touchMDT

Establishing treatment and care pathways for patients with prurigo nodularis: A patient-centric focus from multidisciplinary perspectives

touch™ IMMUNOLOGY

Disclaimer

- *Unapproved products or unapproved uses of approved products may be discussed by the faculty; these situations may reflect the approval status in one or more jurisdictions*

- *The presenting faculty have been advised by USF Health and touchIME to ensure that they disclose any such references made to unlabelled or unapproved use*

- *No endorsement by USF Health and touchIME of any unapproved products or unapproved uses is either made or implied by mention of these products or uses in USF Health and touchIME activities*

- *USF Health and touchIME accept no responsibility for errors or omissions*

Expert MDT panel

Prof. Anthony Bewley
Psychodermatologist
Barts Health NHS Trust,
London, UK

Prof. Martin Metz
Dermatologist
Institute of Allergology (IFA),
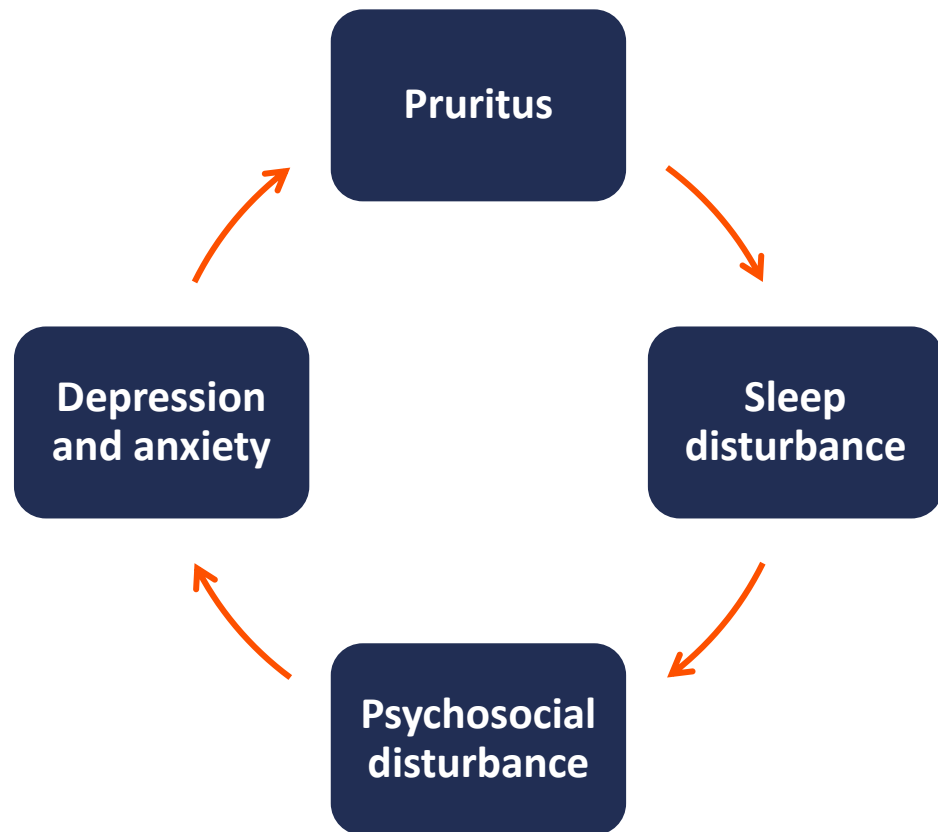Charité – Universitätsmedizin
Berlin, Germany

Dr Manuel Pereira
Dermatologist
Institute of Allergology (IFA),
Charité – Universitätsmedizin
Berlin, Germany

Sailaja Maganti
Patient advocate
Lead – Prurigo Nodularis
International, London, UK

Burden and comorbidities associated with PN

Itch-scratch of PN significantly impairs QoL[1]

Pruritus → Sleep disturbance → Psychosocial disturbance → Depression and anxiety → Pruritus

Patients with PN have increased association with:[1,2]
- Mental health disorders
- HIV infection
- Type 2 diabetes
- Chronic kidney disease
- Dermatologic, hematologic and solid organ malignancies

In an analysis of US emergency department admission data:[3]*
- The most common comorbidities identified with PN were sepsis (8.3%), cellulitis (6.3%), heart failure (5.8%) and HIV (2.5%)
- Patients with PN were significantly more likely to be admitted as inpatients compared with the general population (67% vs 13%)

