

Dermatologist Perceptions and Experiences Treating Alopecia Areata in Saudi Arabia and the United Arab Emirates

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BACKGROUND

- Alopecia areata (AA) is an autoimmune disease, characterized by patchy or complete nonscarring hair loss, with a prevalence of ≈2% in the Middle East^{1,2}
- AA hair loss is unpredictable, and many patients report experiencing anxiety, depression, and significant impacts to their health-related quality of life (HRQOL)^{3,4}
- In 2021 and 2022, the Janus kinase (JAK) inhibitor baricitinib gained regulatory approval in the Kingdom of Saudi Arabia (KSA) and the United Arab Emirates (UAE) for treatment of severe AA
 - The JAK3/TEC family kinase inhibitor ritlecitinib gained regulatory approval for the treatment of severe AA in these countries in 2024 and 2023, respectively
- Understanding dermatologists' views on how they treat AA with traditional therapies will be essential for aligning clinical practice and overcoming barriers to integrating these new therapies into regional healthcare

Objective

- This study aimed to describe perceptions and experiences of dermatologists treating AA in the KSA and UAE at the time new treatments were introduced

RESULTS

Participants

- 103 dermatologists were included in the analysis (**Table 1**)
 - 50 (48.5%) practiced in the KSA
 - 53 (51.5%) practiced in the UAE

Table 1. Dermatologist sample overview

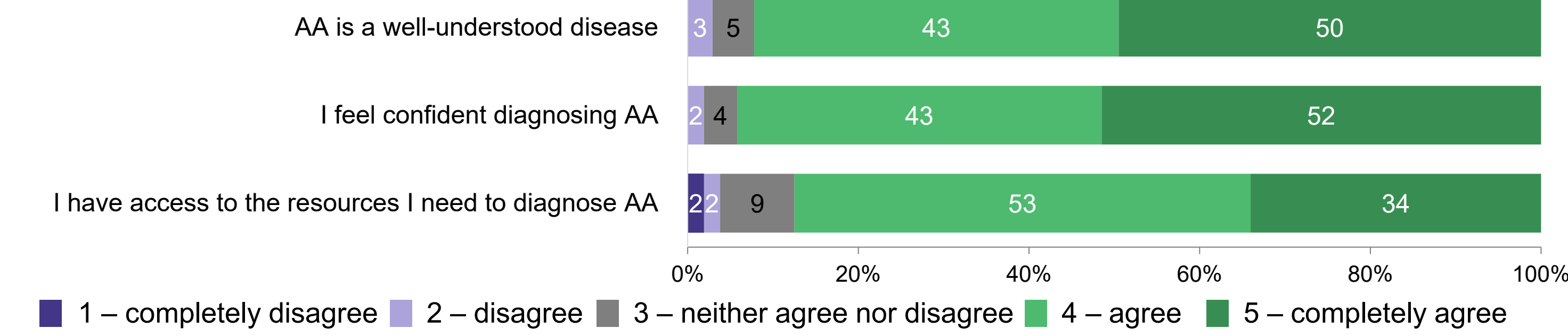
	Total (N=103)	KSA (n=50)	UAE (n=53)
Self-identified hair specialist, n (%)	12 (11.7)	7 (14.0)	5 (9.4)
Prior clinical trial experience, n (%)	30 (29.1)	14 (28.0)	16 (30.2)
Time spent in academic/teaching duties, mean (SD), %	5.1 (9.7)	5.3 (10.4)	5.0 (9.1)
Role in local formulary decisions, n (%)			
Provides advice to support the decision	22 (21.4)	13 (26.0)	9 (17.0)
Actively involved in making the decision	17 (16.5)	9 (18.0)	8 (15.1)
Not involved in the decision	64 (62.1)	28 (56.0)	36 (67.9)

KSA, Kingdom of Saudi Arabia; UAE, United Arab Emirates.

