Employment, daily activities and caregiver burden in CIDP: results of a real-world US survey

Dustin Nowacek, MD¹, Swapna Karkare, MS¹, Clémence Arvin-Berod, PharmD², Arash Mahajerin, MD, MSCr¹, Febe Brackx, Ir, MSc³, Lucas Van de Veire, MA³, Rabiyah Sahar, MSc⁴, Yasmin Taylor, MBiol⁴, Jack Wright, MSc⁴, Jonathan deCourcy, BSc⁴, Sarah Dewilde, PhD³ ¹argenx US Inc., Boston, MA, USA, ²argenx BV, Ghent, Belgium, ³Services in Health Economics (SHE) BV, Brussels, Belgium, ⁴Adelphi Real World, Bollington, UK



ADELPHI REAL WORLD Real World Evidence

Background

- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) is a rare, progressive immune-mediated neurological disorder that causes disability due to limb weakness and/or sensory deficits.
- Real-world evidence reported by patients and their physicians is valuable for assessing the needs and burden associated with CIDP.

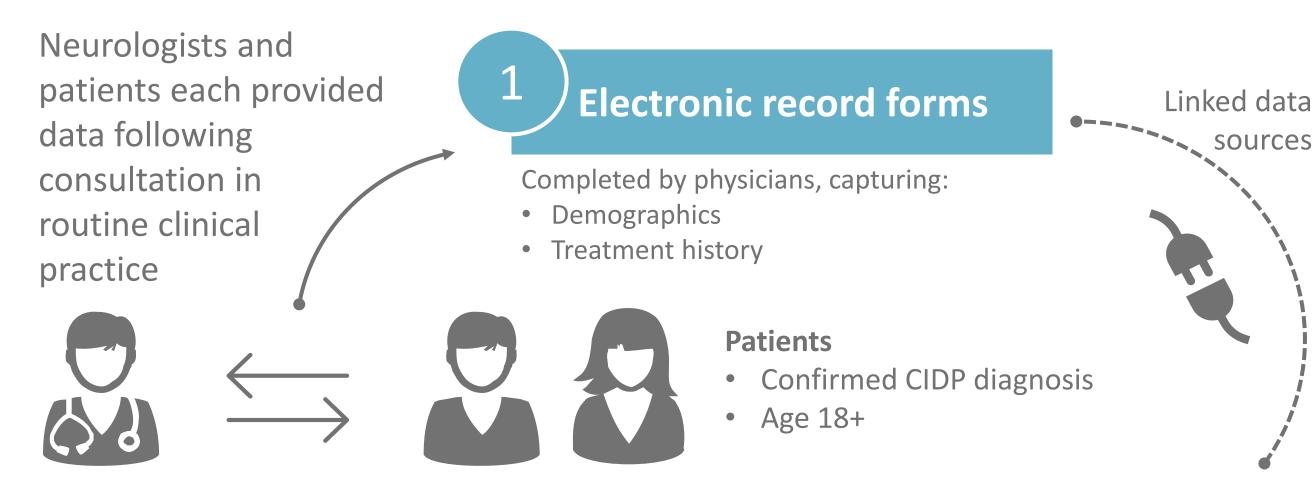
Objectives



To characterize the burden experienced by patients with CIDP in the United States (US).

This was a secondary analysis of data collected as a part of Adelphi's CIDP Disease Specific Programme™, a real-world cross-sectional survey including US CIDP patients and their neurologists conducted between September 2022-April 2023.

 Only matched data, consisting of physician- and patient-reported data, were utilized in these analyses. In total, 76 US patients were included. Sample sizes vary per question as their completion by patients was voluntary.



