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**20.B. PHYSICIANS CIU HABITS AND PRACTICES STUDY REPORT**



SCHERING-PLOUGH RESEARCH INSTITUTE

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**CONFIDENTIAL**

**CHRONIC IDIOPATHIC URTICARIA**

**PHYSICIAN HABITS AND PRACTICES STUDY**

**DECEMBER, 2001**



SCHERING-PLOUGH RESEARCH INSTITUTE

**CHRONIC IDIOPATHIC URTICARIA  
PHYSICIAN HABITS AND PRACTICES STUDY  
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## **BACKGROUND AND STUDY OBJECTIVES**

Urticaria is a rather common medical condition with an estimated incidence of 10 – 20 percent of the U. S. population. About one-fifth of urticaria cases are chronic - - persisting more than six weeks and the vast majority of chronic sufferers have an idiopathic disorder.

In order to better understand this condition and its dynamics among the universe of treating physicians, Schering-Plough commissioned a research study.

The purpose of this study was to quantitatively explore the current habits and practices of physicians surrounding the diagnosis and treatment of patients with Chronic Idiopathic Urticaria (CIU).

Specifically, the objectives of this research were:

- To understand a treating physician's diagnostic procedures as well as their perspective toward the fundamental dynamics of CIU such as symptoms that present, frequency and duration of episodes.
- To determine physicians' perceptions regarding a patient's ability to recognize an episode of chronic idiopathic urticaria prior to and after receiving a diagnosis.
- To understand the physician's view of patient self-management practices following diagnosis and recommended treatment regimens.



## STUDY DESIGN

A total of 359 qualified interviews among medical doctors was completed among an Internet panel of physicians. The sample included several medical specialties reflecting the primary treating groups as determined by IMS, a national prescription tracking research service:

- 151 Primary Care Physicians (PCP's)<sup>1</sup>
- 75 Dermatologists
- 55 Allergists
- 78 Pediatricians

To be representative of the treating physician population, a sample size of a minimum of 325-350 physicians was desired. 359 interviews were completed. This sample size delivers a standard error of  $\pm 5.2\%$ . Among the specialty subgroups, standard error ranges from  $\pm 8.0\%$  to  $\pm 13.2\%$ .

The study was conducted by Market Measures, Inc. (MMI) from November 13 through November 15, 2001. Physicians were randomly selected from MMI's nationally representative e-panel and web site membership databases. MMI has broad access to physicians through a variety of channels. Their own panel, the Medical Marketing Conference (MMC), provided the primary resource for this study. The MMC panel contains 22,000 physicians representing 56 medical specialties. The MMC panel is representative of the universe of physicians on two variables: age and region of the country. Added to the MMC panel is access via alliances with Medscape and ePocrates. Medscape is among the top five visited physician websites on the Internet. ePocrates is the leading network of physicians in the world providing access to over 170,000 physicians via hand-held devices (e.g., PalmPilot).

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<sup>1</sup> PCP's were defined as Family Practitioners/General Practitioners (n=76) or Doctors of Internal Medicine (n=75)



## STUDY PROCEDURES

Physicians were prescreened for this study. Once specialty was determined, physicians were identified as treating patients with CIU. The criterion for inclusion was treating a minimum of one patient, on average, per month for CIU. No exclusion criteria were employed.

Screening questions that were used were:

1. What is your primary specialty? CHECK ONE ONLY
  - Internal Medicine
  - Family Practice
  - General Practice
  - Dermatologist
  - Allergist
  - Pediatrician
  - Other TERMINATE
  
2. In an average month, how many total patients do you see for all conditions?  
(RANGE: 1-500)  
  
\_\_\_\_\_ RECORD NUMBER OF PATIENTS/MONTH.  
IF ZERO, TERMINATE



3. In an average month, how many patients do you treat for any sort of either chronic idiopathic or acute urticaria?

(RANGE: 1-500)

\_\_\_\_\_ RECORD NUMBER OF PATIENTS/MONTH FOR  
CHRONIC IDIOPATHIC URTICARIA.

IF ZERO, TERMINATE

\_\_\_\_\_ RECORD NUMBER OF PATIENTS/MONTH FOR  
ACUTE URTICARIA

Once screened, a survey was conducted among qualifying physicians. The survey instrument was self-administered and responses were electronically submitted via the Internet. The questionnaire can be found in the Appendix.

