

Transcript Details

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Exploring an Evolving Treatment Paradigm for Hereditary Angioedema

Announcer:

Welcome to ReachMD. This medical industry feature titled, "Exploring an Evolving Treatment Paradigm for Hereditary Angioedema," is sponsored by Takeda. Here's Dr. Marc Riedl.

Dr. Riedl:

This is ReachMD, and I'm Dr. Marc Riedl. Today, I'll be sharing important background information on the hereditary angioedema treatment landscape.

But first, let's start with some background. Hereditary angioedema, or HAE for short, is a rare genetic disease that can cause recurrent, unpredictable, and potentially life-threatening attacks of swelling in the body in both adults and children.¹

These attacks, which may be painful and functionally disabling, can make daily activities difficult. Attacks can occur in the face, hands, feet, abdomen, genitals—and larynx, where attacks can be life-threatening.¹

When it comes to managing HAE, there are two main types of treatment: on-demand and preventive. On-demand, or acute treatment, is used to immediately treat the symptoms of an HAE attack. It's important to have acute treatment on hand, even if a patient is taking a preventive treatment, because everyone with HAE is at risk of an attack including the airway, which can become life-threatening.² And preventive, or prophylactic treatments, help prevent or reduce the frequency and severity of HAE attacks. This can be done by taking medication on a regular schedule, either long- or short-term.²

There were limited approved treatment options available in the United States prior to 2008.² But today, there are several medications approved by the U.S. Food and Drug Administration for preventing and treating HAE attacks.²

In light of the number of HAE therapies that have been approved by the FDA in recent years and continued clinical advancements in HAE research, the U.S. Hereditary Angioedema Association Medical Advisory Board published the 2020 guidelines to help healthcare professionals create a comprehensive care plan for the treatment and management of HAE.² HAE is a lifelong disease that affects everyone differently.² But in order to manage evolving treatment needs, such as reducing the frequency and severity of attacks, or assessing the burden HAE might have on a patient's life, it's important for physicians and patients to evaluate those treatment plans regularly.²

When discussing treatment options with patients, it is critical to look at all the ways that HAE impacts a patient's life. For example, in a 2017 survey of 445 patients with HAE, 50% reported anxiety. In another survey of 457 HAE patients conducted in 2007 and 2008, nearly 70% reported that HAE symptoms prevented them from applying to certain types of jobs.³

It's also important to ensure all patients with HAE have access to the proper diagnosis and care. For instance, a recent paper in the *Annals of Allergy, Asthma & Immunology* highlighted the challenges that people with HAE who live in rural areas may face when accessing specialist care.⁴ Fortunately, the availability of telemedicine services and appropriate access to approved HAE medicines can help these patients manage the disease.⁴

To learn more about HAE, I encourage you to visit the DiscoverHAE.com/HCP website as well as the Hereditary Angioedema Association's website. You can find the latest treatment guidelines, recent updates on treatments and scientific advances, and educational resources.

I'm Dr. Marc Riedl, and thanks for joining me today!

Announcer:

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References:

1. Banerji A. Hereditary Angioedema: Classification, Pathogenesis, and Diagnosis. *Allergy Asthma Proc.* 2011;32:403–407.
2. Busse PJ, Christiansen SC, Riedl MA, Banerji A, Bernstein JA, Castaldo AJ, Craig T, Davis-Lorton M, Frank MM, Li HH, Lumry WR, Zuraw BL. US HAEA Medical Advisory Board 2020 Guidelines for the Management of Hereditary Angioedema. *J Allergy Clin Immunol Pract.* 2021 Jan;9(1):132-150.e3.
3. Banerji A, Davis KH, Brown TM, et al. Patient-reported burden of hereditary angioedema: findings from a patient survey in the United States. *Ann Allergy Asthma Immunol.* 2020;124;6:600-607.
4. Riedl M, Johnston D, Anderson J, et al. Optimization of care for patients with hereditary angioedema living in rural areas. *Ann Allergy Asthma Immunol.* 2021;S1081-1206(21)01126-1.

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