Retrospective Analysis of Disease Burden, Treatment Patterns, and Healthcare Resource Utilization in Patients with Ulcerative Colitis in Dubai, United Arab Emirates

Sameer Al Awadhi¹, Ahmed Mohammed Khassouan², Mohammad Farghaly³, Sara Al Dallal⁴, Mostafa Zayed⁵, Fadwa Ebeid⁵, Badarinath Ramachandrachar⁶, Kumaresan Subramanyam⁷, Haytham Mohamed⁵

¹Head of Gastroenterology Unit, Rashid Hospital - Dubai Health, Dubai, UAE; ²Gastroenterology Digestive Disease Unit, Rashid Hospital – Dubai Health, Dubai, UAE; ³Health Economics and Insurance Policies Department, Dubai Health Authority, Dubai, UAE; ⁴Dubai Health Authority, Dubai, UAE; ⁵Pfizer Inc Ltd, Dubai, UAE; ⁶Real-World Evidence, IQVIA, Dubai, UAE; ⁷EMEA Consulting Services, IQVIA, Bengaluru, India

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BACKGROUND

- Ulcerative colitis (UC), a debilitating chronic inflammatory disease with incidence rates ranging from 1.2 to 20.3 cases per 100,000 people/year, adversely impacts quality of life and healthcare costs in affected individuals.¹⁻³
- The current study assessed the disease burden (proportion of patients with disease year-over-year, comorbidities), treatment patterns and healthcare resource utilization (HCRU) in patients with UC, as captured in an insurance e-claims data source in Dubai, United Arab Emirates (UAE).

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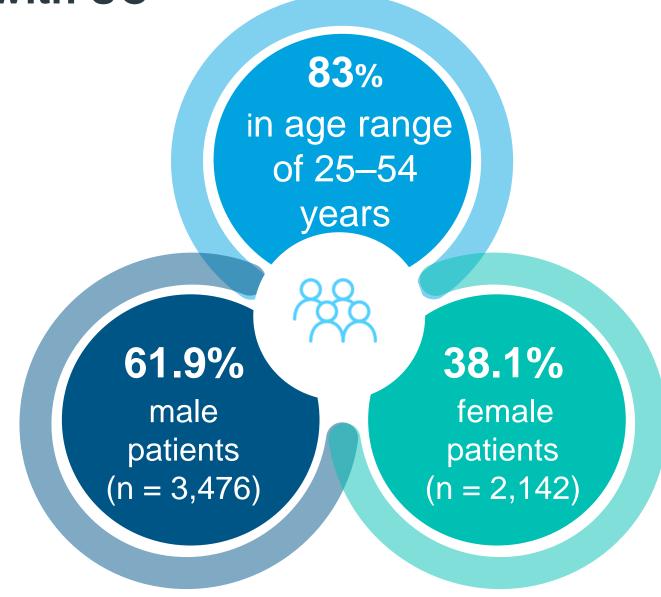
METHODOLOGY

- This retrospective cohort study was conducted from 01 January 2014 to 30 September 2023 using the Dubai Real-World Database (DRWD).
- DRWD captures insurance-related claims processed by private insurers in the Emirates
 of Dubai and covers only the expatriate community, which constitutes 89% of total
 populations.
- Patients with a first diagnosis claim (primary/secondary/hospital admission) for UC any time during the index period (01 January 2014 to 30 September 2022) and treated with relevant medications as per European Crohn's and Colitis Organisation (ECCO) guidelines were analysed.

RESULTS

1. Baseline characteristics in patients with UC

• The study included 11,812 patients with a mean age of **38.8 years**. The majority of patients (83%) were aged 25–54 years, with a predominantly male population (male patients: 61.9%; female patients: 38.1%).



