The burden of Chronic Urticaria in Europe: a systematic literature review

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Introduction

Chronic Urticaria (CU) is defined as a condition of transient wheals and/or angioedema persisting for a period of at least six weeks. Evidence of an autoimmune etiology in approximately 45% of patients has been presented. In the remaining 55%, the etiology is unknown, being classified as having Chronic Spontaneous Urticaria (CSU). Patients with CU have a poor health related quality of life (HRQoL). Chronic pruritus with variable appearance of urticaria and/or angioedema is typical of the uncertainty that compromise their HRQoL. Other issues as psychiatric symptoms (anxiety and depression), fatigue, costs of therapy and social isolation further contribute to the frustration that patients experience.1

Objective

To synthesize and analyze the available information on the burden of chronic urticaria (CU) (Patients’ Reported Outcomes (PROs): Health related quality of life (HRQoL), adherence, satisfaction, preferences, use of medical resources and costs) in Europe.

Methods

A systematic review on PROs and costs of CU was performed (Figure 1 and Figure 2). International (PubMed, WOK, Scopus, Cochrane Library) and national (CSC-AM, IBECS, MEDED) databases were consulted. Original articles, narrative/systematic reviews of studies developed in Europe, until December 2013 were retrieved. Editorial, letters/comments, and efficacy or economic evaluations of specific drugs were excluded. Costs were updated to €2014.

Results

- 9 studies assessed HRQoL: (3, Germany2-7; 1. France8; Greece9; Italy10; Spain11; UK12), Germany/France13, respectively and 1 satisfaction with treatments (Germany/France). No studies on adherence for treatments were identified (Figure 3).

- CU-Q20L instrument, (≥100, higher value, worse HRQoL), was the most frequently used (n=4) Table 1.

- CU-Q20L scores ranged from 18.4 (Greece) to 42.8 (Germany) revealing an acceptable perception of HRQoL (Figure 4). Scores varied mainly due to differences in the type and severity of CU, co-morbid conditions and treatments used among the included subjects.

- Sleep, itching/embarrassment and mental health were the HRQoL dimensions most impaired (Figure 5).

- CU patients were mostly cared for a dermatologist according to findings in Germany20. A mean of 11.7 (SD:11.5) visits/month to the dermatology clinic were reported (Figure 7).

Conclusions

PROs and costs in CU are infrequently addressed in the literature. Findings show patients reduced HRQoL and their willingness for more effective therapies. Frequent medical visits and loss of productivity make CU a burdensome disease in European countries.

Table 2: HRQoL condition factors as reported by selected publications

<table>
<thead>
<tr>
<th>Condition factors</th>
<th>CU-Q20L Dimension</th>
<th>p-value</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>CU severity (UAS)</td>
<td>HRQoL</td>
<td>p&lt;0.001</td>
<td>Greece</td>
</tr>
<tr>
<td>Age (young)</td>
<td>Functioning</td>
<td>p=0.024</td>
<td>Germany</td>
</tr>
<tr>
<td>Age (elder)</td>
<td>Swelling/edema</td>
<td>p=0.009</td>
<td>Germany</td>
</tr>
<tr>
<td>Sex (woman)</td>
<td>Looked</td>
<td>p=0.046</td>
<td>Germany</td>
</tr>
</tbody>
</table>

- The German study demonstrated an association between CU severity, sex and age and the impairment of CU-Q20L dimensions, whilst the Greek study only associated disease severity with worse HRQoL (Table 2).

Table 3: CU cost in France

- CU total cost in France was €2,139.48 per patient/year. Patients lost 2.2 working days/month, being productivity losses 92% of total costs (Table 3).

Table 4: Questionnaires used for HRQoL measurement on selected publications

<table>
<thead>
<tr>
<th>Type of Instruments</th>
<th>Questionnaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>SF-36, 1449P, SAT 27</td>
</tr>
<tr>
<td>Specific for dermatologic condition</td>
<td>VQ-Dermatol7, DLQI, St diner-29</td>
</tr>
</tbody>
</table>

- CU-Q20L instrument score as Figure 5. CU-Q20L dimensions most reported as impaired by selected publications.

References