Neurologists

- Primary specialty in neurology
- Treated at least 2 CIDP patients in a typical month

Methods

Self-completion forms

- Completed by the same patients, capturing: • Employment status, treatment goals, use
- of mobility aids & caregiver support
- Inflammatory Rasch-Built Overall Disability Scale (I-RODS)

Results

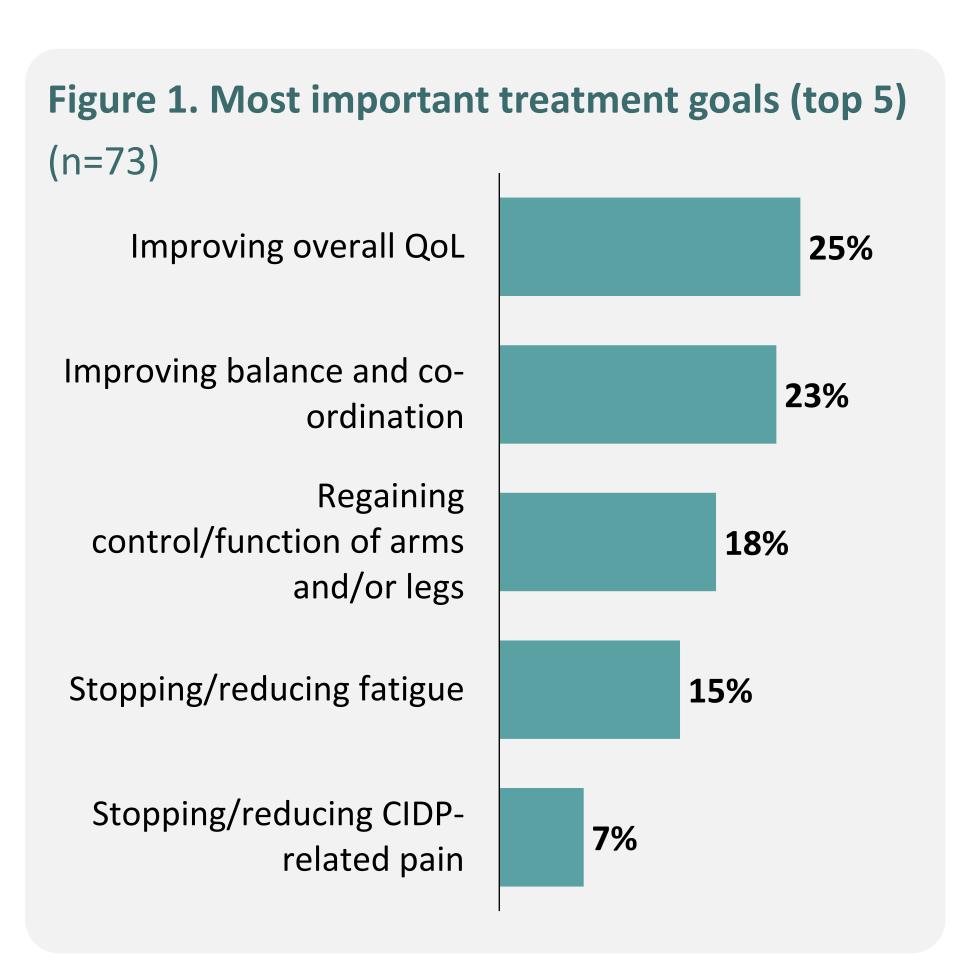
1. Demographics, treatment goals and symptom severity

- Mean (SD) patient age was 57.5 (10.5) years, and 64% were male. The majority of patients were receiving immunoglobulins at time of survey **(Table 1)**.
- "Improving overall quality of life" was most often reported by patients as their most important treatment goal (Figure 1).
- Despite treatment (n=62), 42% of patients reported they continued to experience moderatesevere symptoms.

Table 1. Patient characteristics

N=76
57.5 (10.5)
49 (64%)
62 (82%)
39 (63%)
24 (39%)
15 (24%)

*Non-steroidal immunosuppressants: 8 (13%); biologics: 3 (5%); neuropathic pain therapies: 3 (5%); plasmapheresis: 1 (2%)



2. Caregiver burden and utilization of mobility aids

- Over a quarter of patients required caregiver help, usually from a partner/spouse (Figure 2).
- Mobility aids were utilized by 59% of patients, with a cane/walking stick being the most common (Figure 3).

