Prevalence, Burden of Disease and Healthcare Utilisation among Patients with Eosinophilic Granulomatosis with Polyangiitis (EGPA) in Japan 2005–2017

Sada KE**, Kojo Y†, Fairburn-Beech J‡, Sato K*, Hayashi E*, Akiyama S*, Van Dyke MK*

Aims

EGPA is a rare systemic, necrotising form of vasculitis that predominantly affects small to medium blood vessels, often involving the respiratory tract, and is associated with asthma and eosinophilia.1,2

Owing to its low prevalence and the length of time needed to confirm a diagnosis,1 data on EGPA burden and healthcare utilisation (HCU) from real-world settings are very limited.

This study aimed to estimate the prevalence of EGPA in the overall population and stratified according to sex and age in Japan, and to describe HCU and treatment patterns among Japanese patients with EGPA, using a large Japanese claims database representative of salaried workers and their families.

Methods

A Retrospective study design

B Cases were included if

1. They were identified with EGPA (ICD-10 code during the study period)

2. ≥1/45 patients were newly identified with EGPA between 2006 and 2016

Prevalence of EGPA in (per 1,000,000 individuals)

During the 12 months after EGPA diagnosis (index), the majority of patients were hospitalised and had after-visit visits; OCS was the most frequently used medication

Most baseline comorbidities were respiratory related; the most commonly reported were acute bronchitis, acute URT infection and acute pharyngolaryngitis

Conclusions

EGPA was diagnosed in relatively young patients, and was generally more prevalent among females than males and increased with age.

Patients newly identified with EGPA experienced a high burden, with the majority of patients requiring hospitalisations, after-visit visits and use of various medications in the year following diagnosis.

Despite a reduction in the dose of OCS in those patients following an EGPA diagnosis, patients were still receiving high-dose OCS 12 months after diagnosis.

Appropriate treatments are needed to reduce the burden of patients with EGPA.

References


Disclosures

This study was funded by GlaxoSmithKline (GSK; HO-18652).

KES received speaker fees from GSK and AstraZeneca K.K. YK, JF, KS, EH, SA and MKVD are employees of GSK and hold stock/shares.

Editorial support (in the form of writing assistance, assembling tables and figures, collating authors’ comments, grammatical editing, and referencing) was provided by Rosin McConnell, MSc, at Fishawack Inditria Ltd, UK, and was funded by GSK.

Prepared for the European Congress of Rheumatology (EULAR) (2020)