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Breakthrough Attacks: Why Prophylaxis Isn't Always Enough

Announcer:

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Dr. Cohn:

This is CME on ReachMD, and I'm Dr. Danny Cohn. With me today, are Thomas Buttgereit and Anna Valerieva. Our topic today is breakthrough attacks in hereditary angioedema.

Thomas, let me start with you. What are the causes of breakthrough attacks in patients who are using long-term prophylactic therapy?

Dr. Buttgereit:

Danny, this is really a challenging question you're asking me. Well, when I look into my clinical practice and clinical trials, I always see a certain proportion of patients that do not respond perfectly to long-term prophylaxis, meaning that these patients still face breakthrough attacks. And this really tells me that HAE is an unpredictable disease, also, that there are cases of difficult to treat HAE. Also, when patients tell me, why, what was the reason for the attacks, I say well, it's unpredictable. I do not know why it happened. In some cases, maybe patients also would say, well, I had a certain trigger like an infection, or I had undergone some surgery which triggered the attacks. So there are some patient-related factors for sure, but there are also some disease-related factors in case of HAE that can cause yeah, breakthrough attacks, even in patients under long-term prophylaxis.

Dr. Cohn:

And Anna, do you also note these challenges in these patients?

Dr. Valerieva:

So, Danny, yeah. I agree that there are a certain number of patients that face breakthrough attacks despite effective long-term prophylaxis. And for some patients, we don't see any specific triggering factors, so those breakthrough attacks, they might tend to be spontaneous and not related to any specific worsening factor that they experience. It's just a spontaneous one. Some other patients might tend to have breakthrough attacks upon exposure to specific triggers, like emotional stress. I recently had a patient that had problems with her partner and the health status of her partner, and this was triggering her breakthrough attacks, while she was asymptomatic since maybe nearly three years. And there are also some patients that have some ongoing diseases, like infection or another disease that might contribute to having a breakthrough attack. But definitely, something that I always try to investigate when I'm speaking about breakthrough attacks in patients under prophylaxis, is whether there is – something that we can intervene, and this is the adherence to the long-term prophylaxis itself. Because what we see, I think you would agree with me, with those patients, is that when they get used to not having any attacks, they tend to either prolong the interval of their application of the treatment that is prophylaxis treatment, or they tend to skip a dose of an oral agent that they're using on a daily basis. And this is the reason that most often, I face breakthrough attacks. So whether there is some problem with adherence to the treatment. And this is something that I try to

discuss with the patients.

Another challenge for breakthrough attacks in patients under prophylaxis is that they might not be that well prepared for managing those breakthrough attacks. This is something that I see from time to time, that patients tend to forget to bring their on-demand therapy, or they're not so confident to apply that therapy if it is an injectable one.

Dr. Cohn:

Yes, I agree. And then one more challenge is also to distinguish a true angioedema attack from other symptoms, which may also look or feel like angioedema attacks, like throat irritation or abdominal discomfort. And that can be a challenge, too. We really lack biomarkers to confirm that these symptoms are truly angioedema attacks.

Well, I think this has been an excellent discussion. Thank you so much, Thomas and Anna, and I thank the audience, also, for joining us today. We hope this information will be helpful in your practice.

Announcer:

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