Figure 2. Caregiver burden

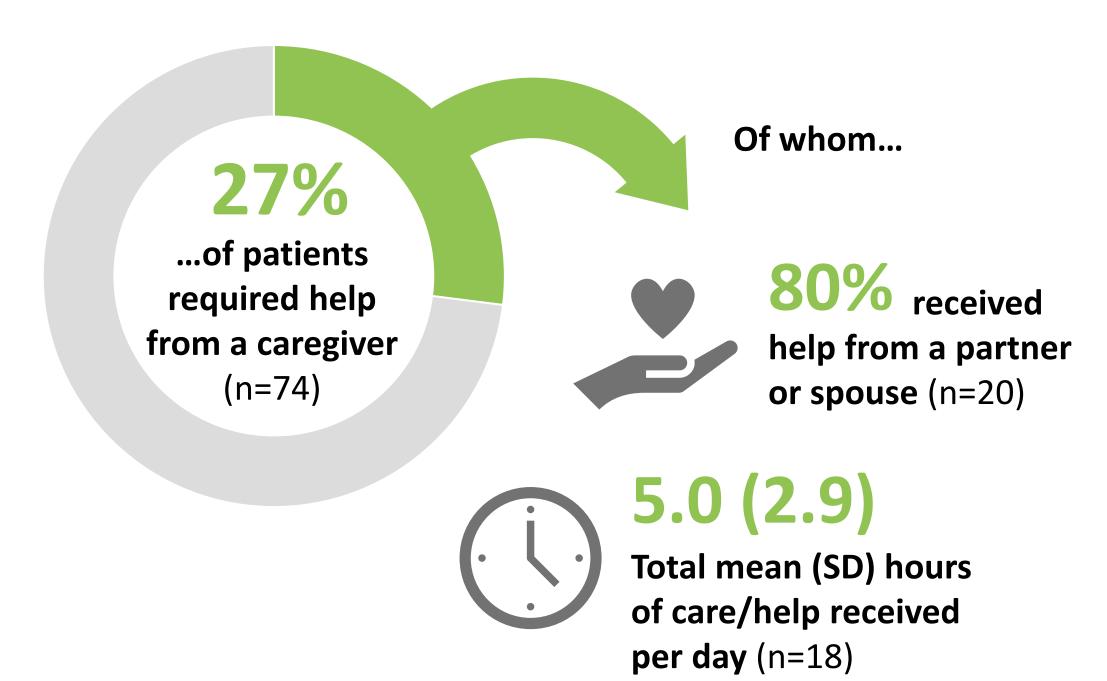
