

Oral Corticosteroids (OCS) and Biologics Perception: Results from a National Survey for Parents and Caregivers

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Disclosures

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Parents of Children with Asthma Perceptions of Oral Corticosteroids and Biologics





Background and Methods



Study Purpose



This project examined the perceptions of parents of a child diagnosed with asthma and treatment with OCS and biologic medications.



Focused on the perception of parents of a child with uncontrolled asthma and OCS use.



Assessed parent understanding of OCS short & long-term side effects.



Gauged the interests of parents of a child with uncontrolled asthma use of a biologic for treatment.



Parents of Children with Asthma Participated



Parents who were 18 or older of a child between ages 6 – 17 years of age and diagnosed with asthma and living in the US



Online Panel



Between October 1 – November 2, 2023



Parent Characteristics

(N=500)

Parent's Age	
18 – 29	29%
30 – 39	37%
40 – 49	20%
50 or older	14%
Gender	
Male	27%
Female	73%
Race	
White/Caucasian	63%
Black/African-American	18%
Other*	19%
Ethnicity	
Hispanic	20%
Not Hispanic	80%
Had an asthma flare	
Within the past 6 months	66%
In the past 7-12 months	34%

Education		
Less than a high school degree		
High school degree or equivalent (e.g., GED)	14%	
Some college but no degree	18%	
Associate degree	16%	
Bachelor's degree	34%	
Graduate degree, law degree, post-doctoral or	17%	
doctoral degree		
Annual Household Income		
\$0 – \$29,999	16%	
\$30,000 – \$59,999	22%	
\$60,000 – \$99,999	44%	
\$100,000 or more	16%	
Prefer not to answer	2%	



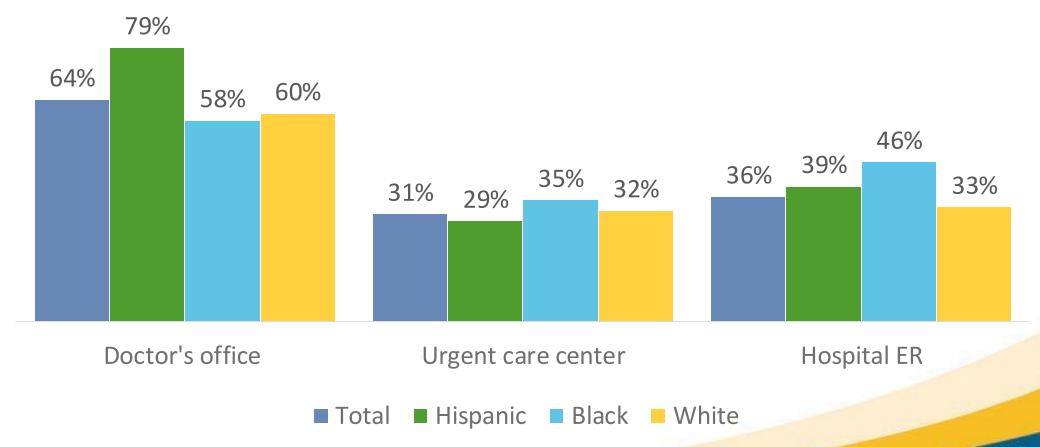
POLL QUESTION

Where do you think asthma flares were most often treated in the last 12 months, according to our survey?