Dermatologist perceptions

- The majority of dermatologists regardless of country agreed that AA is well understood (92.2%), they were confident in diagnosing the disease (94.2%), and they had the tools to diagnose AA (87.4%) (**Figure 1**)

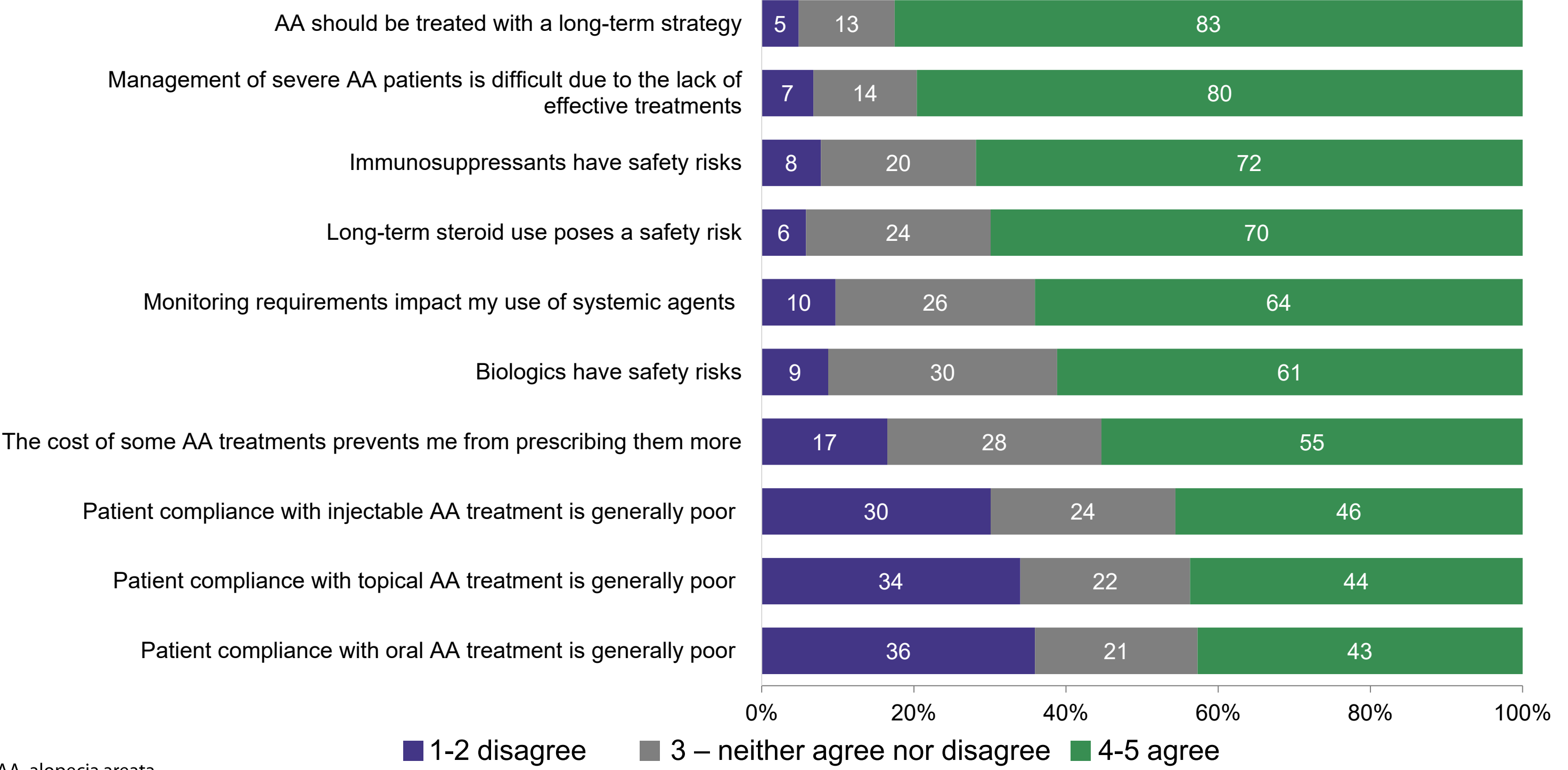
Figure 1. Dermatologist perceptions of AA



AA, alopecia areata.