The questions were a combination of closed- and open-ended questions. Closed-ended questions were answered via buttons or click boxes. Responses to open-ended questions were typed directly into a response box on the study participant's screen.



## **DATA PROCESSING AND ANALYSIS**

All questionnaires were electronically returned to MMI. Each questionnaire was checked for completeness and accuracy. All verbatim responses were reviewed and classified into appropriate codes. All codes and component responses were reviewed and verified by MMI.



## **STUDY CONCLUSIONS**

On average, physicians are seeing about 15 patients with hives each month. Of these, approximately six are chronic idiopathic urticaria sufferers. Among this patient population, eight in ten experience outbreaks two times per year or more often and over one-third suffer six or more episodes per year. Most physicians appear not to view CIU as a serious health issue. The majority of physicians interviewed (70%) feel that this condition does not result in consequential adverse effects if left untreated.

Based on the results of this research, physicians who treat patients with chronic idiopathic urticaria have a high level of confidence (96%) that a previously diagnosed patient is able to self-identify recurring episodes of the condition. The ability to self-identify or recognize CIU is also most likely strengthened by the visible and easily identifiable symptomology that presents with CIU (e.g., wheals and intense itching).

The results from this research also demonstrate physicians feel that recurrent episodes of this condition are self-treatable among those patients who have been previously diagnosed with CIU. Once diagnosed, there is a high level of patient independence surrounding treatment of recurrent cases of chronic idiopathic urticaria. Physicians interviewed recommend to more than 80% of their diagnosed CIU patients to keep prescription or over-the-counter (OTC) medication on hand in anticipation of treating a recurrent episode of CIU. When previously diagnosed patients contact their physician by phone for consultation regarding a CIU episode, 82% of physicians prescribe/phone-in prescriptions for treatment.



94% of physicians interviewed prescribe Rx antihistamines. Non-sedating antihistamines (NSAs) are prescribed to treat CIU by 88% of physicians. Zyrtec® is the number one NSA prescribed by physicians for use as monotherapy or in combination therapy in the treatment of CIU.

OTC medications play an important and common role in treatment of CIU. Nearly half (48%) of physicians interviewed recommend OTC products. OTC antihistamines are recommended by 43% of physicians. It is noteworthy that OTC antihistamines are recommended for the treatment of CIU despite the lack of package labeling for this indication.



## STUDY RESULTS

### Diagnosis of Chronic Idiopathic Urticaria

1. The methods used to diagnose a case of chronic idiopathic urticaria include taking a medical history, physical examination and ruling out potential causal factors. Analysis by medical specialty of diagnostic procedures typically used indicates that procedures tend to be the same across practices. The only difference is that an Allergist is more likely to conduct a blood test (84%) or a skin test (53%) as part of the diagnostic procedure (table not shown).

Base:	Total Physicians (359) %
Clinical History	99
Physical Examination	98
Attempt to identify a causal factor or combination of factors	85
Duration of Condition	82
Monitor food/diet	59
Blood test	55
Presence of risk factors	54
Skin Test	27
Urinalysis/urine culture	26

Q. Please indicate what methods you typically use as part of the diagnosis for chronic idiopathic urticaria.

Note: Responses do not equal 100 due to multiple responses.



- 2A. Terminology commonly used to describe the condition to patients when initially diagnosed includes *chronic hives* and *recurrent hives*. Other more technical descriptors such as *chronic idiopathic urticaria* are much less commonly used.

Base:	Total Physicians (359) %
Chronic Hives	47
Recurrent Hives	26
Chronic Urticaria	15
Chronic Idiopathic Urticaria	10
Itchy Hives	1

Q. What terminology do you typically use when explaining the initial diagnosis to your patients?

- 2B. Allergists are more likely than other specialties to use the full medical name for the condition. Pediatricians are more likely than other specialties to refer to the condition as *recurrent hives*. PCP's, Dermatologists and Allergists most commonly describe the condition as *chronic hives*.

Base:	PCP's (151) %	Dermatologists (75) %	Allergists (55) %	Pediatricians (78) %
Chronic Hives	42	65	56	31
Recurrent Hives	27	17	7	46
Chronic Urticaria	17	13	9	14
Chronic Idiopathic Urticaria	9	1	26	8
Itchy Hives	1	2	2	-
Other	4	2	-	1

Q. What terminology do you typically use when explaining the initial diagnosis to your patients?



**Symptoms Associated with Chronic Idiopathic Urticaria**

3A. The primary symptoms cited for chronic idiopathic urticaria include itching, erythema, rash, wheals and inflammation. Other lesser mentioned symptoms include plaques, submucosal swelling and joint pain.

