81.6%
Type II	6.1%
Unknown	12.2%
Time Since Last Treated Attack in Days , Mean (SD)	32.1 (27.2)
LTP Users , n (%)	32 (65.3%)

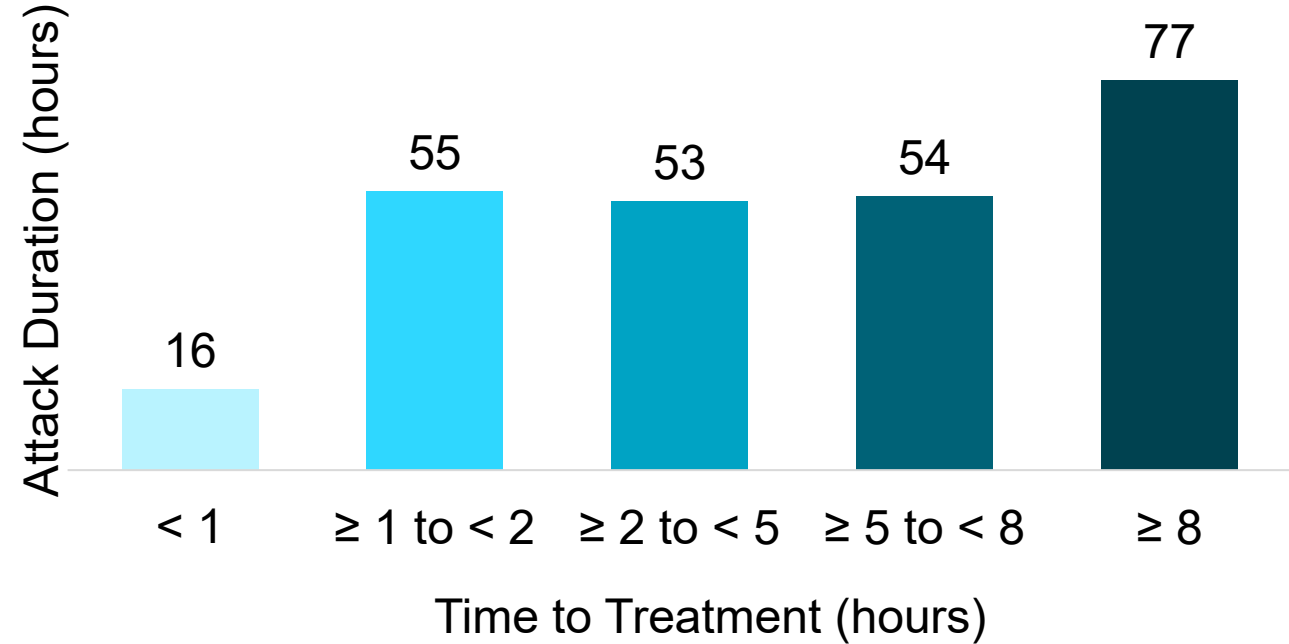
Time to Treatment and Attack Duration

Time to Treatment
(N=49)



Mean time to treatment (SD) 3.9 (7.2) hours

Attack Duration by Time to Treatment
(N=49)

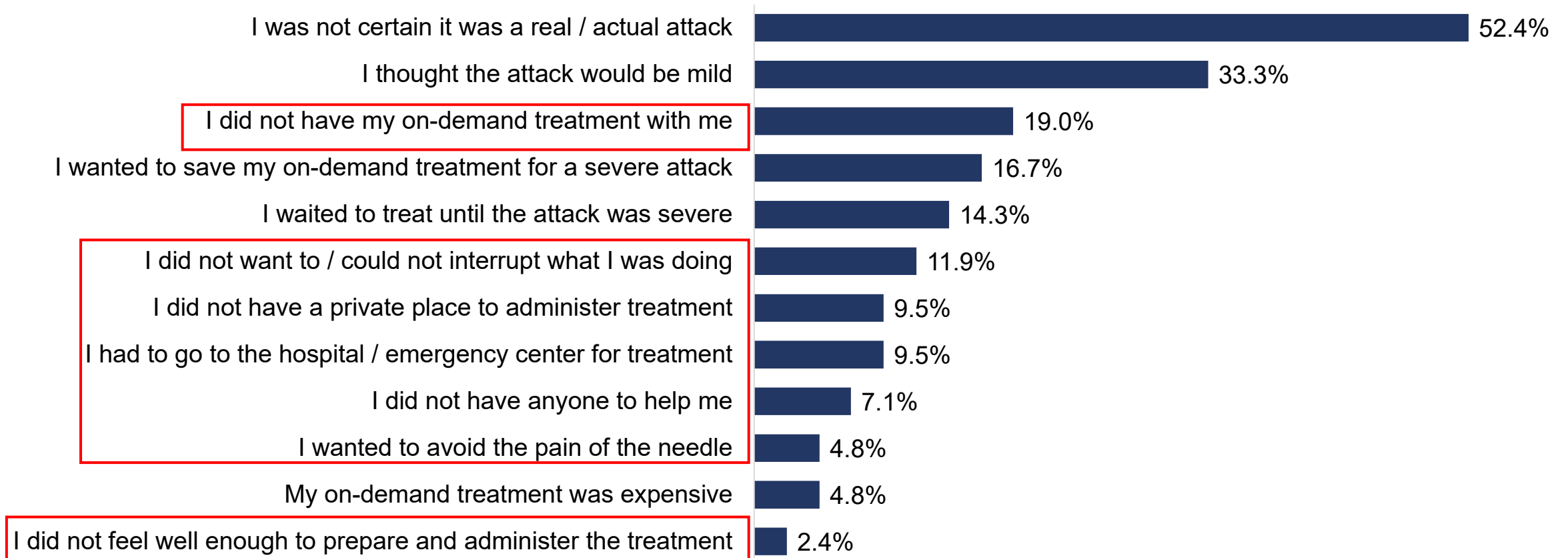


Mean attack duration (SD) 49 (94) hours

- The mean time to treatment was 3.9 hours, with 18% treating in <1 hour
- Delays in treatment were associated with longer attack duration

Reasons for Treatment Delay (Any rank)

Includes only those who reported that they delayed treatment (n=42)



Treatment administration-related barriers (red boxes) were reported by 38.1% of respondents