Improving Alopecia Areata Management in the UK: **Addressing Educational Gaps for Healthcare Professionals**

Poster P3881

Leila Asfour MBChB BSc MRCP (Derm), Sue Schilling, Megan Mowbray MBChB, BSc (Hons), FRCP, MD (Derm), Stephanie Gallard BSc (Hons) Pharmacy, MBCHB, Dip Prac Derm, MSc,⁴ Yousaf Aftab MSC MPharms (IPresc) CMD,⁵ Benoit Raymond PhD,⁵ Gulraj S. Matharu MD, PhD,⁵ Karim Amer MD, MBA⁵

1. Chelsea and Westminster NHS Foundation Trust, London, SW10 9NH, UK; 2. Alopecia UK, PO Box 341, Shipley, BD18 9EH, UK; 3. Queen Margaret Hospital, Whitefield Road, Dunfermline, KY12 0SU, UK; 4.Royal Liverpool, Greenbank Road Surgery, Liverpool, Merseyside, L18 1HG, UK; 5. Pfizer Ltd, Walton Oaks, Surrey, KT20 7NS, UK.

Background

Alopecia areata (AA) is a chronic autoimmune condition affecting hair follicles, leading to inflammation and hair loss, which negatively impacts both the physical and mental health of patients. In the UK, AA is currently under-prioritised by health services, contributing to delays in patient access to care and treatment. It is important to understand current knowledge and confidence levels among healthcare professionals (HCPs) managing AA, including any potential barriers that prevent patients from receiving appropriate care and access, so these barriers can be overcome in the future.

This study assessed the awareness of current AA management strategies in the UK National Health Service (NHS) amongst key stakeholders and aimed to **identify** actionable recommendations for improving AA management, access to care and patient outcomes.

Methods

Data were acquired from 3 sources to form the mixed-methods Delphi study:

 Desk research Patient (N=3) and expert HCP (N=7) interviews (4=consultant dermatologists; 3=pharmacists)

Landscape exploration

- Identification of consensus (≥70%) views on challenges
- 3-round HCP survey (N=96, round (R)1; N=57, R2; N=44, R3) working in primary and secondary care

Delphi survey

- Patient advocacy group (PAG) representatives (N=2) and expert HCP (N=7) interviews (4=consultant dermatologists; 1 GP with extended role in dermatology; 2=dermatology
 - pharmacists) Advisory board discussion

Deeper insights

Thematic analysis was applied to qualitative data, while survey responses were analysed for consensus, where consensus was defined as ≥70%.

Results

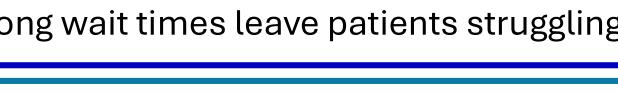
Key findings from the interviews, Delphi survey, and advisory board meeting include:



Knowledge and education around AA are lacking



Long wait times leave patients struggling



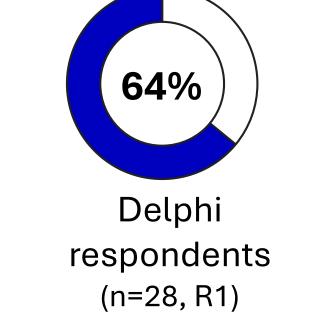
Use of existing resources can be optimised

Shared care for AA patients must be improved

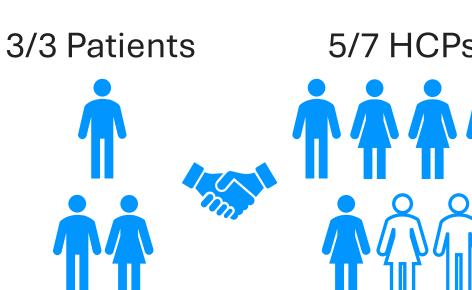
[AA is] the condition that gets ignored that's how it feels



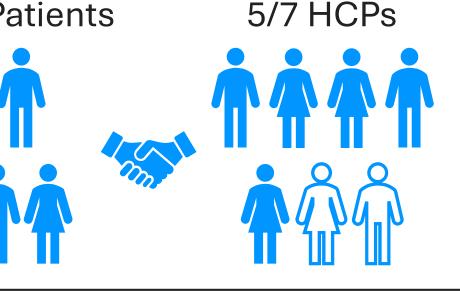
AA management in primary care is suboptimal, but small changes could support practitioners



Agreed that primary care physician knowledge and be inadequate

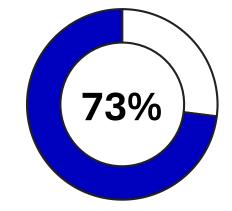


education around AA was thought to 5/7 HCPs



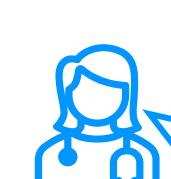
Had to teach 3/3 Patients their primary care physician about AA

[Going back into the healthcare system] almost feels like you have to get ready for a battle and ... having a health condition shouldn't feel like that



Consensus that management of AA in primary care was not effective

Delphi respondents (n=41, R2)