	Chronic Idiopathic Urticaria
Base: Total Physicians	(359) %
Itching	94
Erythema	83
Rash	81
Presence of wheals	79
Inflammation	60
Dermal swelling	57
Raised papules	46
Subcutaneous swelling	45
Plaques	32
Submucosal swelling	32
Joint pain	20

Q. What symptoms do you associate with your chronic urticaria patients?

Note: Responses do not equal 100 due to multiple responses.



3B. By specialty, symptomology presented with chronic idiopathic urticaria is consistent.

Base: Total Physicians	PCP's (151) %	Dermatologists (75) %	Allergists (55) %	Pediatricians (78) %
Itching	94	97	100	86
Erythema	75	95	89	85
Rash	78	83	82	83
Presence of wheals	64	87	100	86
Inflammation	56	65	56	64
Dermal swelling	56	68	51	55
Raised papules	40	67	36	45
Subcutaneous swelling	45	24	64	54
Plaques	28	63	13	24
Submucosal swelling	40	17	31	30
Joint pain	21	15	15	26

Q. What symptoms do you associate with your chronic urticaria patients?

Note: Responses do not equal 100 due to multiple responses.



**Profile of Chronic Idiopathic Urticaria Episodes**

4. Physicians who treat patients with CIU claim that the majority (55%) of episodes experienced by their patients last for 7 weeks or longer. 46% of episodes are cited to last for 10 weeks or longer. The frequency with which episodes of chronic idiopathic urticaria occur cluster around two to five episodes per year (45%).

Base: Total Physicians	Chronic Idiopathic Urticaria Patients (359) %
<b>Episode Duration</b>	
Up to 1 Week	6
2 to 3 weeks	22
4 to 6 weeks	17
7 to 9 weeks	9
10 weeks or greater	46
	} 55%
<b>Frequency of Episodes</b>	
Once per month or more often	26
6 to 11 times per year	9
2 to 5 times per year	45
Once per year	8
Every 1 to 2 years	9
Once every 3 or more years	4

Q. Please indicate the episode duration generally experienced by your chronic idiopathic urticaria patients?

Q. Among your chronic idiopathic urticaria patients, which of the following statements best represents how often they experience episodes of this condition, on average?



**Perceptions Toward Patient Self-Recognition of Recurrent Episodes**

5A. Among physicians interviewed, the vast majority (96%) feel that, once a patient has received a physician's diagnosis, a patient who suffers from CIU is able to identify a recurrent episode. This is in contrast to only 36% of physicians who feel a patient is able to identify the condition *prior* to being diagnosed.

	Perceived ability to identify <u>prior</u> to receiving a doctor's diagnosis (359) %	Perceived ability to identify <u>after</u> receiving a doctor's diagnosis (359) %
Base: Total Physicians		
<b><u>Very/somewhat likely</u></b>	<b><u>36</u></b>	<b><u>96</u></b>
Very likely	6	60
Somewhat likely	30	36
Neither likely nor unlikely	15	2
<b><u>Somewhat/very unlikely</u></b>	<b><u>49</u></b>	<b><u>2</u></b>
Somewhat unlikely	26	1
Very unlikely	23	1

Q. How likely do you feel a sufferer is able to identify a case of chronic idiopathic urticaria prior to receiving a doctor's diagnosis?

Q. How likely do you feel a sufferer is able to identify or diagnose a case of chronic idiopathic urticaria after receiving a doctor's diagnosis?



- 5B. Virtually all physicians in each specialty feel a patient suffering from chronic idiopathic urticaria is likely to be able to self-identify or recognize the condition once diagnosed.

<u>Perceived Ability to Identify After Diagnosis</u>				
	PCP's	Dermatologists	Allergists	Pediatricians
	(151)	(75)	(55)	(78)
	%	%	%	%
<b><u>Very/Somewhat Likely</u></b>	<b><u>94</u></b>	<b><u>99</u></b>	<b><u>95</u></b>	<b><u>98</u></b>
Very Likely	48	72	66	68
Somewhat Likely	46	27	29	30
Neither Likely nor Unlikely	3	--	2	1
<b><u>Somewhat/Very Unlikely</u></b>	<b><u>3</u></b>	<b><u>1</u></b>	<b><u>3</u></b>	<b><u>1</u></b>
Somewhat Unlikely	2	--	2	1
Very Unlikely	1	1	1	--

Q. How likely do you feel a sufferer is able to identify or diagnose a case of chronic idiopathic urticaria after receiving a doctor's diagnosis?



