Dupilumab Improves **Symptom Control, Health-Related Quality of Life** and **Work Productivity** Among Adults With **Moderate-to-Severe Atopic Dermatitis** in Clinical Practice: 6-Year Follow-Up Results From the **RELIEVE-AD Study**

Zhixiao Wang[1], Min Yang[2], Jingdong Chao[1], Bruno Martins[2], Kerry Noonan[3], Brad Shumel[1], Debra Sierka[3]

[1]Regeneron Pharmaceuticals Inc., Tarrytown, NY, USA; [2]Analysis Group, Boston, MA, USA; [3]Sanofi, Cambridge, MA, USA

AD

Key takeaway

Most adult patients with moderate-to-severe AD treated with dupilumab who remained in this long-term study reported controlled disease 6 years after dupilumab initiation in real-world clinical practice, with sustained improvements in HRQoL and work productivity

Objective

To report 6-year data from RELIEVE-AD on disease control, HRQoL, and work productivity

Background

- In the RELIEVE-AD study, adults with moderate-to-severe AD initiated dupilumab in real-world clinical practice

Methods

- RELIEVE-AD is a single-arm, prospective, observational study in adults with moderate-to-severe AD who were prescribed dupilumab and enrolled in the US dupilumab patient support program and who agreed to participate in online surveys at baseline and Months 1, 2, 3, 6, 9, 12, 33, 48, 60, and 72
- Only patients who responded to at least one Month 33 or Month 48 surveys were contacted for the Month 72 survey
- Outcomes presented here are disease control, assessed using the ADCT (6-item, total range 0–24, total score <7 indicating controlled disease); DLQI (range 0–30), evaluating HRQoL; WPAI-AD (range 0–100%) questionnaire, assessing impact on productivity
- Statistical significance analysis, comparing each time point with baseline, was determined using generalized estimating equations to account for correlated data from the same patients; normal distributions with an identity link function were used for continuous outcomes, and binomial distributions with a logit link function were used for categorical outcomes

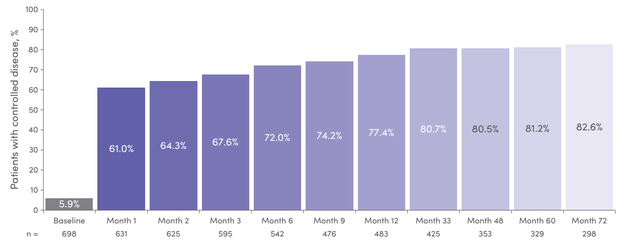
Results

Demographics and medical history

	Patients who initiated dupilumab	Patients who completed Month 6 survey	Patients who completed Month 12 survey	Patients who completed Month 33 survey	Patients who completed Month 48 survey	Patients who completed Month 60 survey	Patients who completed Month 72 survey[a]
	n = 698	n = 542	n = 483	n = 425	n = 353	n = 329	n = 298
Female, n (%)	431 (61.7)	330 (60.9)	296 (61.3)	259 (60.9)	214 (60.6)	205 (62.3)	184 (61.7)
Age, mean (SD), years	46.2 (15.5)	46.5 (15.2)	47.1 (15.2)	46.8 (15.1)	45.8 (15.3)	46.2 (14.6)	46.1 (14.8)
Race, n (%)							
White or Caucasian	514 (73.6)	401 (74.0)	354 (73.3)	307 (72.2)	261 (73.9)	233 (70.8)	210 (70.5)
Age at AD diagnosis, mean (SD), years	27.6 (23.1)	27.7 (23.2)	28.5 (23.2)	27.9 (23.2)	26.7 (23.0)	26.9 (22.7)	27.1 (22.8)
Median (IQR)	23.5 (5.0–50.0)	24.5 (5.0–50.0)	25.5 (5.0–50.0)	24.0 (5.0–50.0)	21.0 (5.0–48.0)	23.0 (5.0–48.0)	23.0 (5.0–49.0)
Range	(0.0–87.0)	(0.0–87.0)	(0.0–87.0)	(0.0–80.0)	(0.0–82.0)	(0.0–82.0)	(0.0–80.0)
Medical history, n (%)							
Non-seasonal allergies[b]	251 (36.0)	198 (36.5)	168 (34.8)	160 (37.6)	129 (36.5)	124 (37.7)	109 (36.6)
Asthma	225 (32.2)	177 (32.7)	152 (31.5)	134 (31.5)	115 (32.6)	104 (31.6)	95 (31.9)
Type 2 comorbidities[c]	348 (49.9)	275 (50.7)	234 (48.4)	216 (50.8)	179 (50.7)	167 (50.8)	154 (51.7)
Hypertension	188 (26.9)	147 (27.1)	137 (28.4)	121 (28.5)	93 (26.3)	97 (29.5)	86 (28.9)
Anxiety	173 (24.8)	130 (24.0)	112 (23.2)	101 (23.8)	86 (24.4)	77 (23.4)	68 (22.8)
Depression	141 (20.2)	105 (19.4)	92 (19.0)	79 (18.6)	63 (17.8)	59 (17.9)	54 (18.1)
Obesity	102 (14.6)	79 (14.6)	73 (15.1)	62 (14.6)	52 (14.7)	49 (14.9)	38 (12.8)
Sleep disorders	81 (11.6)	58 (10.7)	55 (11.4)	51 (12.0)	33 (9.3)	36 (10.9)	33 (11.1)
Anemia	78 (11.2)	59 (10.9)	56 (11.6)	48 (11.3)	36 (10.2)	34 (10.3)	33 (11.1)