GPs do so much, whatever you ask them to do new it needs to be really easy, and it needs to be very clear

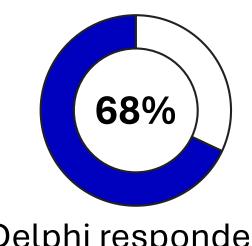
AA management in primary care is suboptimal, but small changes could support practitioners

More education and support is needed for primary care physicians:

Agree

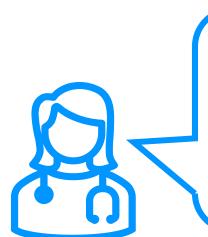
3/3 Patients

7/7 HCPs



Delphi respondents (n=30, R3)

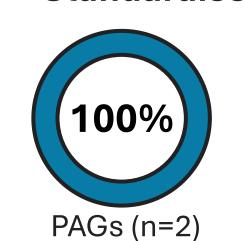
Agreed that primary care physicians do not have highquality materials on AA available to share with their patients



If you want [GPs] to refer with better information [...] GPs need to [be advised on] a minimum data set of information that they should send with any referral

Suggestions to support AA management in primary care included:

- ✓ More comprehensive clinical guidelines (95%; n=91, R1)
- Standardised quick guides (92%; n=88, R1)



HCP(n=7)

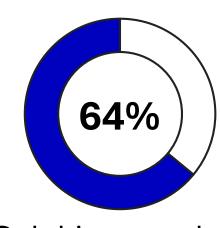
Agreed that meeting minimum standards in primary care, e.g. through completion of specific checklists, could support better management of AA patients

Management of AA in secondary care could also benefit from HCP education and support

The expert views on education were more positive in secondary care than primary care, but concerns remained:

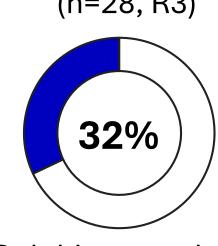
Delphi 2/3 Patients respondents **50**% (n=22, R3)

Reported awareness of **AA being** insufficient in secondary care



Agreed that additional **support and guidance** was needed

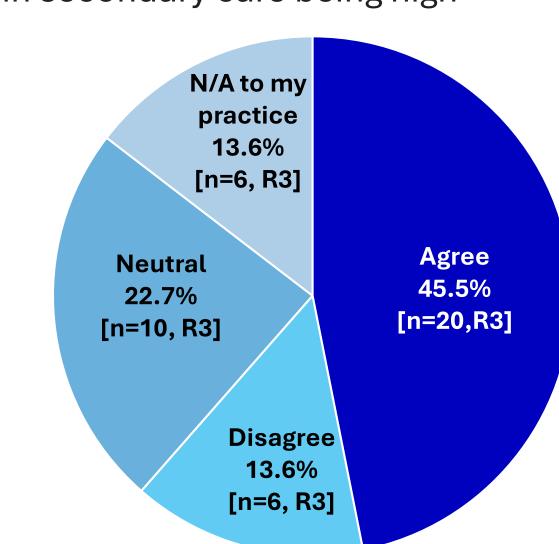
Delphi respondents (n=28, R3)



Agreed that secondary care was comprehensive and management complete

Delphi respondents (n=14, R3)

There was no consensus on the Delphi survey regarding the level of education on AA in secondary care being high



You have to be really dogged at fighting for your rights and wanting a treatment when it's A) hard to get B) painful and C) is impacting probably a large amount of your life and it's expensive

At the advisory board, it was agreed that a strategic priority should be to raise awareness of existing resources to help in the management of AA.

Cross-sector collaboration among patients, HCPs, charities, and other AA stakeholders is essential to address the educational deficiencies in dermatology training in the UK by many GPs and secondary care clinicians in the field of hair loss.

Conclusions

- Significant educational gaps currently exist in AA management at both primary and secondary care levels in the UK, likely impacting patient care and disease outcomes
- Important work is needed to improve primary and secondary care HCP
- knowledge and confidence with AA patients and to enhance patient outcomes Improving the system of shared care for AA with primary care, will likely reduce burden on secondary care and would be beneficial for patient wellbeing
- HCP awareness of AA should be enhanced through optimised use of existing credible resources (e.g. British Association of Dermatology, Primary Care **Dermatology Society)** – rather than creating new materials

Funding and acknowledgements

This research was sponsored by Pfizer. Project management, medical writing, data visualisation and statistical support was provided by Cogora (https://www.cogora.com) and was funded by Pfizer Ltd UK.

The team is grateful for the insights and discussion with Sophia Conner (NHS Greater Glasgow and Clyde, UK), Arlene McGuire (Guy's & St Thomas' NHS Foundation Trust, UK), Manjit Kaur (Heart of England NHS Trust, UK), Suzi Holland (Eczema Outreach Support, UK) and Kave Shams (University of Leeds, UK). In addition, the input of Anita Takwale (Gloucestershire Hospitals NHS Foundation Trust, UK), Helen Isherwood (Manchester University NHS Foundation Trust, UK) and Susan Holmes (Queen Elizabeth University Hospital, UK) is much appreciated.



