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Real-World Impact of Disease Severity on Disease Progression and Mental Health Among Patients with Alopecia Areata in the United States

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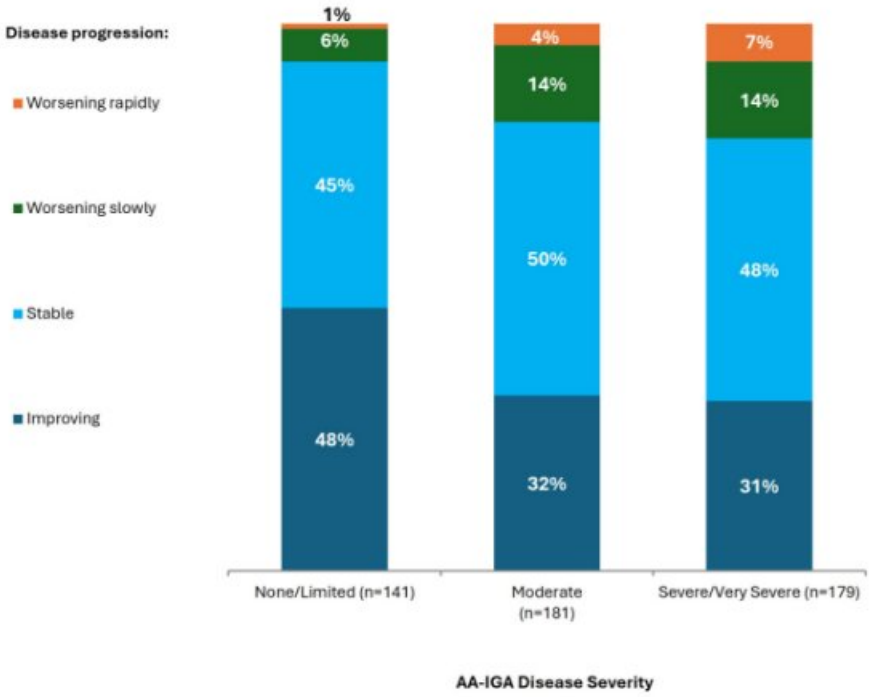
Introduction & Objectives: Alopecia areata (AA) is an autoimmune disease characterised by nonscarring hair loss on the scalp, face and body, which may reduce patients' self-esteem and cause substantial psychological burden. Previous studies investigated the impact of AA severity on these outcomes, with severity defined subjectively by physicians. This study investigated the relationship between AA severity – rigorously defined by the AA-Investigator Global Assessment (IGA) score – and disease progression/patient mental health outcomes.

Materials & Methods: Data were drawn from the Adelphi Real World AA Disease Specific Programme™, a cross-sectional survey, with retrospective data collection, of dermatologists and their patients with AA in the United States from November 2023 to June 2024. Patients were ≥18 years with a physician-confirmed AA diagnosis. Dermatologists treating ≥7 patients with AA per month (≥1 mild, ≥3 moderate and ≥3 severe/very severe) reported patient demographics, clinical characteristics and anxiety/depression status. Data were stratified by disease severity according to the AA-IGA score (≤20% scalp hair loss=none/limited, 21%–49%=moderate and ≥50%=severe/very severe AA). AA severity and changes in disease status were reported at AA diagnosis, initiation of current treatment and at the time the survey was conducted. Analysis was descriptive.

Results: Overall, 65 physicians reported data for 501 patients with AA, of whom 51% were female and mean (SD) age of 37.8 (12.4) years. Mean (SD) time since diagnosis (n=379) was 2.2 (3.4) years. At the time of the survey, 28.1% (n=141), 36.1% (n=181) and 35.7% (n=179) of patients had none/limited, moderate and severe/very severe AA severity, respectively. According to physician surveys, overall AA severity worsened in 15% (n=55/366) of patients from diagnosis to initiation of current treatment and in 7% (n=26/366) of patients from initiation of current treatment to time of survey. Disease worsening was seen in 21% [n=38] of patients with severe/very severe AA (**Figure 1**). For patients with severe/very severe AA, 39% [n=70] had eyebrow, 25% [n=44] eyelash and 20% [n=35] body hair loss; among patients with moderate and none/limited severity, 14% [n=26] and 8% [n=11]; 9% [n=16] and 6% [n=8]; and 9% [n=16] and 3% [n=4] had eyebrow, eyelash and body hair loss, respectively. Physicians reported dissatisfaction with disease control for 40% [n=72] of patients with severe/very severe AA, 37% [n=67] of patients with moderate AA and 21% [n=30] of patients with none/limited AA. Anxiety and depression were observed in patients across all severity levels. Severe anxiety and depression were reported by 20% [n=35] and 16% [n=29] of patients with severe/very severe AA; 4% [n=8] and 4% [n=8] of patients with moderate AA; and 9% [n=13] and 8% [n=11] of patients with none/limited AA, respectively. Anxiety and depression were a direct result of AA in 68% (n=21) of patients with severe/very severe AA, 40% (n=8) of patients with moderate AA, and 46% (n=6) of patients with none/limited AA.

Conclusion: AA has a high psychological burden across all disease severities; therefore, physicians should continue to prioritise mental health support for patients with AA, especially for patients with more severe disease. AA severity is also linked to worsening disease progression, thus further research should evaluate the impact of novel AA treatments on disease severity and subsequent progression.

Figure 1: Current physician-reported AA-IGA–assessed disease severity and disease progression



AA, alopecia areata; IGA, Investigator Global Assessment