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<https://reachmd.com/programs/cme/program-name/35988/>

Released: 08/11/2025

Valid until: 08/11/2026

Time needed to complete: 1h 00m

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Optimizing Acute Treatment in the Era of Breakthrough Attacks

Announcer:

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Dr. Valerieva:

Hello, everyone. This is CME on ReachMD, and I'm Dr. Anna Valerieva. And I'm going to be speaking today in this brief presentation for optimizing acute treatment of HAE in the era of breakthrough attacks.

So we all know what is HAE. It's an unpredictable disease affecting 1 in 50,000 people having attacks of angioedema in various location sites. We know that current guidelines suggest treatment of all angioedema attacks, and also we have long-term prophylaxis for those patients who have substantial disease burden due to impaired quality of life. So let's see what are the exact breakthrough attacks.

So the breakthrough attack is the one that occurs despite long-term prophylaxis, and it can severely impact quality of life, as well. So the causes of having those breakthrough attacks are really not very well understood. We know that they are a spontaneous breakthrough attacks, we know that there are genetic variability towards the response to the long-term therapies, and we have also specific factors, like external triggers for having acute angioedema manifestations, like stress, trauma, different infections, or also, different aspects that lead to the delayed time between long-term prophylactic administrations. For example, having delayed injections in some patients who received injectable long-term prophylaxis. But also, we have some patients who are receiving oral agents that might also tend to have delayed administration or some of the doses being missed.

So the challenges come due to the unpredictability and potential severity of those breakthrough attacks. Also, we have faced life-threatening laryngeal swellings in patients under long-term prophylaxis. So the dilemma comes for our patients who might find it, for sometimes, difficult to recognize the early signs of an acute angioedema manifestation, and we really do lack biomarkers being readily available and accessible for patients to recognize, as soon as possible, the acute angioedema attack.

Being physicians treating HAE, we know very well that the treatment of acute angioedema attacks should be as early as possible once the attack is recognized. So there is a high need for this early treatment, which can augment faster symptom resolution, reduce attack duration, and of course, improve patient outcomes.

There is a certain risk of the so-called watch-and-wait approach, which is practiced by some of the patients, because we know that if an attack has progressed enough, we would need more time to see the resolution as being time-affected by angioedema. So we need to act in this so-called window of opportunity in order to stop the attack once recognized.

So the current treatment options for acute angioedema attacks are the ones that are known to us for conventional on-demand therapies. We have available bradykinin B2 receptor and kallikrein-kinin inhibitor being subcutaneous agents. And we have C1-inhibitor concentrates that are delivered intravenously when patients have acute attacks. There is always a benefit to promoting self-administration compared to healthcare provider administration, because we know that administration by healthcare providers might take

longer time. Thus, self-administration can potentially augment quicker intervention and potentially, resolution of the symptoms.

Another point when speaking about breakthrough attacks, is to know that we, as physicians treating patients with HAE, we need to intervene once such attacks have been recognized as a pattern in specific patients. We need to always have this circle of review, act, monitor and educate our patients. Maybe, also, adjust the therapy, discuss different treatment options. Of course, taking into account such an individualized approach that can also implement the patient preference in the treatment.

So in my concluding remarks, I'm going to be speaking about the importance of patient education, in order to facilitate our patients to be more powerful in order to treat as early as possible. Also, to recognize symptoms as early as possible, thus being more free to treat their acute angioedema once recognized. We need to potentially improve an individualized plan for each and every single patient, taking into account patient preferences. And of course, keep our strength to improve future research directions, to improve our treatment of HAE, and potentially deliver new therapies and strategies to improve HAE management globally.

And with this, I'm going to be concluding my lecture and wishing you all a great day. Thank you.

Announcer:

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