Lupus Flare Activity from the Patient Perspective

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Declaration of financial/other relationships

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WWN and ECS are employees of Mallinckrodt Pharmaceuticals; PD and LT are employees of the Lupus Foundation of America; MLR is employee of Vedanta Research.



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Study Goal and Background

- <u>Study Goal</u>: This study describes how individuals with lupus identify and manage their flares, and the burden of flare in their disease experience.
- The international clinician working group consensus definition of a lupus related flare is as follows¹:

"A flare is a measurable increase in disease activity and/or laboratory measurements. It must be considered clinically significant by the assessor and usually there would be at least consideration of a change or an increase in treatment"

- Persons with lupus may experience flares in disease activity that fall below this threshold, which may still impact disease course or require management.
- Self-reported flares or worsening of symptoms add insight into patient burden and may be important markers of disease control and healthcare resource use.

^{1.} Ruperto M, Hanrahan LM, Alarcon GS, et al. Lupus. 2010;20(5):453-462.

Survey Methods

Two Sources for Respondent Recruitment

- Lupus Foundation of America constituents
- Research Now household panel members who self-reported a diagnosis of lupus

Survey Administration

- Respondents must consent to participate before they may proceed
- Respondents re-screened to confirm lupus diagnosis
- Web-based survey with average completion time of 30 minutes

Quality Control

- Conducted reliability checks
- Reviewed sample characteristics from the 2 sources to ensure comparability prior to combining the data

IRB approval provided by Ethical and Independent Review Services (Study ID# 16149-01)

Key Data in this Analysis

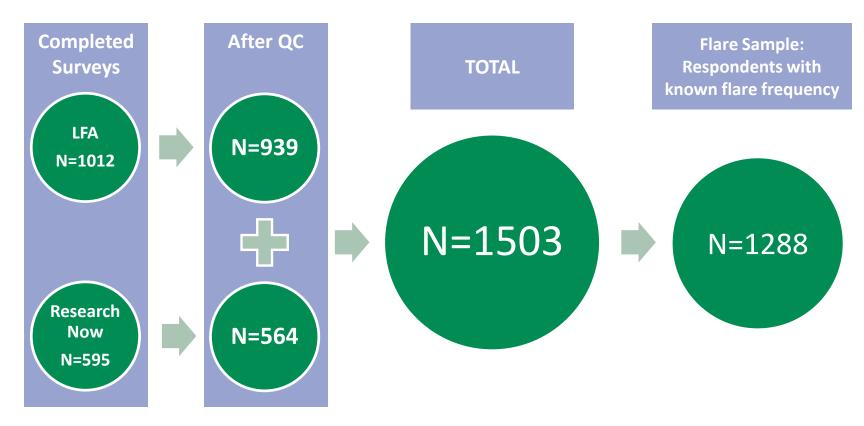
Sociodemographic characteristics: e.g. Age, sex, race/ethnicity, income

Flare profile: Severity, symptoms, frequency, management strategies

Lupus Impact Tracker (LIT): Validated instrument to assess impact of lupus on patients' daily functioning and well-being¹

Hospital admissions: Respondents were asked the number of times they were admitted to the hospital for lupus in the past 12 months

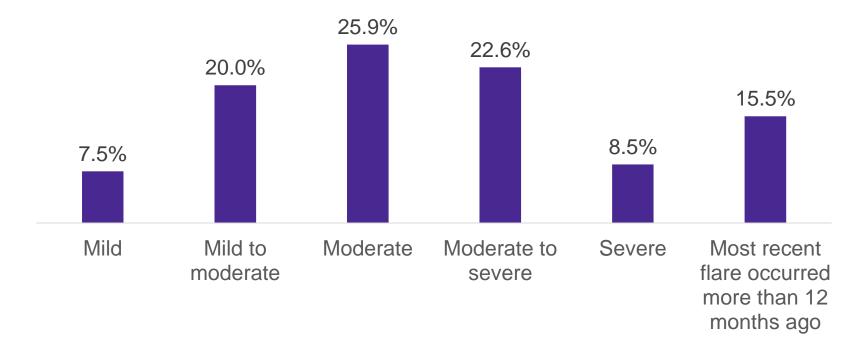
Sampling Results

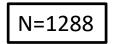


Respondent Characteristics

	Men (n=159)	Women (n=1344)	TOTAL (N=1503)
Age (mean, yr)	39.1	45.8	45.1
Caucasian	79.9%	76.9%	77.2%
Had flare activity in past yr	63.5%	79.8%	78.1%
Age at first Dx (mean, yr)	28.1	33.9	33.3
Duration of lupus (mean, yr)	10.9	11.8	11.7
Overweight (BMI 25-30 kg/m ²)	33.3%	24.7%	25.6%
Obese (BMI >30 kg/m²)	25.2%	42.8%	40.9%
Urban	49.7%	31.5%	33.4%
Suburban	42.8%	48.3%	47.7%
Rural	7.5%	20.2%	18.9%

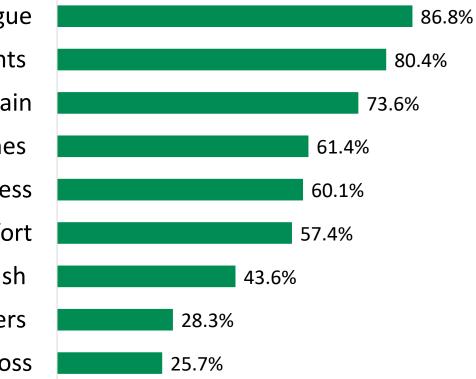
Flare Severity





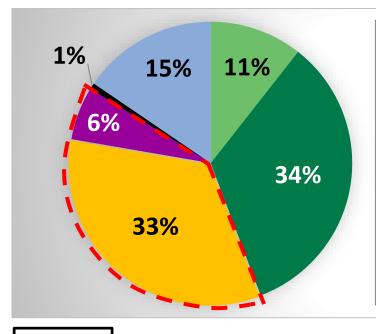
Symptoms Reported with Most Recent Flare

