

EVOLUTION OF QUALITY OF LIFE, DISEASE CONTROL, ACTIVITY, WORK FUNCTIONING AND TREATMENT SATISFACTION IN CHRONIC URTICARIA PATIENTS TREATED WITH BIOLOGICS

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BACKGROUND AND IMPORTANCE

Chronic urticaria significantly impairs quality of life due to pruritus, angioedema, sleep disturbances and limitations in daily activities.

Biologic therapies such as omalizumab and dupilumab are effective options for antihistamine-refractory disease; however, real-world longitudinal data incorporating patient-reported outcome measures (PROMs) remain limited.

Understanding PROM trajectories in routine clinical practice is essential to optimise patient management.

AIM AND OBJECTIVES

To evaluate longitudinal changes in quality of life, disease control, disease activity, daily activity, work role functioning and treatment satisfaction in patients with chronic urticaria treated with biologic therapies, using validated patient-reported outcome measures (CU-Q2oL, UCT, UAS7, PROMIS-29, WRFQ and TSQM).

MATERIALS AND METHODS

Observational prospective multicentre study including 37 patients with chronic urticaria. Mean age was 46 years; 67% were women. Most patients received omalizumab (92.3%). PROMs were collected at baseline, 1 month, 6 months and 12 months. Paired and mixed-effects analyses were applied where feasible.

RESULTS

At baseline, CU-Q2oL scores indicated substantial burden in patients with chronic urticaria (pruritus 41.7, daily activities 19.4, sleep 33.2, global impact 24.4). Over 12 months of treatment, all domains improved substantially, with pruritus decreasing to 15.9, daily activities to 8.7, sleep to 25.9, and global impact to 17.2, reflecting meaningful gains in quality of life (Figure 1).

UCT scores increased from 8.8 at baseline to 12.1 at 12 months, with significant improvement already observed at 1 month ($p < 0.01$) (Figure 2), indicating better disease control. UAS7 scores decreased from 15.6 to 7.3 (Figure 3), demonstrating a clinically relevant reduction in urticaria activity.

PROMIS-29 showed a significant reduction in fatigue (54.5 → 48.6, $p = 0.001$), while trends toward improvement were seen in anxiety (58.8 → 53.7), depression (52.4 → 49.0), and physical function (51.0 → 57.0). Pain interference increased slightly (51.6 → 55.6).

Work-related functioning, measured by WRFQ, improved globally from 88.8 to 98.9 at 12 months, with gains across all domains (work scheduling, output, physical, mental, social demands), though statistical significance was limited due to small paired samples and ceiling effects.

Treatment satisfaction assessed by TSQM at 12 months was high: convenience 66.7, effectiveness 72.2, side-effects 100, global satisfaction 78.6, total 79.4, highlighting overall favorable patient experience.