6. Physicians interviewed recommend keeping a prescription and/or OTC medication on hand in anticipation of a recurrent episode to over 80% of previously diagnosed CIU patients. 58% of physicians recommend all (100%) of their previously diagnosed patients keep medication on hand.

Base:	Total Physicians (359) %	PCP's (151) %	Dermatologists (75) %	Allergists (55) %	Pediatricians (78) %
<b>Percentage of Patients</b>					
50% or less	19	27	15	9	15
51% - 80%	13	17	5	7	16
81% - 99%	10	10	11	9	9
100%	58	46	69	75	60

Q. Thinking of all the patients you have counseled for chronic idiopathic urticaria, what percentage do you recommend keep medicine on hand in anticipation of recurrent episode?

7. When a previously diagnosed patient contacts a physician's office for a CIU episode, they typically make an appointment to see the physician. A third of patients contacting the office request a phone conversation. Note that this question was not asked in reference to recurrent patients who *do not* contact the office. To that end, it does not represent the whole recurrent suffering universe (i.e., those who *do* and who *do not* contact the physician's office at the onset of a recurrent episode).

Base:	Total Physicians (359) %
Make an appointment to come into the office	67
Request to speak to me by phone	33

Q. When patients who have been previously diagnosed with chronic idiopathic urticaria contact your office, do they typically...?



8. When contacted by a previously diagnosed patient regarding a recurrent episode, the majority of physicians interviewed prescribe/recommend Rx treatment. Only 10% schedule a visit for an examination.

	Total Physicians
Base:	(359)
	%
Give/phone in a prescription	76
Schedule appointment/visit	10
Recommend an OTC treatment	7
Recommend no treatment	3
Evaluate/review prior to treatment	3

Q. When patients contact you (in office or by phone) concerning previously diagnosed chronic idiopathic urticaria, do you typically...?

9. Further analysis of treatment behavior indicates that among patients who request to speak to a physician via phone regarding a recurrent episode, 82% are phoned in a prescription.

	Make an Appointment for Office Visit	Request to Speak to Doctor by Phone
Base: Patients Who..	(242)	(117)
	%	%
Give/phone in a prescription	74	82

Q. When patients who have been previously diagnosed with chronic idiopathic urticaria contact your office, do they typically...?



10. When asked which statement best describes the basis for the physician's decision to phone in a prescription to treat a recurrent episode of CIU, the majority state the primary reason is *familiarity with patient's condition* (56%). The remaining 44% feel that the *familiarity/comfort with the patient's ability to treat this condition* stands as the basis for their diagnostic path.

	Physicians (96) %
Base: Physicians that phone in a prescription	
Familiarity with patient's condition	56
Familiarity/comfort with the patient's ability to treat this condition	44

Q. Which of the following best describes the basis for your decision to phone in a prescription?

11. Among this sample, half of physicians (50%) utilize phone calls or lack of follow-up by the patient to signal relief. The remainder use a follow-up visit to determine if relief has been achieved.

	Total Physicians (359) %
Base:	
I have them return to the office for follow-up to track condition	49
I have them call into the office or I call them	38
They don't return to or call the office	12
Don't know/did not answer	1

Q. How do you know that the patient has received relief from a specific episode of chronic idiopathic urticaria?



### Health Consequences

12. More than two-thirds (70%) of physicians interviewed for this research characterize the health consequences to the sufferer of *not* treating CIU as not consequential. That is, 68% feel there would be some mild adverse consequences (i.e., discomfort) and 2% feel there are no health consequences. None feel the consequences would be severe while 30% feel the result would be consequential (i.e., potentially harmful to health).

Base:	Total Physicians (359) %	PCP's (151) %	Dermatologists (75) %	Allergists (55) %	Pediatricians (78) %
Inconsequential – no health consequences	2	3	-	2	-
Discomfort – some mild adverse consequences	68	59	73	71	76
Consequential – potentially harmful to health	30	36	24	27	23
Severe – potentially life threatening	0	2	3	-	1

Q. How would you characterize the health consequences for the patient of not treating their chronic idiopathic urticaria?