Extreme fatigue Aching/swelling joints Muscle weakness/pain Headaches Dizziness/Forgetfulness Abdominal discomfort Rash Fevers Hair loss N=1288



Flare Prediction

39% of respondents could not predict when a flare would occur



N=1288

- Yes, I definitely knew I was going to have a flare
- Yes, I suspected I was going to have a flare
- No, not until the symptoms started
- No, not until after the symptoms became severe

■ Don't remember

Most recent flare longer than 12 months ago

Strategies to Manage Flares

More than half of the patients would do this:

Take medication exactly as prescribed	68%
Avoid direct sunlight	65%
Wear sunscreen	63%
Get adequate rest	60%
Avoid strenuous physical activity	56%
Maintain cleanliness, e.g. extra hand-washing	54%

N=1288

Strategies to Manage Flares

More than a quarter of the patients would do this:

Maintain good nutrition	38%
Take vitamins or herbs	37%
Avoid places where exposed to illness	36%
Avoid certain foods	27%
Use relaxation techniques	27%

Lesser used strategies

Exercise, yoga, Tai Chi (24%); OTC meds (20%); Weight management (20%); Prescription meds (17%); Cognitive therapy (7%); Acupuncture (4%); Biofeedback (3%)



Medical Care to Manage Flares

42% engaged the healthcare system, such as doctor, ER, or hospital, when suffering a flare

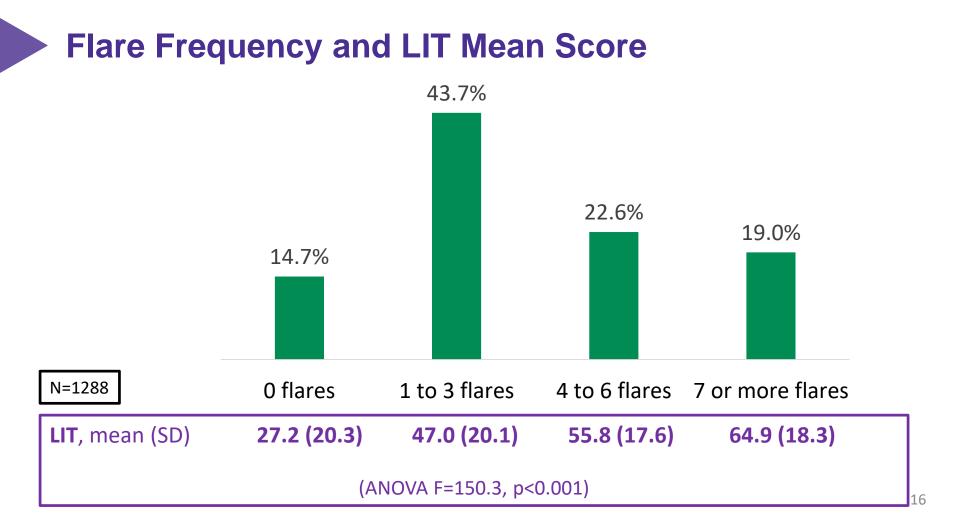
54% self-treated flares, most frequently with over-the-counter products and prescription drugs kept on hand

35% delayed seeking care for 3 days or longer

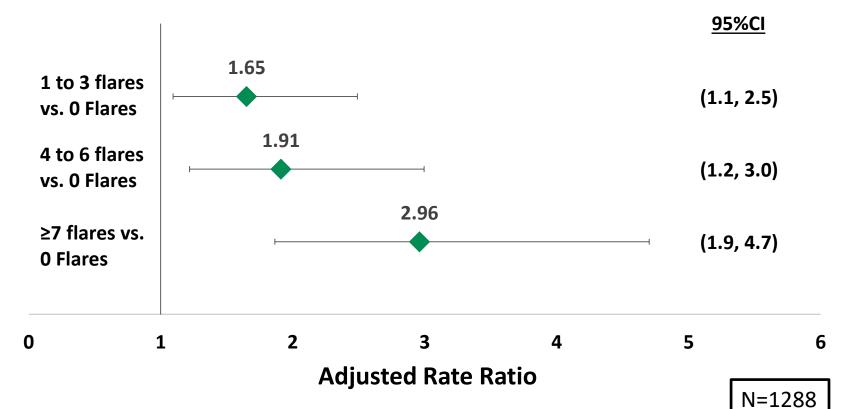
- Fewer Urban residents delayed care (24%)
- More Rural residents delayed care (42%)

53% had to wait longer than 24 hours before seen by HCP

- Fewer Urban residents had >24h wait time (46%)
- More Rural residents had >24h wait time (62%)



Adjusted Rate Ratios Lupus-related Hospital Admissions



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Study Limitations

- Population based surveys may not capture the most severe cases
- Military, hospitalized, and upper and lower socio-economic status classes under-represented
- Flare frequency, severity and burden are subject to recall bias
- Hospital admissions are self-reported and not confirmed by medical records or claims
- Non-English speaking populations not represented



Challenge	The most common flare symptoms may not be congruent with how clinicians define flares, leading to communication challenges.
Opportunity	Improved patient-clinician communication can help patients better manage lupus flares.
Validation	Frequency of patient-reported flares is associated with the Lupus Impact Tracker score.
Burden	Frequency of patient-reported flares is associated with increased hospitalizations.



- This study described lupus flares from the patient perspective
- Lupus flare burden is high, and flares often resulted in healthcare encounters and medication use
- With better communication about what constitutes a flare, clinicians and patients can work together to manage flares more effectively