- A) Doctor's office
- B) Urgent care
- C) Hospital ER

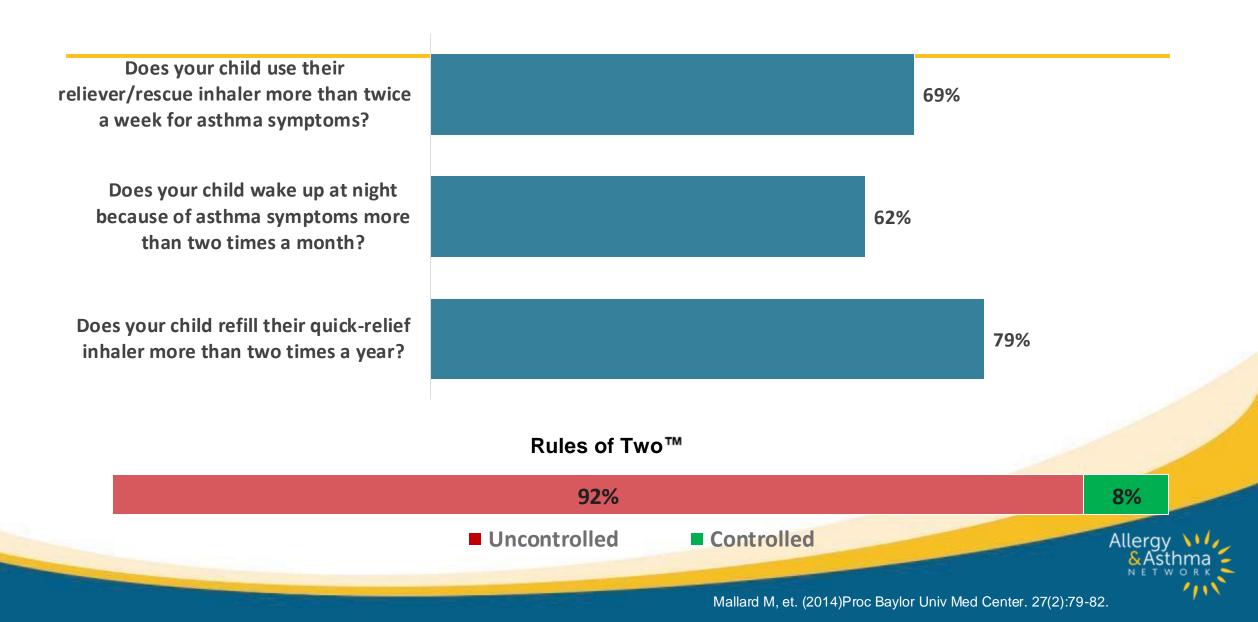


Where children were treated for asthma flare in the last 12 months (N=500)

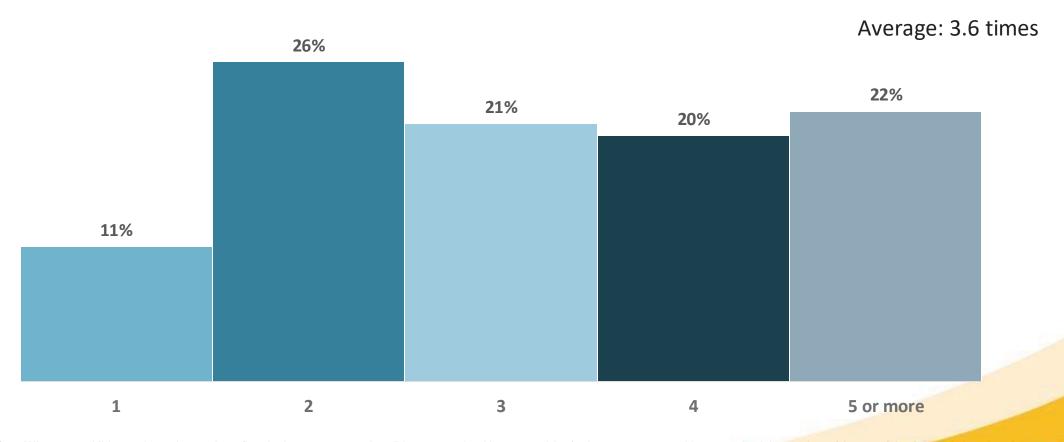




Asthma Control (% Yes)(n=500)



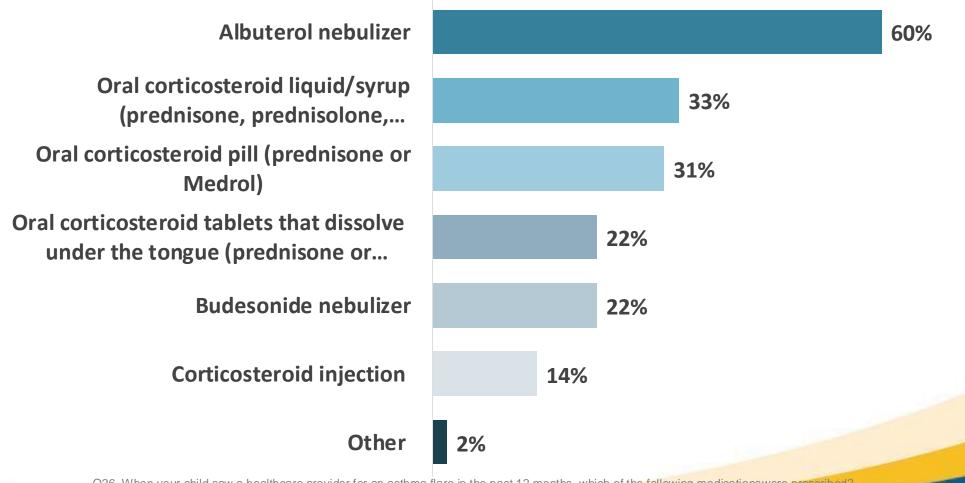
Number of Times Child Treated for Asthma Flare in Past 12 Months (Treated in Doctor's Office, Urgent Care Facility or Hospital ER; n=445)