2. Proportion of patients with UC in e-claims database: Year-over-year trend in patient distribution

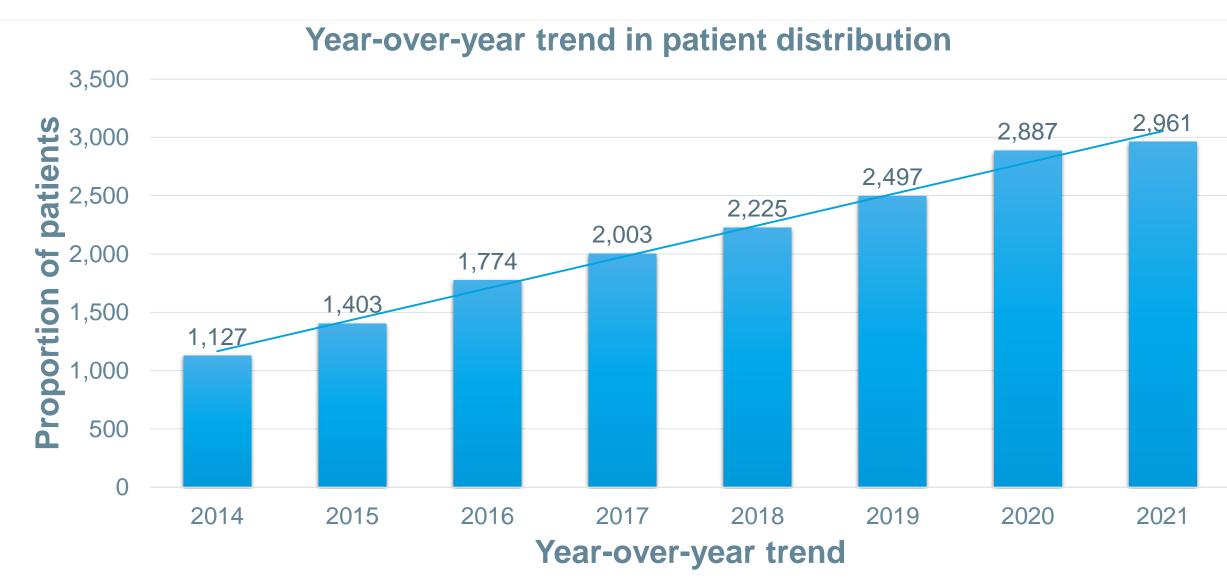
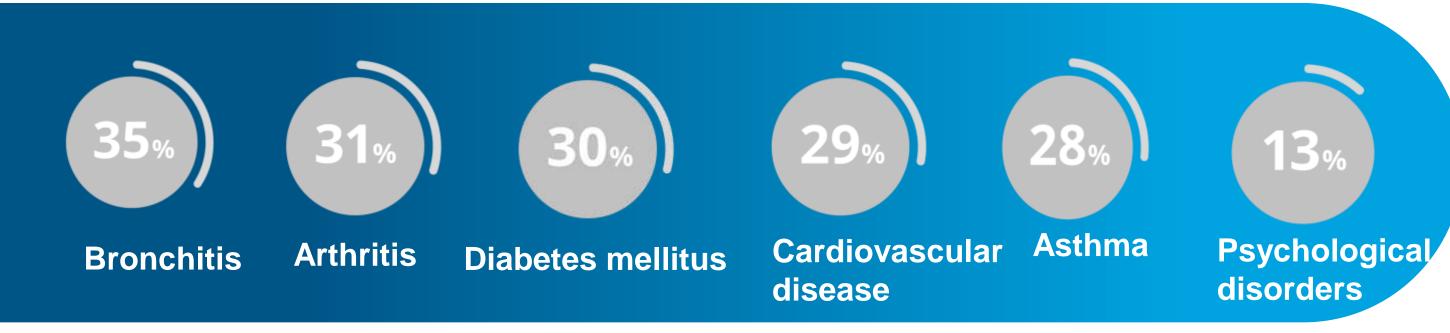


Figure 1: Proportion of patients with UC year-over-year (e-claims data)

The cumulative proportion of UC cases ranged from 0.07% to 0.10% of the total patient population in DRWD, between 2014 and 2022, demonstrating a gradual increase in the number of cases(Figure 1).

3. Comorbidity analysis in patients with UC

Among patients with UC with comorbidities (n = 5,441), the most prevalent comorbidities were bronchitis (35%), arthritis (31%), diabetes mellitus (30%), cardiovascular disease (29%), asthma (28%), and psychological disorders (13%).



4. Speciality analysis in patients with UC



In patients with UC, the most frequently consulted specialities included gastroenterology (77.8%), general medicine (26.9%), and internal medicine (21.6%).

4. Treatment pattern in patients with UC

Most patients (92.9%, n = 10,973) were prescribed conventional treatment (immunosuppressants, corticosteroids, 5-aminosalicylic acid); while only 7.1% (n = 839) of patients received advanced treatment (biologics, Janus kinase inhibitors, sphingosine-1-phosphate receptor modulators), highlighting the low prescription of biologics and other advanced therapies(Figure 2).