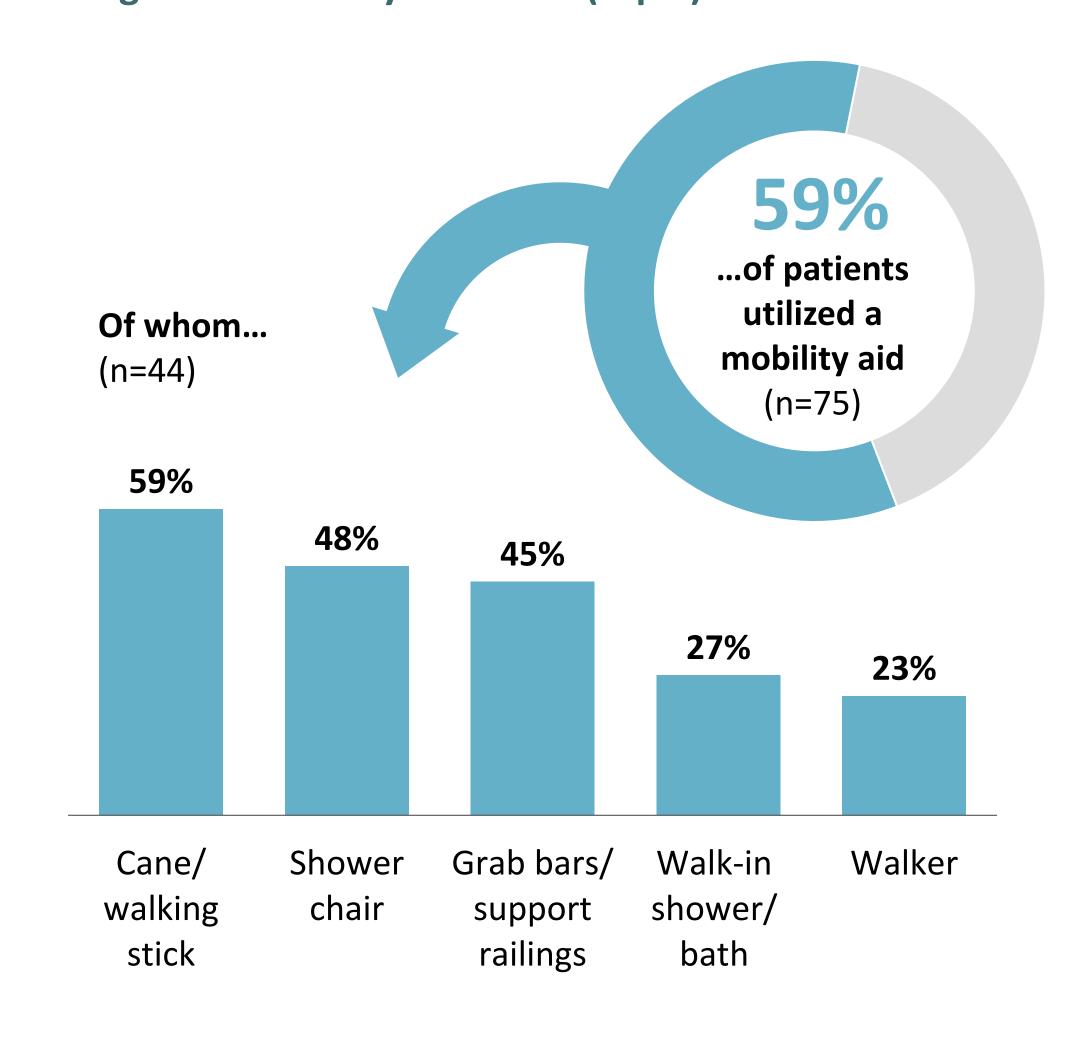