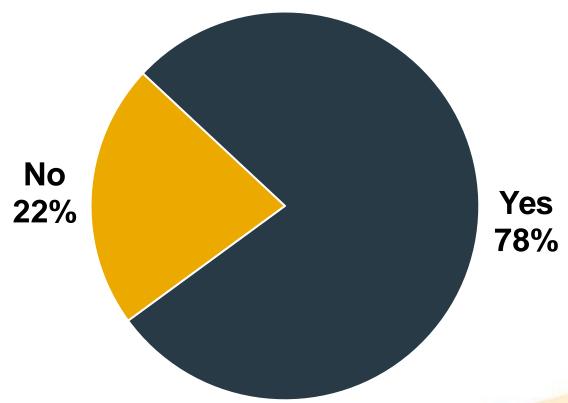


Medications Prescribed for Asthma Flare (Saw Healthcare Provider for Last Flare; n=445; Multiple Responses)





Child Has Missed School Because of Asthma Attack in the Past 12 Months (n=500)



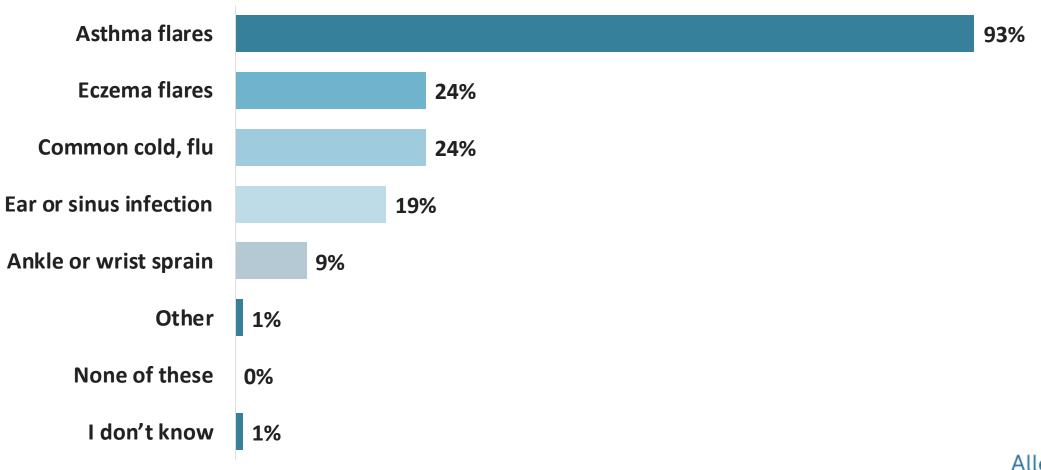




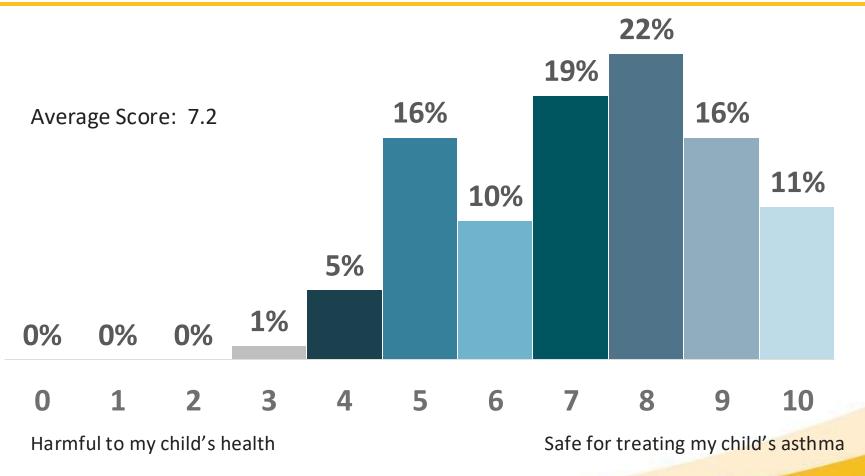
Perceptions of Oral Corticosteroids (OCS)



Conditions OCS are Believed to Treat (n=500; Multiple Responses)



Perceived Safety of OCS for Child







Agreement Regarding OCS

I believe that my child with asthma will be sick longer when having an asthma flare if not treated with an oral corticosteroid.

When I visit a healthcare provider (e.g., doctor, nurse practitioner, physician assistant) for my child's asthma flare, I expect a prescription for medication, including a prescription for an oral...