13. Among those physicians interviewed who classify the potential adverse consequences as consequential, mentions of any specific potential consequences are relatively low (i.e., all less than 25% of physicians mentioning). The leading specific potential adverse health consequences mentioned include *failure to diagnose underlying condition (22%), sleep disorder (21%), anxiety (15%) and anaphylaxis (14%)*. No differences exist by specialty among those physicians who describe the potential health consequences as consequential (table not shown).

Base:	Physicians (112) %
Physicians describing potential health consequences as consequential	
Failure to diagnose underlying condition	22
Sleep disorder/loss/fatigue/insomnia	21
Anxiety/stress/depression/psychological symptoms	15
Anaphylaxis	14
Skin lesions/scarring/disfigurement	10
Worsening of condition/morbidity/severity/chronicity of symptoms	9
Breathing problems/respiratory distress	8
Decreased quality of life	8
Loss of time from work/school/daily activities	7
Superinfection	6
Secondary infections	6
Cellulitis	6
Edema	5
Pruritis/chronic itching	5

Q. What is the specific adverse health consequence(s) for the patient of not treating their chronic idiopathic urticaria?

Note: Responses do not equal 100 due to multiple responses.



**Treatment of Chronic Idiopathic Urticaria**

14. The treatment approach toward CIU is equally divided between mono and combination therapy.

	Treat CIU with Monotherapy (321) %	Treat CIU with Combination Therapy (338) %
Base:		
<b>Percentage of Patients</b>		
0%	10	6
1% - 20%	17	18
21% - 50%	33	31
51% - 80%	25	23
81% - 100%	15	22
Mean Average	48	52

Q. What percent of your chronic idiopathic urticaria patients are treated with monotherapy?

Q. What percent of your chronic idiopathic urticaria patients are treated with combination therapy?



15A. Prescription and OTC medications are both regularly utilized to treat CIU. 94% of treating physicians prescribe Rx antihistamines and OTC antihistamines are recommended by 43% of physicians to treat CIU. Non-sedating antihistamines are prescribed most often by 88% of treating physicians. Among those physicians who utilize combination therapy to treat CIU, systemic steroids and H2 blockers are also prescribed.

Base: Physicians Prescribing	Total Physicians (359) %	Treat CIU with Monotherapy (321) %	Treat CIU with Combination Therapy (338) %
<b><u>Prescription Drugs</u></b>	<b><u>99</u></b>	<b><u>85</u></b>	<b><u>100</u></b>
<u>Total Rx Antihistamines</u>	<u>94</u>	<u>82</u>	<u>96</u>
<u>Total Rx Non-Sedating Antihistamines</u>	<u>88</u>	<u>75</u>	<u>89</u>
Zyrtec®	63	50	63
Claritin®	28	15	27
Allegra®	22	10	23
Other Rx antihistamines	20	6	20
Systemic steroids	29	2	31
H2 Blockers	32	1	34
Beta-andrenergics	1	0	1
<b><u>OTC Products</u></b>	<b><u>48</u></b>	<b><u>15</u></b>	<b><u>48</u></b>
<u>Total OTC Antihistamines</u>	<u>43</u>	<u>15</u>	<u>41</u>
Benadryl®	37	14	34
Other OTC antihistamines	2	0	2
OTC topical creams or lotions	18	0	18

Q. Which of the following drugs or products do you prescribe or recommend most often to treat chronic idiopathic urticaria?

Q. Which drug or product do you prescribe or recommend most often for monotherapy to treat chronic I idiopathic urticaria?

Q. Which of the following drugs or products do you prescribe or recommend most often for combination therapy to treat chronic idiopathic urticaria?

Note: Responses do not equal 100 due to multiple responses.



15B. Analysis by specialty reveals that Rx antihistamines in general and non-sedating antihistamines in particular are the medications prescribed most often by treating physicians for CIU. Pediatricians and PCP's are more likely than Allergists or Dermatologists to recommend OTC antihistamines (46% and 59%, respectively).