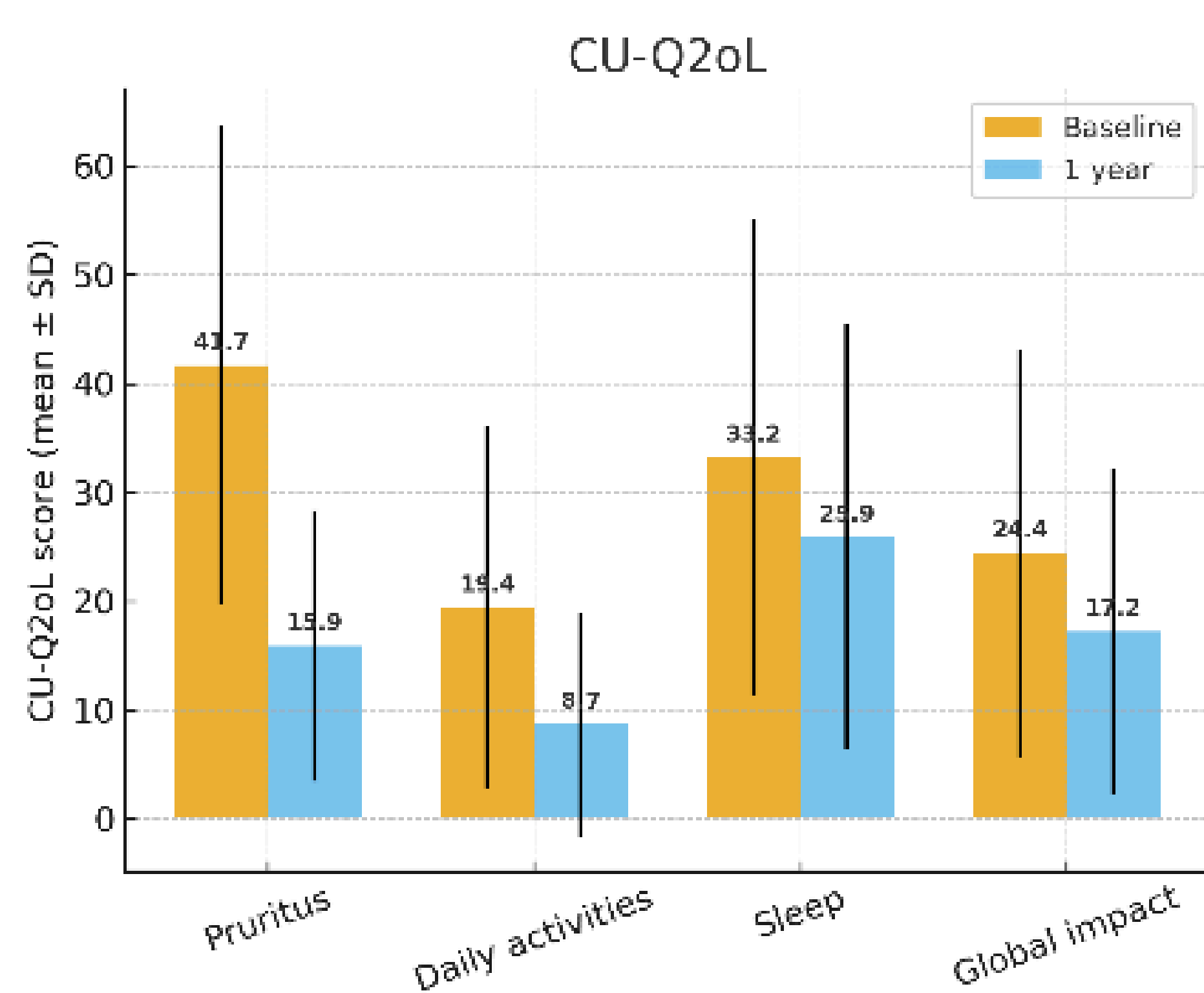


Figure 1. CU-Q2oL scores at baseline and 12 months

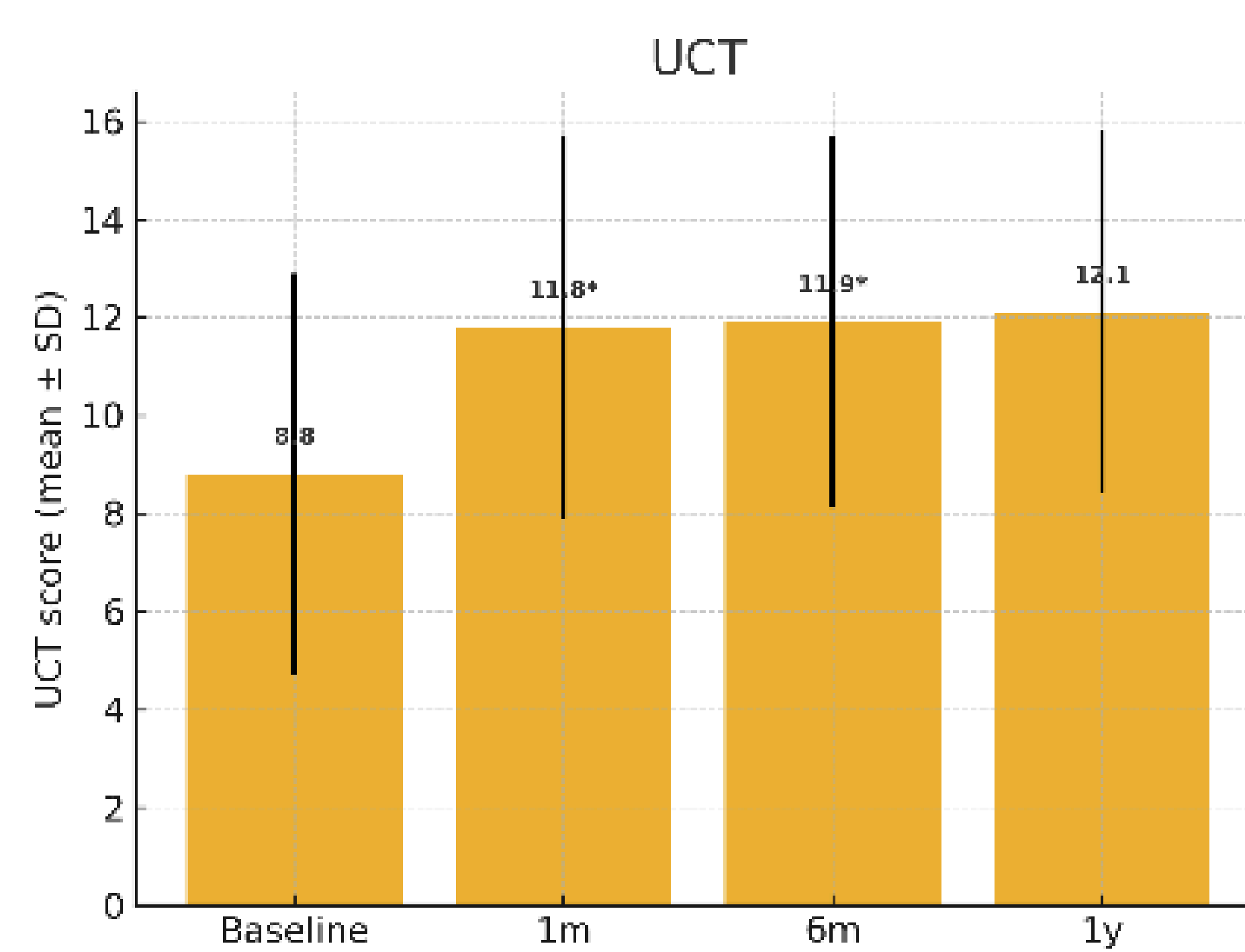


Figure 2. UCT scores over time (baseline, 1, 6, 12 months)