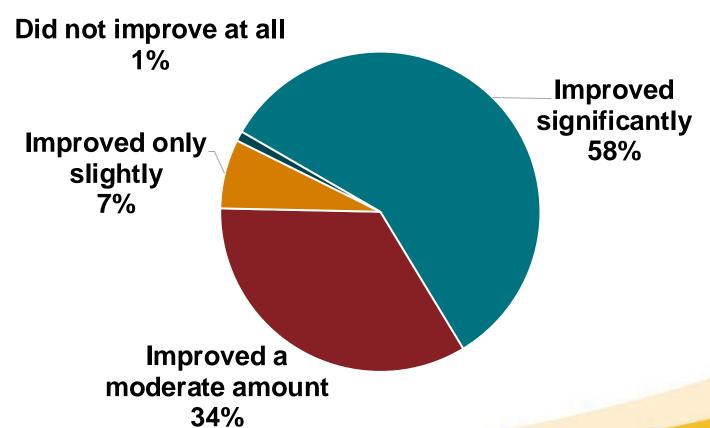
■ Strongly agree - 5

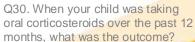






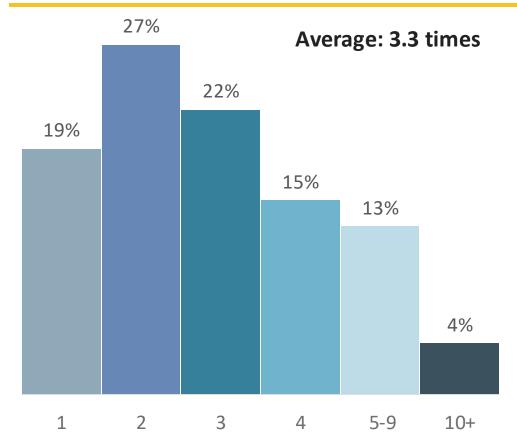
Child's Outcome After Taking OCS (Child Finished A Little or More of Prescription; n=299)





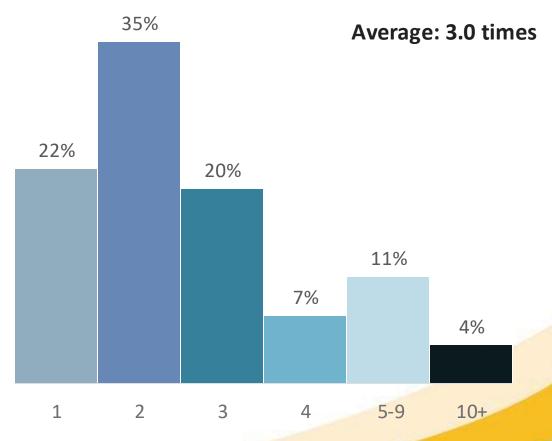


Number of Times Prescribed OCS Pills or Tablets in Past 12 Months for Asthma Flare (OCS Pills/Tablets were Prescribed; n=210)



Q27A. Approximately how many times in the past 12 months was your child prescribed an oral corticosteroid (pills or dissolving tablet)?

Number of Times Prescribed Liquid or Syrup in Past 12 Months for Asthma Flare (OCS Liquid/Syrup was Prescribed; n=147)



Q27B. Approximately how many times in the past 12 months was your child prescribed an oral corticosteroid (liquid or syrup)?



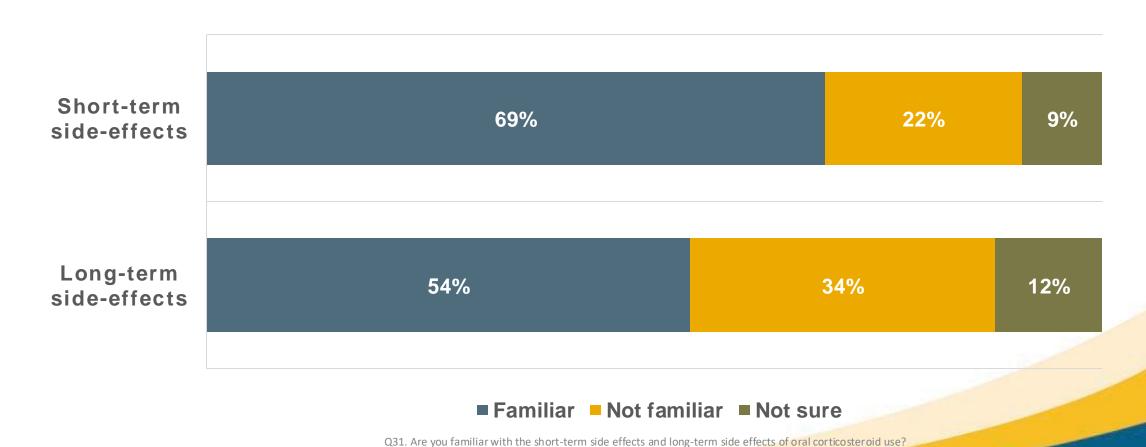
Parents' Familiarity with Short-Term and Long-Term Side Effects of OCS

Short-term side effects – Short-term side effects are unwanted symptoms or health conditions that are a result of taking a medication. For example, experiencing mood changes while taking oral corticosteroids for an asthma flare.