Base: Physicians Prescribing	PCP's (151) %	Dermatologists (75) %	Allergists (55) %	Pediatricians (78) %
<b>Prescription Drugs</b>				
Total Rx Antihistamines	<u>93</u>	<u>100</u>	<u>98</u>	<u>89</u>
Total Non-Sedating Antihistamines	<u>87</u>	<u>93</u>	<u>95</u>	<u>80</u>
Zyrtec®	58	69	80	56
Claritin®	27	33	20	28
Allegra®	15	31	47	12
Other Rx antihistamines	11	44	13	17
Systemic steroids	41	12	22	28
H2 Blockers	31	28	53	24
Beta-andrenergics	1	-	2	-
<b>OTC Products</b>				
Total OTC Antihistamines	<u>52</u>	<u>37</u>	<u>27</u>	<u>64</u>
Benadryl®	<u>46</u>	<u>29</u>	<u>29</u>	<u>59</u>
Other OTC antihistamines	39	23	26	54
Other OTC antihistamines	3	-	2	4
OTC topical creams or lotions	13	17	-	17

Q. Which of the following drugs or products do you prescribe or recommend most often to treat chronic idiopathic urticaria?

Note: Responses do not equal 100 due to multiple responses.



15C. OTC and prescription combination therapy is high, particularly when looking at prescribing OTCs along with non-sedating antihistamines. 41% of those who prescribe Zyrtec® and 62% of those who prescribe Claritin® also recommend OTC antihistamines. Among those physicians recommending OTC antihistamines, 82 % also prescribe non-sedating antihistamines.

	<u>Drug/Product Prescribed/Recommended Most Often</u>				
Base: Total Physicians Prescribing	Zyrtec® (227) %	Claritin® (99) %	H2 Blockers (116) %	Systemic Steroids (105) %	OTC Antihistamines (142) %
<b><u>Prescription Drugs</u></b>	<b><u>100</u></b>	<b><u>100</u></b>	<b><u>100</u></b>	<b><u>100</u></b>	<b><u>97</u></b>
<u>Total Rx Antihistamines</u>	<u>100</u>	<u>100</u>	<u>95</u>	<u>87</u>	<u>88</u>
<u>Total Non-Sedating Antihistamines</u>	<u>100</u>	<u>100</u>	<u>89</u>	<u>74</u>	<u>82</u>
Zyrtec®	100	41	67	57	60
Claritin®	18	100	22	27	38
Allegra®	21	24	25	22	20
Other Rx Antihistamines	15	12	16	19	13
H2 Blockers	34	26	100	22	25
Systemic steroids	26	28	20	100	30
<b><u>OTC Products</u></b>	<b><u>44</u></b>	<b><u>65</u></b>	<b><u>33</u></b>	<b><u>46</u></b>	<b><u>100</u></b>
<u>Total OTC Antihistamines</u>	<u>41</u>	<u>62</u>	<u>36</u>	<u>46</u>	<u>100</u>
Benadryl®	35	53	30	40	93
Other OTC antihistamines	2	1	2	2	6
OTC topical creams or lotions	12	18	7	11	14

Q. Which of the following drugs or products do you prescribe or recommend most often to treat chronic idiopathic urticaria?

Note: Responses do not equal 100 due to multiple responses.



16. The average duration of treatment prescribed to treat CIU clusters around 1 to 4 weeks (26% and 21%) as well as for periods of 6 weeks or longer (42%).

Base:	Total Physicians (359) %
Less than 5 days	1
5-6 days	7
1-2 weeks	26
3-4 weeks	21
5 weeks	3
6 weeks or longer	42

Q. What, on average, is the typical duration of medication therapy prescribed for chronic idiopathic urticaria?

17. Outside of prescribing medications, physicians interviewed also prescribe therapies such as Aveeno® or soothing baths, ice and gloves or socks on hands.

Base:	Total Physicians (359) %
Aveeno® or soothing baths	82
Ice	23
Gloves or socks on hands	22
Avoidance of triggers	5

Q. Outside of prescribing medications for treatment, what other therapies do you recommend?

Note: Responses do not equal 100 due to multiple responses.



### Concurrent Existing Diseases

18. 88% of physicians interviewed claim to check for other general health issues when chronic sufferers visit for a recurrent outbreak. Among the physicians interviewed, when asked if, in their experience, other more serious diseases present themselves concurrent with CIU, collagen vascular disease and hepatitis rise to the top of the list. Please note that this question reflects physicians' perceptions of what could happen. The actual incidence or probability of occurrence is unknown.

Base:	Total Physicians (359) %	PCP's (151) %	Dermatologists (75) %	Allergists (55) %	Pediatricians (78) %
Collagen vascular disease (lupus)	68	70	67	76	62
Hepatitis	57	56	56	67	51
Lymphoma	46	52	39	53	36
Parasitic or bacterial infections	40	38	49	46	32
Cancers	36	36	39	49	22
Fungal infections	35	36	41	35	28
Chronic sinusitis	35	21	57	56	30
Hyperthyroidism	31	27	29	71	12
Anaphylaxis	30	31	16	36	35
Sinus or dental abscesses	28	14	49	57	21
Diabetes	18	26	12	15	10
Helicobacter pylori infection	13	6	17	29	8
None	8	5	7	6	17

Q. In your experience, what more serious diseases, if any, present themselves concurrent with chronic idiopathic urticaria?