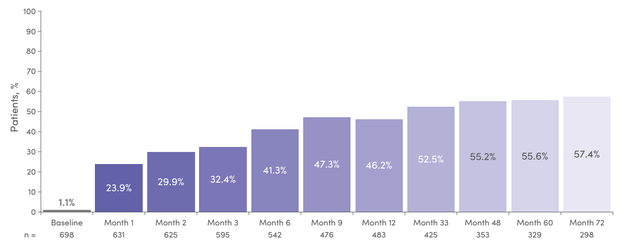
[a]Of the 298 patients who completed the Month 72 survey, 210 (70.5%) reported continuing dupilumab treatment. [b]Allergic rhinitis or runny nose, allergic conjunctivitis or pink eye, food allergies, allergic urticarial or hives, or other allergies. [c]Asthma or non-seasonal allergies.

Disease control status[a]



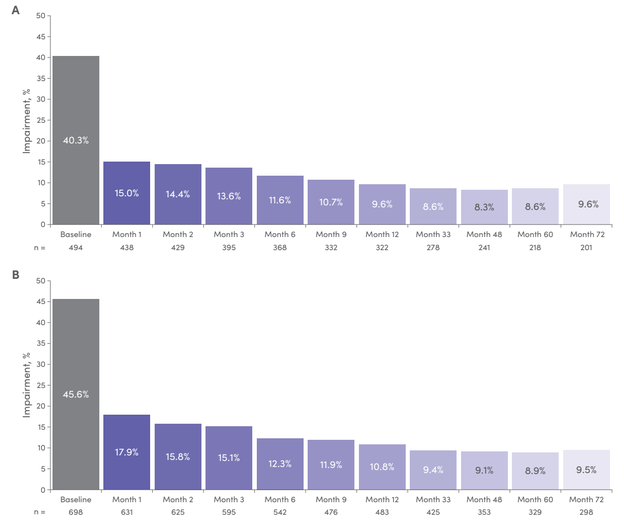
[a]Assessed using the ADCT, with a score <7 on a scale of 0–24 indicating controlled disease. $P < 0.001$ treatment Month 1 to Month 72 vs baseline.

No effect of AD on life[a]



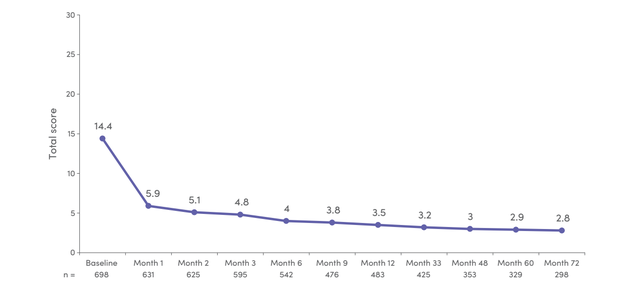
[a]AD having no effect on patients' lives was defined as total DLQI score 0/1 (out of 30). $P < 0.001$ treatment Month 1 to Month 72 vs baseline.

Work productivity (A) and activity (B) impairment[a]



[a]Assessed using the WPAI-AD, with a higher score indicating greater degree of impairment. $P < 0.001$ treatment Month 1 to Month 72 vs baseline.

Mean total DLQI score[a]



[a]Assessed using the DLQI, with a higher score indicating more impairment to quality of life. $P < 0.001$ treatment Month 1 to Month 72 vs baseline.

Limitations

43% of patients who responded to the baseline survey responded at Month 72, which could have led to survivor bias

AD, atopic dermatitis; ADCT, Atopic Dermatitis Control Tool; DLQI, Dermatology Life Quality Index; HRQoL, health-related quality of life; IQR, interquartile range; SD, standard deviation; WPAI-AD, Work Productivity and Activity Impairment – Atopic Dermatitis.

Acknowledgments and funding sources: Research sponsored by Sanofi and Regeneron Pharmaceuticals Inc. Medical writing/editorial assistance was provided by Irina Milanova, PhD, of Excerpta Medica, and was funded by Sanofi and Regeneron Pharmaceuticals Inc., according to the Good Publication Practice guidelines.

Disclosures: Wang Z, Chao J, Shumel B: Regeneron Pharmaceuticals Inc. – employees and shareholders. **Yang M, Martins B:** Analysis Group (a company that received research funds from Sanofi-Regeneron Pharmaceuticals Inc. during the conduct of the study) – employees. **Noonan K, Sierka D:** Sanofi – employees, may hold stock and/or stock options in the company.

Presented at the Fall Clinical Dermatology Conference 2025; Las Vegas, NV; October 23–26, 2025.