Long-term side effects – Long-term side effects are unwanted symptoms or health conditions that are the result of taking a medication repeatedly for many years. For example, developing cataracts after taking oral corticosteroids for asthma flares. Long-term use of oral corticosteroids would be defined as taking more than 4 doses (courses) over a lifetime.



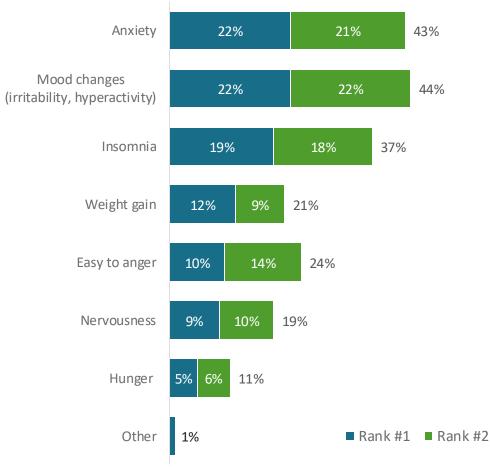
Familiarity with Short-Term and Long-Term Side Effects of OCS N=500





OCS Short-Term Side-Effects Most Concerned About

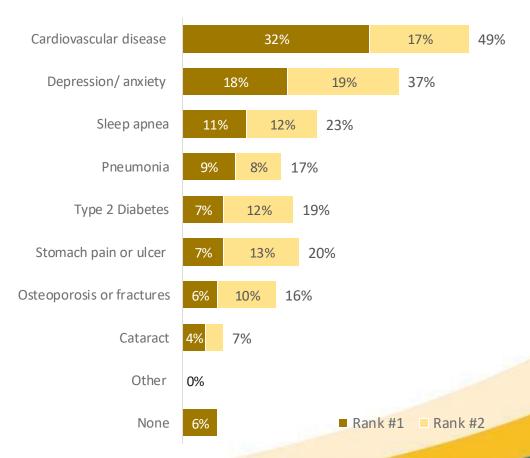
(n=500; Multiple Responses)



Q33. Of the following short-term side effects of oral corticosteroid use, which two are you most concerned about?

OCS Long-Term Side-Effects Most Concerned About

(Two Most Concerned About; n=500; Multiple Responses)

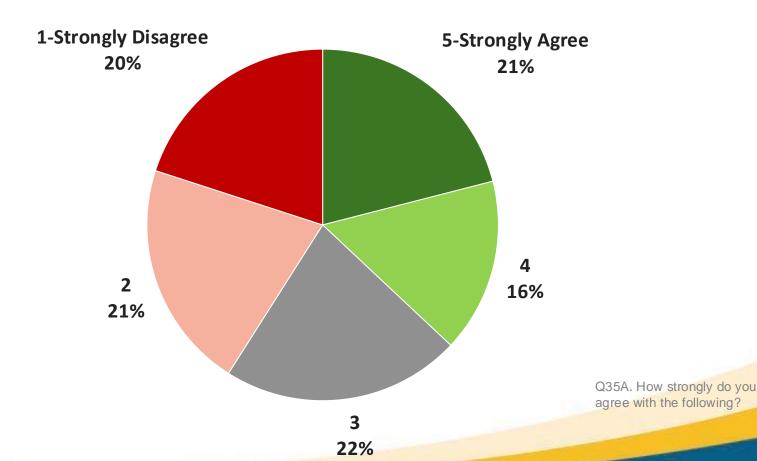


Q34. Of the following long-term side effects of oral corticosteroid use, which two are you most concerned about



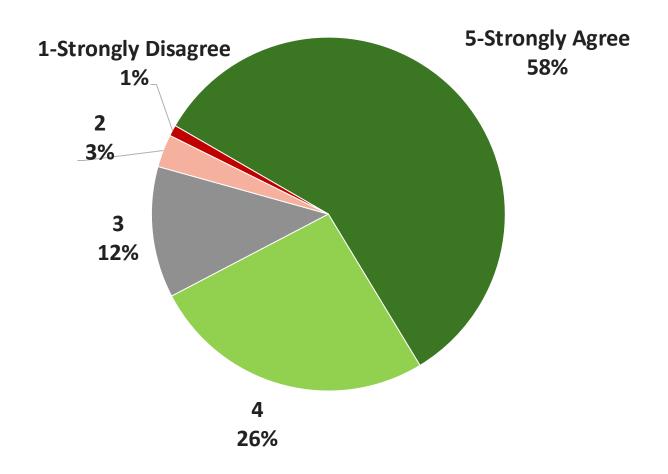
My child's asthma healthcare provider has prescribed too many oral corticosteroids to my child for asthma treatment.