Note: Responses do not equal 100 due to multiple responses.



19. Once a patient has been diagnosed with CIU, a physician will conduct additional tests or diagnoses when select signs or symptoms are present. These reported signals appear consistent with standard collection of patient medical histories.

Base:	Total Physicians (359) %
Weight change	18
Fever	18
Joint pain	16
Respiratory symptoms	8
Duration of lesions	6
Fatigue	5
Failure to respond to therapy	5
Jaundice	4
Infection/signs of infection	4
GI symptoms	4
Pain/burning pain	4
Sinus problem/throat irritation	4
Comorbidities/underlying pathology	4
No answer	3

Q. Once you have diagnosed a patient with chronic idiopathic urticaria, what signs or symptoms, if any, lead to additional tests or diagnoses?

Note: Responses do not equal 100 due to multiple responses.



20. **Physician Profile**

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	Total Physicians (359) %
Base:	
Mean number of patients treated with CIU*	37
Mean number of patients treated with Acute Hives*	63

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\*of all patients seen for either CIU or acute hives. The mean number of patients with hives seen each month = 15

Q. In an average month, how many patients do you treat for any sort of either chronic idiopathic or acute urticaria?



**APPENDIX**

**STUDY QUESTIONNAIRE  
FOR PHYSICIAN  
HABITS AND PRACTICES STUDY**



## PHYSICIAN TREATMENT OF CIU

QUOTA: 325-350

75      FP/GP  
75      IM  
75      Pediatricians  
60      Dermatologists (Max 75)  
40      Allergists (Max 50)

1. What is your primary specialty? (*Check one only*)

- Internal medicine
- Family practice
- General practice
- Dermatologist
- Allergist
- Pediatrician
- Other → TERMINATE

2. In an average month, how many total patients do you see for all conditions? [RANGE: 1-500]

\_\_\_\_\_ # patients/month → IF 0, TERMINATE

3. In an average month, how many patients do you treat for any sort of either chronic idiopathic or acute urticaria?

[RANGE 1-500. RESPONSE CANNOT EXCEED RESPONSE IN Q2]

\_\_\_\_\_ # chronic idiopathic or acute urticaria patients/month → IF 0, TERMINATE



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Of all your urticaria patients seen in an average month, what percent have been diagnosed as chronic idiopathic and what percent have been diagnosed as acute? [Total must equal 100%]

Chronic idiopathic urticaria (CIU) \_\_\_\_\_ % → IF 0, TERMINATE

Acute urticaria \_\_\_\_\_ %

5. What symptoms do you associate with your chronic idiopathic urticaria patients. (Check all that apply)

- Rash.....
- Itching
- Erythema .....
- Inflammation .....
- Presence of weals.....
- Submucosal swelling .....
- Subcutaneous swelling...
- Dermal swelling.....
- Raised papules.....
- Plaques.....
- Joint pain.....



6 What symptoms do you associate with your acute urticaria patients. (Check all that apply)

- Rash.....
- Itching
- Erythema .....
- Inflammation .....
- Presence of weals.....
- Submucosal swelling .....
- Subcutaneous swelling...
- Dermal swelling.....
- Raised papules.....
- Plaques.....
- Joint pain.....

7 Please indicate the episode duration generally experienced by your chronic idiopathic urticaria patients.  
(Check one only)

- Up to 1 week.....
- 2 to 3 weeks.....
- 4 to 6 weeks.....
- 7 to 9 weeks.....
- 10 weeks or greater .....

- 8 Please indicate the episode duration generally experienced by your acute urticaria patients.  
(Check one only)

- Up to 1 week.....
- 2 to 3 weeks.....
- 4 to 6 weeks.....
- 7 to 9 weeks.....
- 10 weeks or greater .....