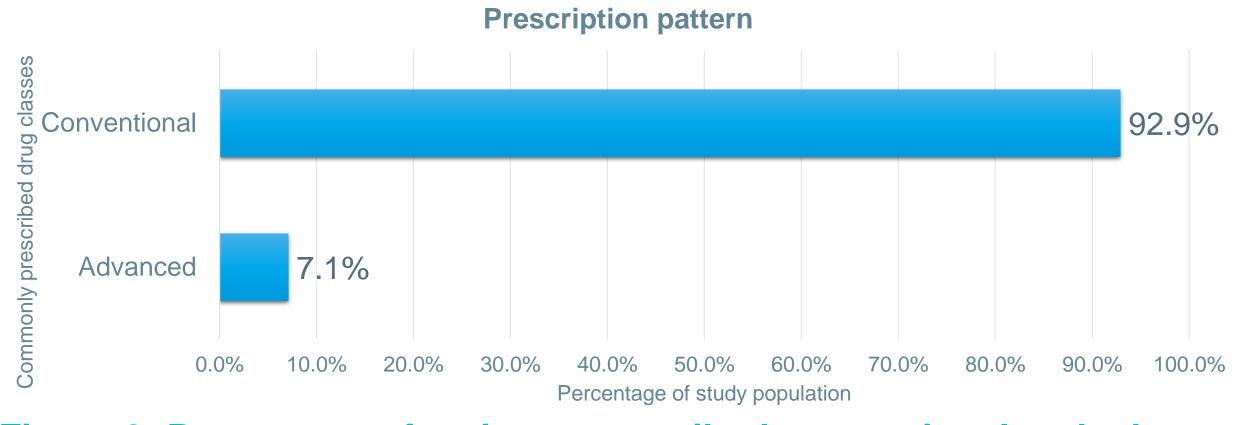
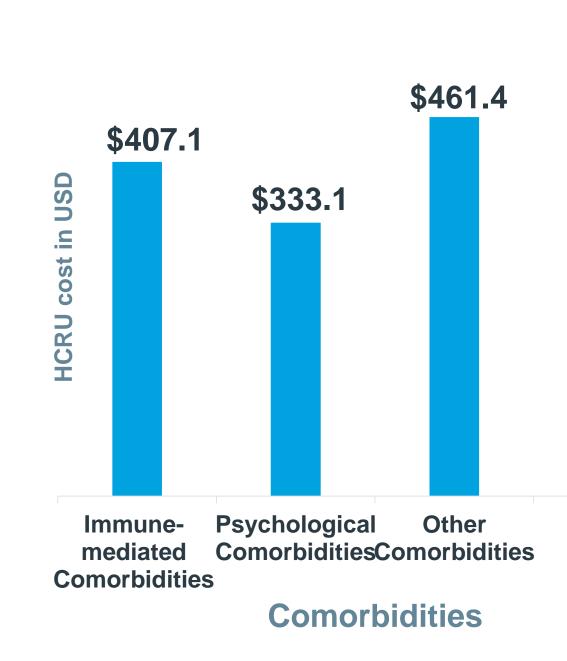


Figure 2: Percentage of patients prescribed conventional and advanced treatment in study population

5. HCRU in patients with UC



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- In the overall cohort, the median allcause cost and disease-specific cost incurred were USD 2,703.4 and USD 1,314.7, respectively.
- The median disease-specific cost due to inpatient visits (USD 3,442.0), outpatient visits (USD 1,197.6) and medications (USD 513.8) were the major cost drivers.
- Among patients with UC with comorbidities, the median diseasespecific costs incurred for immunemediated disorders, psychological disorders, and other comorbidities were USD 407.1, USD 333.1, and USD 461.4, respectively, during the 12month post-index period (Figure 3).

Figure 3: HCRU cost in patients with UC with comorbidities

CONCLUSION

The current study findings highlight a substantial disease burden in the region, with an increase in the number of UC cases over the years, prevalent comorbidities, and associated healthcare costs. The primary treatments administered were immunosuppressants and steroids, with a low biologic prescription rate. For more effective UC management, novel therapies such as biologics and novel oral drugs are emerging as promising therapeutic strategies, considering their optimal clinical outcomes. Further studies are needed to evaluate how biologics and newer therapies may play a role in achieving preferable outcomes and reducing the disease burden of UC in Dubai, UAE.

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