(Prescribed OCS; n=310)

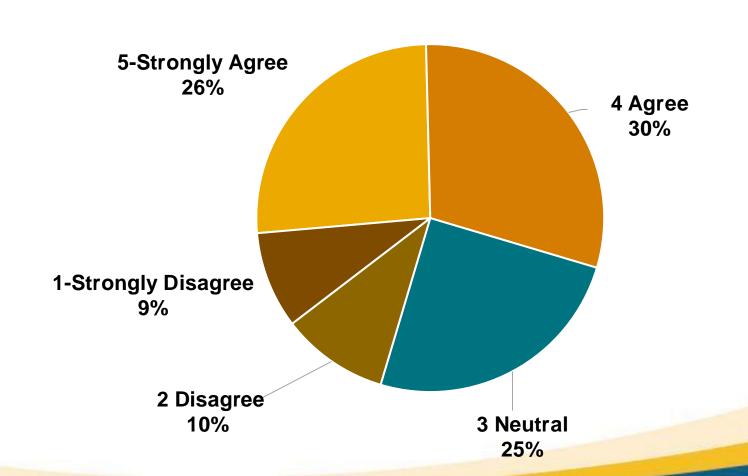




My child's asthma healthcare provider is aware of the number of times my child has been prescribed oral corticosteroids in the last 12 months. (Prescribed OCS; n=310)



My child's asthma healthcare provider (e.g., doctor, physician assistant, nurse practitioner, etc.) has informed me about the cumulative long-term side effects of oral corticosteroid use. (Total Respondents; n=500)



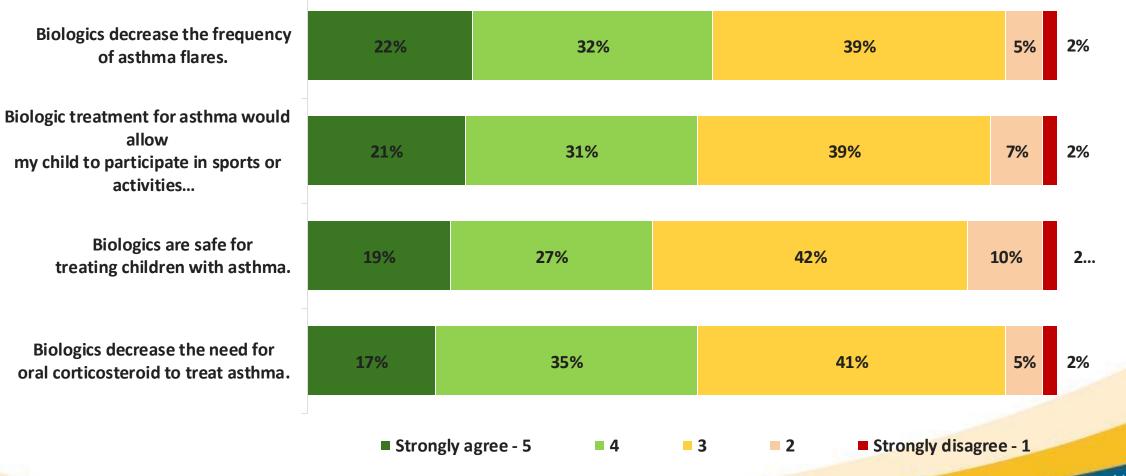
Q35DHow strongly do you agree with the following?



Perceptions of Biologics

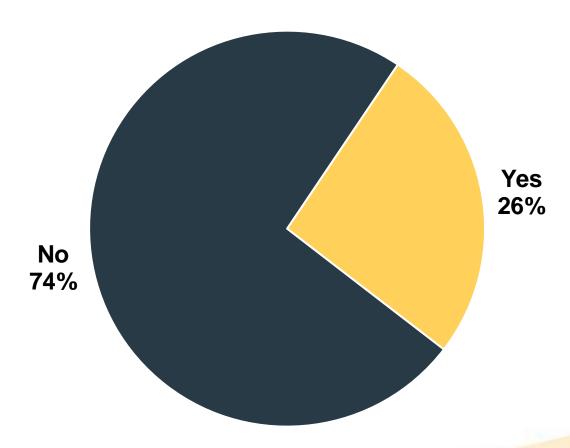


Agreement Regarding Biologics (n=500)