- Regardless of country, most dermatologists (79.6%) found that managing severe AA was challenging due to a lack of effective treatments (**Figure 2**)
 - Conventional treatments were recognized as having safety risks, cost issues, and monitoring and compliance issues regardless of treatment type
 - The majority of dermatologists (82.5%) agreed that AA was a disease that required long-term treatment

Figure 2. Dermatologist perceptions of AA treatment and unmet need



AA, alopecia areata.

Dermatologist experiences

- Dermatologists reported that, on average, 21.2% of their patients with AA experienced 50% to 94% scalp hair loss, while 13.6% had 95% to 100% scalp hair loss (**Table 2**)

Table 2. Severity characteristics of patients with AA seen in dermatologists' practices

% of patients, mean (SD)	Total dermatologists (N=103)	Dermatologists in the KSA (n=50)	Dermatologists in the UAE (n=53)
<1% SHL	6.5 (10.0)	5.6 (10.1)	7.2 (10.1)
1%-20% SHL	32.2 (19.5)	35.4 (21.2)	29.3 (17.4)
21%-49% SHL	26.5 (11.3)	25.5 (11.4)	27.4 (11.2)
50%-94% SHL	21.2 (12.0)	21.1 (13.4)	21.3 (10.5)
95%-100% SHL	13.6 (9.5)	12.4 (9.6)	14.9 (9.3)

AA, alopecia areata; KSA, Kingdom of Saudi Arabia; SHL, scalp hair loss; UAE, United Arab Emirates.

METHODS

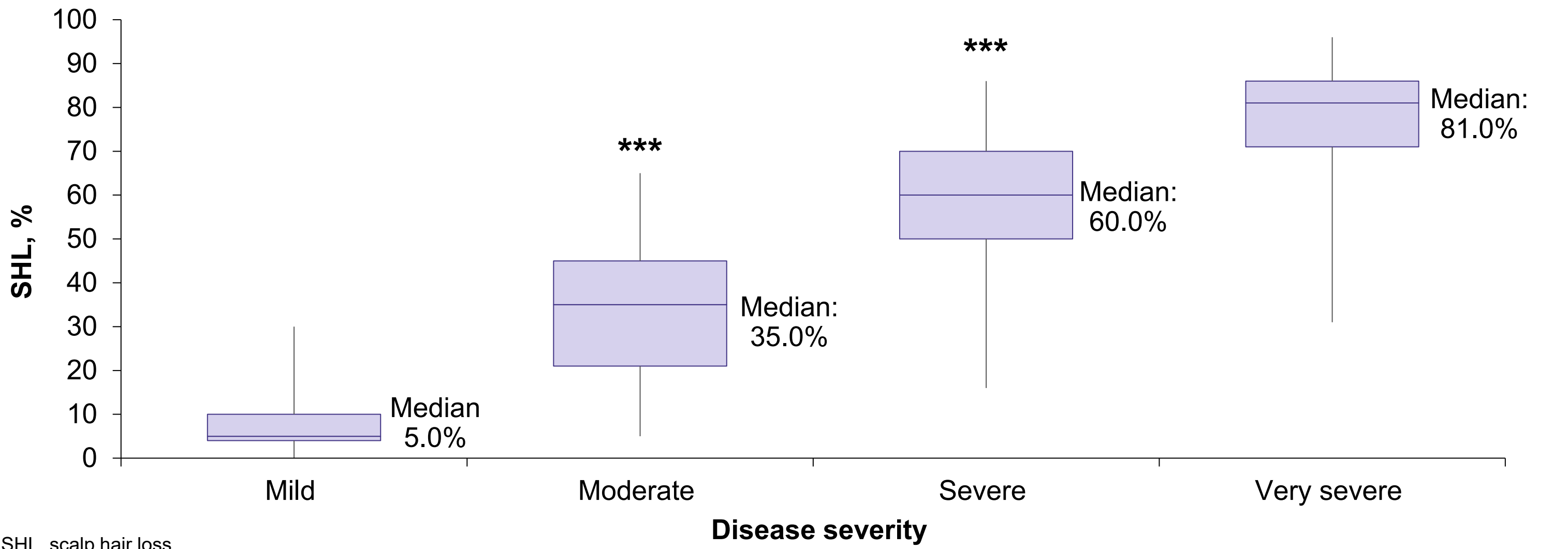
- Data were analyzed from the Adelphi Real World AA Disease Specific Programme™ (DSP),^{5,6} a cross-sectional survey of dermatologists and their adult patients with AA they consulted with, conducted in the KSA and UAE from September 2022 to March 2023
- Dermatologists' perspectives on assessing disease severity and available treatments in AA were captured in a physician survey
- Dermatologist inclusion criteria:
 - Actively involved in AA drug management
 - A minimum monthly workload of:
 - 4 adults with AA for the KSA (including at least 1 patient with mild, 1 with moderate, and 2 with severe/very severe AA)
 - 3 adults with AA for the UAE (including at least 1 patient each with mild, moderate, and severe AA)