Figure adapted from Williams et al. 2021.
*Date from 2016 National Emergency Department Sample from the Healthcare Cost and Utilization Project
HIV, human immunodeficiency virus; PN, prurigo nodularis; QoL, quality of life.
1. Williams KA, et al. *Expert Rev Clin Pharmacol*. 2021;14:67–77; 2. Larson VA, et al. *J Am Acad Dermatol*. 2019;81:1198–201;
3. Whang KA, et al. *J Am Acad Dermatol*. 2021;84:1138–40.

touch™
IMMUNOLOGY

Diagnosing PN

Differential diagnosis: some conditions can have a similar presentation to PN, including:[1,2]

Pemphigoid nodularis	**Actinic prurigo**	**Multiple keratoacanthomas**	**Hypertrophic lichen planus**
Atopic dermatitis	**Autoimmune blistering diseases**	**Arthropod bites**	**Scabies**
Neurotic excoriations	**Skin picking syndromes**	**Lichen amyloidosis**	**Other types of chronic prurigo**

PN, prurigo nodularis.
1. Williams KA, et al. *Expert Rev Clin Pharmacol*. 2021;14:67–77; 2. Elmariah S, et al. *J Am Acad Dermatol*. 2021;84:747–60.

Diagnosing PN

Diagnostic workup

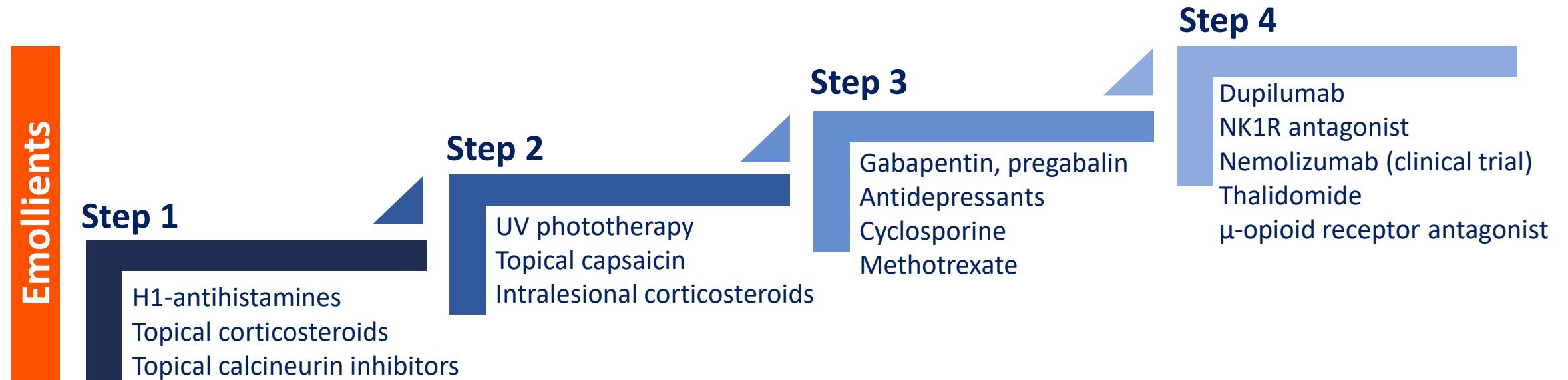|	
Initial visit	• **Clinical examination with complete review of systems** • **Assess PN severity**: extent of lesions, pruritus intensity, disease burden • **Assess need for support related to anxiety or depression**
Laboratory tests	• **All patients**: complete blood count, liver and renal function tests • **Depending on risk factors/review of systems:** thyroid function, diabetes assessment, HIV and hepatitis B/C testing
Additional tests	• **Malignancy screening**: refer if malignancy suspected and pruritus <1 year • **Biopsy:** if suspicious of an alternative or other contributing condition

touch™
IMMUNOLOGY

Current treatment options for PN

- An IFSI guideline recommends a treatment ladder based on expert recommendations and RCT evidence[1]

Emollients

Step 1
H1-antihistamines
Topical corticosteroids
Topical calcineurin inhibitors

Step 2
UV phototherapy
Topical capsaicin
Intralesional corticosteroids

Step 3
Gabapentin, pregabalin
Antidepressants
Cyclosporine
Methotrexate

Step 4
Dupilumab
NK1R antagonist
Nemolizumab (clinical trial)
Thalidomide
µ-opioid receptor antagonist

- Dupilumab is the first approved treatment for adult patients with PN, based on data from the PRIME and PRIME2 clinical trials[2,3]

touch™ IMMUNOLOGY