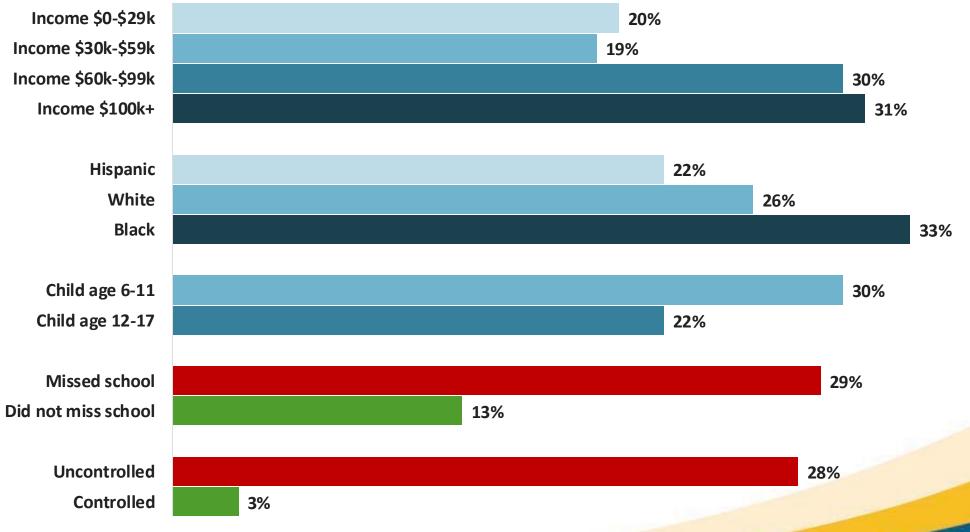
HCP Has Prescribed Biologics in the last 12 months (Total Respondents; n=500)







Prescribed Biologics by Segment - % Yes, n = 130

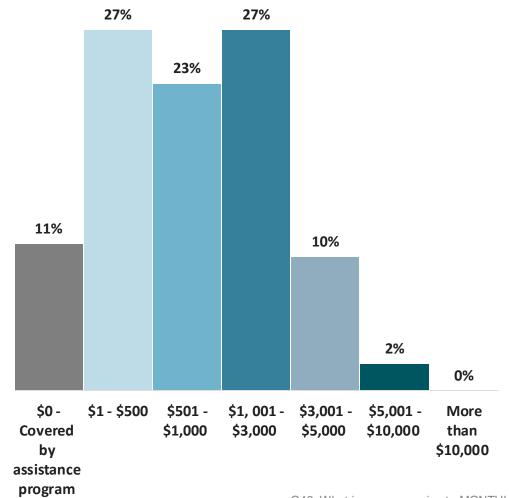




Type of Biologic used by a Child		
	n =130	
dupilumab	32%	
mepolizumab	27%	
omalizumab	29%	
reslizumab	22%	
benralizumab	14%	
tezepelumab-ekko	9%	
No biologic prescribed; or prescribed and did not use it	6%	



Monthly Out-of-Pocket Cost for Biologics (Used Biologics; n=130)



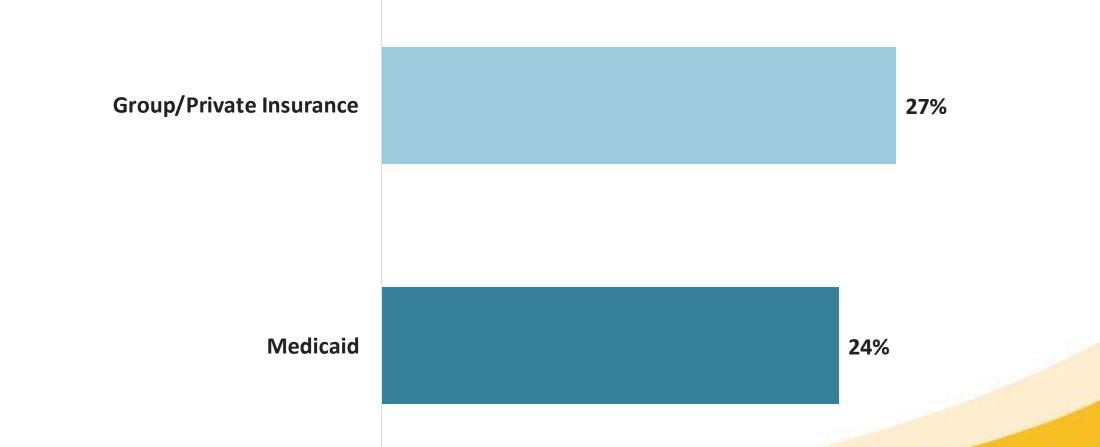
Monthly OOP Cost by Segment (Used Biologics) (%)

	Hispanic	White	Black
N	21	73	22
\$0 - Covered by pharma assistance program	19%	10%	9%
\$1-\$500	33%	26%	27%
\$501-\$1,000	14%	30%	9%
\$1,001-\$3000	19%	30%	28%
More than \$3,000	15%	4%	27%
Average (\$)	\$1143	\$1106	\$1773

Q42. What is your approximate MONTHLY average out-of-pocket cost (not covered by insurance or pharmaceutical assistance program) for biologics to treat your child's asthma?