Analysis

- Dermatologists rated their agreement with statements about diagnosing and managing AA on a 5-point scale
 - 1: completely disagree
 - 2: disagree
 - 3: neither agree nor disagree
 - 4: agree
 - 5: completely agree
- Analyses were stratified by country

- A mean of 55.9% and 77.0% scalp hair loss (SHL) was reported as a typical severe or very severe AA case, respectively (**Figure 3**)
 - In the KSA, a mean of 51.4% and 75.0% SHL was reported as a typical severe or very severe AA case
 - In the UAE, a mean of 60.1% and 78.9% SHL was reported as a typical severe or very severe AA case

Figure 3. Percentage of SHL that dermatologists associated with a diagnosis of mild, moderate, severe, or very severe AA



SHL, scalp hair loss.

- Impact of AA on patient QOL was the most frequently reported factor informing disease severity (**Table 3**)

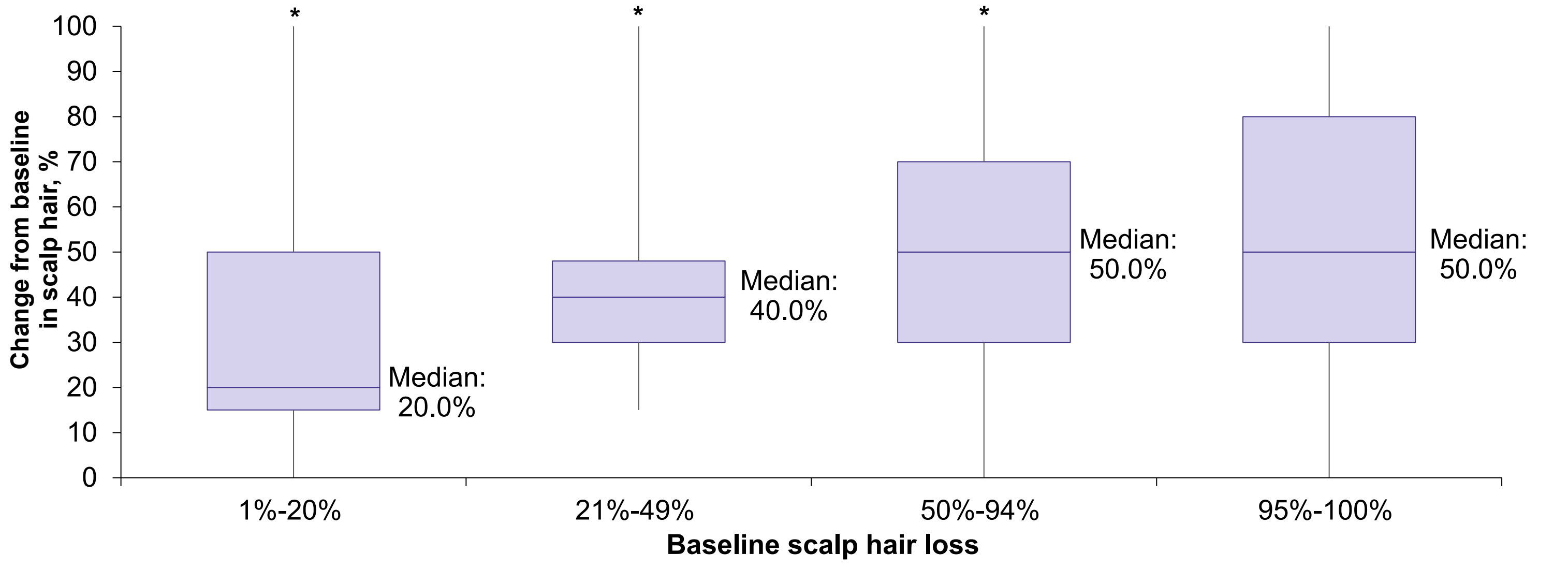
Table 3. Most important factor informing AA severity