Figure 3. Mobility aids used (top 5)



3. Physical impairment and employment status

- The I-RODS measured the degree of disability in patients by having them assign a score between 0 (impossible to perform) and 2 (easily performed) to 24 items describing daily activities. Patients' (n=65) mean (SD) centile I-RODS score was 66.7 (22.9).
- Figure 4 shows the 6 daily activities, out of 24, that were the most difficult for patients to perform.
- Many were unemployed, retired, on long term sick leave or working part time (Figure 5).

Figure 4. Most difficult activities (top 6)

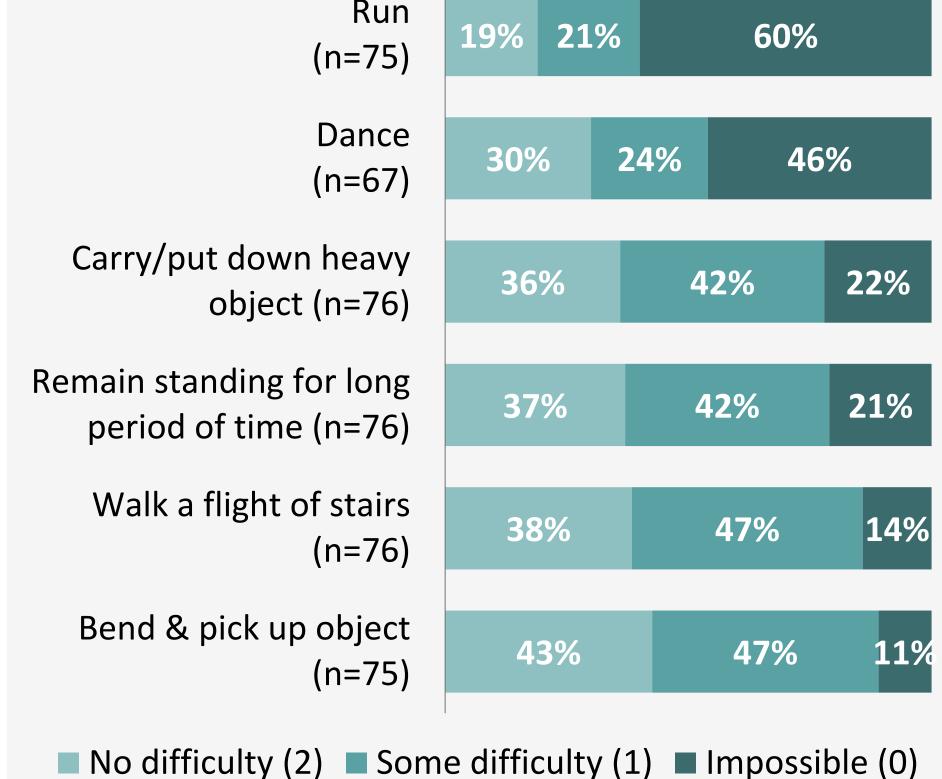
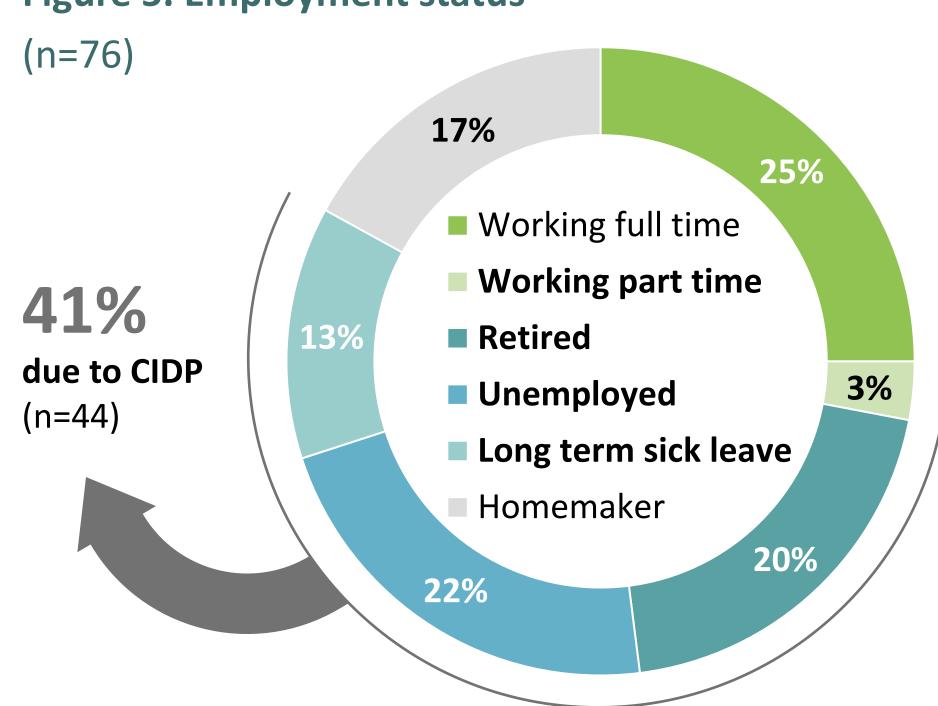


Figure 5. Employment status



Conclusions

CIDP imposes a **substantial burden** on patients, limiting their ability to work and perform daily activities. As a result, many require caregiver assistance and mobility aids.

Despite treatment goals of improving QOL and physical functioning while reducing pain and fatigue, many treated patients with CIDP continue to experience moderate-to-severe symptoms.



Further research is needed to better understand the needs of CIDP patients and how they can be managed.