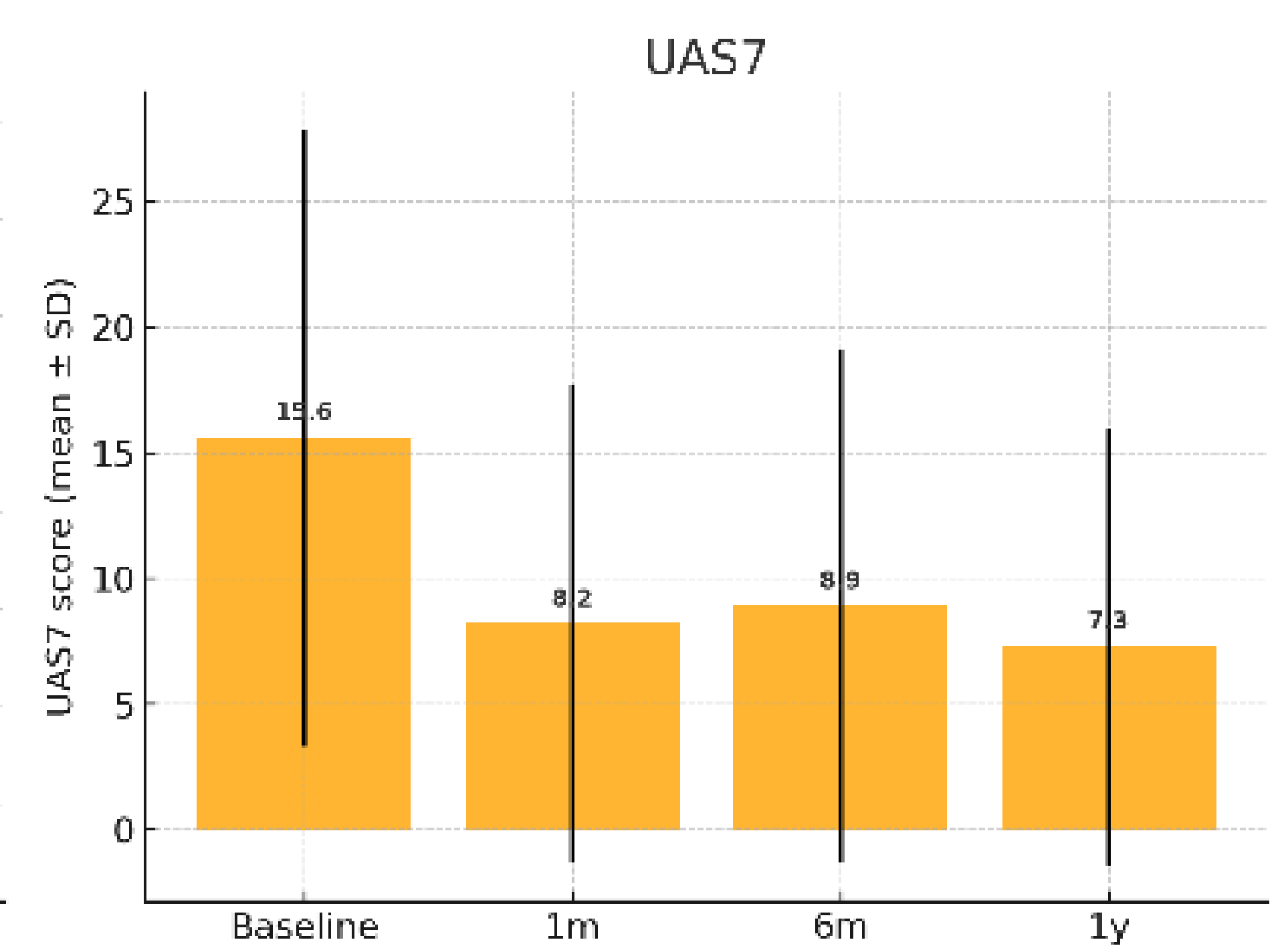


Figure 3. UAS7 scores over time (baseline, 1, 6, 12 months)

CONCLUSION AND RELEVANCE

In this real-world multicentre cohort, biologic therapy for chronic urticaria was associated with sustained and clinically meaningful improvements across multiple patient-reported outcome measures.

Significant improvement in fatigue, near-complete work role functioning and high treatment satisfaction highlight the broad benefit of biologic treatment beyond disease activity control. These findings support the routine integration of patient-reported outcome measures into clinical practice to optimise patient-centred management.

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