n (%)	Total (N=103)	KSA (n=50)	UAE (n=53)
Impact AA has on patient's quality of life	46 (44.7)	20 (40.0)	26 (49.1)
Amount of scalp involvement	15 (14.6)	8 (16.0)	7 (13.2)
Pattern of hair loss	10 (9.7)	6 (12.0)	4 (7.5)
Extent of hair loss	9 (8.7)	5 (10.0)	4 (7.5)
Amount of other body hair involvement (excluding scalp, eyebrows, eyelashes)	7 (6.8)	5 (10.0)	3 (5.7)

AA, alopecia areata; KSA, Kingdom of Saudi Arabia; UAE, United Arab Emirates.

- 84.5% of dermatologists reported that the primary measure of treatment success was hair regrowth
 - For patients with ≥50% SHL, dermatologists considered a median regrowth of 50% from baseline to be a success (**Figure 4**)

Figure 4. Percentage scalp hair regrowth associated with treatment success



- The most reported reason for considering a treatment switch was if the patient showed a reduced QOL while receiving therapy (71.8% of all dermatologists [KSA and UAE combined], 68.0% of dermatologists in the KSA, and 75.5% of dermatologists in the UAE)

Limitations

- Dermatologists eligible to participate in the AA DSP in the KSA and UAE were required to see a minimum number of patients with AA. This may have eliminated providers who fell under the monthly workload quota



CONCLUSIONS

- In this study describing dermatologist perceptions in the KSA and UAE, dermatologists feel confident in diagnosing AA. However, managing severe disease remains challenging due to limited effectiveness of conventional treatments
- Severe AA is frequently associated with significant SHL, typically defined as 50% or more SHL
- Dermatologists in the KSA and UAE reported that impact on patient HRQOL is the most important factor in determining AA severity. While hair regrowth is the primary criterion for determining treatment success, a decline in patient HRQOL often leads to changes in treatment
- These findings highlight the importance of prioritizing the patient's experience as a key measure of treatment success and show the value of a patient-centered approach in managing AA

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DISCLOSURES

This study was sponsored by Pfizer Inc. Pfizer Inc did not influence the original survey through either contribution to the design of questionnaires or data collection. The analysis described here used data from the Adelphi Real World AA DSP. The DSP is a wholly owned Adelphi Real World product. Pfizer is one of multiple subscribers to the DSP. Publication of survey results was not contingent on the subscriber's approval or censorship of the publication. SK, GE, AC, and JMC are employees and shareholders of Pfizer Inc. JA and GO are employees of Adelphi Real World. Support for third-party medical writing assistance was provided by Nucleus Global, which was funded by Pfizer.

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