**INTRODUCTION**

Chronic spontaneous/idiopathic urticaria (CSU/UI) is defined as itchy hives, angioedema, or both, which is present for ≥6 weeks independent of external stimuli.1

- CU/UI is known to have a substantial impact on the patient's quality of life (QoL) and affects the activity of daily living, causes sleep disturbances, loss of energy, emotional problems and impacts work.

Urticaria-Activity Score (UAS) assesses daily pruritus and number of hives, which summed over a week gives UAS score (range: 0–42) with a higher score meaning higher disease severity.

The UAS score is commonly used to assess the CU/UI disease activity.4

Evidence is scarce on whether a smaller number of categorical health states based on the continuous UAS7 scores can be described with dermatology health-related quality of life (HRQoL) measures such as Dermatology Life Quality Index (DLQI) and its score bands (range: 0–42).

- The UAS7 score is commonly used to assess the CU/UI disease activity.
- The instrument has a one-week recall period.
- It has been validated for use in CSU/UI patients.

A smaller number of categorical health states could be easier to use in clinical practice than a continuous score, allowing clinicians to quickly evaluate the severity of a patient's CU/UI and the efficacy of treatment.

- Evidence is scarce on whether a smaller number of categorical health states based on the continuous UAS7 scores can be described with dermatology health-related quality of life (HRQoL) measures such as Dermatology Life Quality Index (DLQI).
- Here we validate five CSU/UI health states defined by categorical UAS7 scores and compare them with the DLQI.

**OBJECTIVE**

To validate CSU/UI health states defined by categorical UAS7 scores and compare them with the DLQI.

**METHODS**

- Pooled patient data from baseline and Week 12 for UAS7 and DLQI from 3 randomized phase III trials (ASTERIA I, ASTERIA II and GLACIAL), evaluating effects of omalizumab on symptoms of non-exacerbated CSU/UI were used.
- Treatment was administered once every four weeks for 24 weeks in ASTERIA I and GLACIAL trials and for 12 weeks in ASTERIA II trial followed by a washout period of 18 weeks in all three trials.
- UAS7 scores were reported at baseline and every week until Week 40 in the ASTERIA I and GLACIAL trials and until Week 28 for ASTERIA II trial.
- DLQI data were collected at baseline and Week 4, 12, 24, and 40 for ASTERIA I and GLACIAL trials, and at baseline and Week 4, 12, and 28 for ASTERIA II trial.
- Data for UAS7 and DLQI collected at baseline and Week 12 were used for the comparison in the study.

- UAS score-based health states were defined based on expert input as follows (Table 2)

**RESULTS**

- At baseline pooled mean UAS7 score was 30.90 and pooled mean DLQI score was 13.32.
- Baseline UAS7 scores showed that patients had moderate and severe urticaria with significantly different mean UAS7 score of 10.30 and 14.27 (p<0.001) respectively confirming a very large impact on patient’s life (Figure 1).  

**CONCLUSIONS**

- The results of the study suggested that five categorical CSU/UI health states, based on symptoms and signs of the disease using UAS7 scores, can be further described with the effect on patients’ life and HRQoL using the DLQI.
- This allows the understanding of the impact of each disease state on a patient’s life: symptoms and signs of urticaria with significantly different mean UAS7 score of 10.30 and 14.27 (p<0.001) respectively confirming a very large impact on patient’s life (Figure 1).
- At week 12, mean DLQI scores between adjacent UAS7 health states were statistically different (all p<0.001) indicative of a greater impact on patients’ life with an increase in disease severity (Figure 2):
  - Well-controlled urticaria vs urticaria-free (2.25 vs 0.41), mild vs mild controlled urticaria (4.90 vs 2.25), moderate vs mild urticaria (4.07 vs 4.90), severe vs moderate urticaria (11.66 vs 8.07).
  - Dermatology Life Quality Index (DLQI) bands (score ranges) and their meaning in terms of impact on patient’s life (Table 2).

**REFERENCES**