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Discontinuation Anxiety and Medication Beliefs in Chronic Spontaneous Urticaria Patients on Long-Term Omalizumab: A Cross-Sectional Study

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Introduction

Omalizumab has transformed the management of antihistamine-refractory chronic spontaneous urticaria (CSU). Despite good disease control, relapse after treatment cessation remains common. In daily practice, reluctance toward withdrawal is frequently observed, even among patients in stable remission.

The psychological background of this reaction is not well defined. In this study, we aimed to investigate whether patients' medication beliefs are related to anxiety about discontinuing treatment and how these relate to demographic and clinical characteristics.

Materials and Methods

This cross-sectional study included 100 adult CSU patients treated with omalizumab for at least six months. Medication beliefs were assessed using the Beliefs about Medicines Questionnaire (BMQ), including the Necessity and Concerns subscales.

Discontinuation anxiety was evaluated with a four-item questionnaire developed for this study. The primary endpoint was a two-item core anxiety score (range 2–10). Clinical and demographic variables were recorded. Associations were analysed using Spearman correlation. Variables reaching statistical significance were entered into a heteroskedasticity-robust multivariable linear regression model to determine independent predictors.

Results

The median core discontinuation anxiety score was 7 (IQR 5–8.3). High anxiety (score ≥ 9) was observed in 25% of patients. Necessity beliefs were high (median 21), whereas Concerns scores were moderate (median 13). Discontinuation anxiety correlated strongly with Necessity beliefs ($p=0.521$, $p<0.001$). No association was found with Concerns ($p=0.311$). Higher anxiety levels were associated with older age ($p=0.007$), longer disease duration ($p=0.012$), and a greater number of previous treatments ($p=0.048$). In multivariable analysis, Necessity beliefs ($\beta=0.243$, $p<0.001$) and age ($\beta=0.032$, $p=0.033$) remained independent predictors ($R^2=0.366$).

Conclusions

Discontinuation anxiety appears to be a relevant clinical issue in CSU patients receiving long-term omalizumab. Relapse after discontinuation of omalizumab is frequent in CSU; therefore, in clinical practice, patients may be reluctant to stop treatment or may delay withdrawal due to fear of relapse.

One in four patients reports high anxiety when treatment withdrawal is considered. The findings indicate that anxiety is linked to strong perceptions of treatment necessity rather than to concerns about adverse effects. Patients who view omalizumab as essential for maintaining stability may experience uncertainty when tapering is discussed. This tendency seems more pronounced in older individuals and in those with longer or more treatment-refractory disease.

Addressing medication beliefs during follow-up visits may help clinicians anticipate discontinuation-related distress. Clear communication about relapse risk and structured tapering strategies could support more balanced shared decision-making in long-term CSU management. Few studies have directly measured anxiety related to treatment discontinuation; therefore, our study contributes to the literature in this area.

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