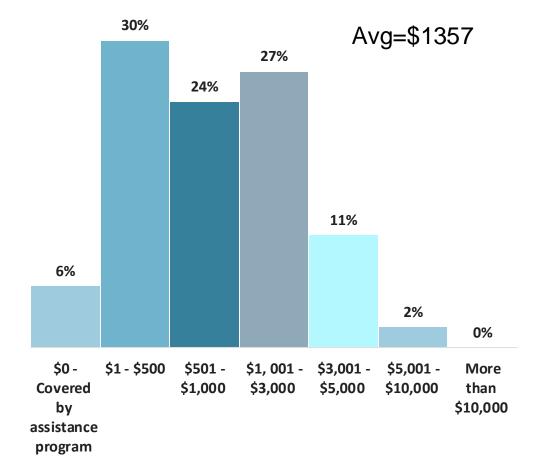
HCP Has Prescribed Biologics by Type of Child's Insurance (Total Respondents, n=130) (% Yes)



Q38. Has a health care provider prescribed a biologic for your child to treat asthma in the past 12 months?

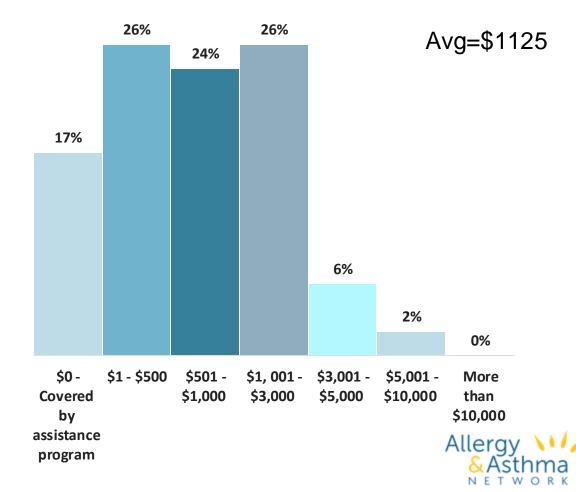


Monthly Out-of-Pocket Cost for Biologics -Child Covered by Group/Private Insurance (Base=Used Biologics; n=63)



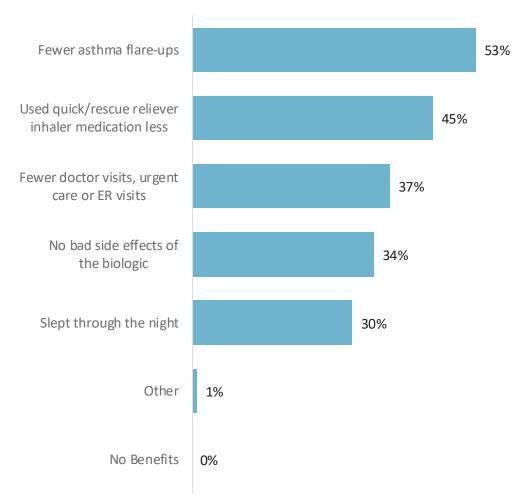
Monthly Out-of-Pocket Cost for Biologics

Child Covered by Medicaid (Base=Used Biologics; n=54)



Benefits of Child Using Biologics

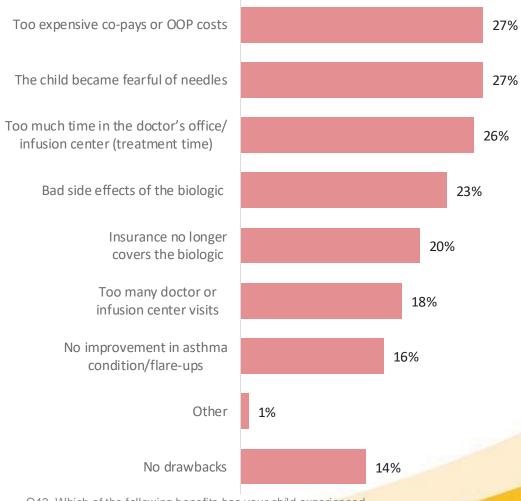
(Base=Used Biologics; n=120; Multiple Responses)

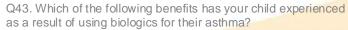


Q43. Which of the following benefits has your child experienced as a result of using biologics for their asthma?

Drawbacks of Child Using Biologics

(Base=Used Biologic; n=120; Multiple Responses)







Conclusions

- Parents of children with asthma perceive OCS use for asthma flares as:
 - Safe.
 - Expect HCP to prescribe OCS when an asthma flare occurs.
- Parents were not as familiar with the long-term side effects of OCS compared to short-term side effects.
 - Parents are most concerned about short-term side effects such as anxiety, mood changes, insomnia, and weight gain.
 - Parents are concerned about long-term side effects
- Parents agree biologics have benefits: decreased need for OCS and frequency of flares; children with asthma can participate in activities
- Average monthly out-of-pocket costs for biologics is \$1,357