9. Among your chronic idiopathic urticaria patients, which of the following statements best represents how often they experience episodes of this condition, on average? (Check one only)

- Once every 3 or more years
- Every 1 to 2 years
- Once per year
- 2 to 5 times per year
- 6 to 11 times per year
- Once per month or more often



10. When patients contact your office about an initial case of chronic idiopathic urticaria or hives, do they typically make an appointment to come in for a visit, or do they request to speak to you by phone about their condition? (*Check one only*)

- Make an appointment to come into the office
- Request to speak to me by phone

11. When patients contact you (in office or by phone) concerning an initial case of chronic idiopathic urticaria or hives, do you typically...? (*Check one only*)

- Give / phone in a prescription
- Recommend an OTC treatment
- Recommend no treatment
- Refer the patient to another physician
- Other → ASK Q11.1 What else do you do? \_\_\_\_\_

12. How likely do you feel a sufferer is able to identify a case of chronic idiopathic urticaria prior to receiving a doctor's diagnosis? (*Check one only*)

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely



13. After receiving a diagnosis of chronic idiopathic urticaria from a physician, how likely do you feel a sufferer is able to self-identify or recognize recurrent episodes of this condition? (*Check one only*)

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely

14. After a patient has been previously diagnosed with chronic idiopathic urticaria and is making a visit due to an outbreak, how often do you probe for other general health issues in relationship to this condition? (*Check one only*)

- Always
- Frequently
- Occasionally
- Rarely
- Never



15. In your experience, what more serious diseases, if any, present themselves concurrent with chronic idiopathic urticaria? (*Check all that apply*)

- Hepatitis
- Hyperthyroidism
- Lymphomas
- Sinus or dental abscesses
- Collagen vascular diseases
- Cancers
- Helicobacter pylori infection
- Chronic sinusitis
- Diabetes
- Anaphylaxis
- Fungal infections
- Parasitic or bacterial infections
- NONE [CANNOT BE SELECTED IF ANY OTHER SELECTION IS MADE]
- Other → ASK 15.1 What other concurrent diseases do you see? \_\_\_\_\_

16. Once you have diagnosed a patient with chronic idiopathic urticaria, what signs or symptoms, if any, lead to additional tests or diagnoses? (*If none, enter "none"*)

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17. How do you know that the patient has received relief from a specific episode of chronic idiopathic urticaria?

- I have them return to the office for follow-up to track condition
- I have them call into the office or I call them
- They don't return to or call the office
- Other → ASK Q17.1 What other way do you know that the patient has received relief?

\_\_\_\_\_

18. Please indicate what methods you typically use as part of the diagnosis of chronic idiopathic urticaria.  
(Check all that apply)

- Clinical history
- Physical examination
- Presence of risk factors
- Attempts to identify a casual factor or combination of factors
- Urinalysis/urine culture
- Blood test
- Skin test
- Duration of condition
- Monitor diet/food intake
- Other → ASK 18.1 What other methods do you typically use? \_\_\_\_\_



19. What terminology do you typically use when explaining the initial diagnosis to your patients? (Check one only)

Chronic hives

Itchy hives

Recurrent hives

Chronic idiopathic urticaria

Chronic urticaria

Other → ASK Q19.1 What other terminology do you typically use to explain the initial diagnosis? \_\_\_\_\_

20. When patients who have been previously diagnosed with chronic idiopathic urticaria or hives contact your office, do they typically make an appointment to come in for a visit, or do they request to speak to you by phone about their condition? (Check one only)

Make an appointment to come into the office

Request to speak to me by phone

21. When patients contact you (in office or by phone) concerning previously diagnosed chronic idiopathic urticaria or hives, do you typically...? (Check one only)

Give / phone in a prescription → IF SELECTED & "REQUEST TO SPEAK BY PHONE" IN Q20, ASK Q22

Recommend an OTC treatment → SKIP TO Q23

Recommend no treatment → SKIP TO Q23

Other → ASK Q21.1 What else do you do? \_\_\_\_\_ → SKIP TO Q23



22. Which of the following best describes the basis for your decision to phone in a prescription?

(Check one only)

- Familiarity with patient's condition
- Familiarity / comfort with patient's ability to treat this condition
- Due to formulary restrictions which limit treatment flexibility
- Other → ASK 22.1 What is the other basis for your decision? \_\_\_\_\_

23. What percentage of the patients that you see for chronic idiopathic urticaria are referred for treatment by another physician?

\_\_\_\_\_ %

24. Thinking of all the patients you have counseled for chronic idiopathic urticaria, what percentage do you recommend keep medicine on hand in anticipation of recurrent episode?

\_\_\_\_\_ %

25. How would you characterize the health consequences for the patient of not treating their chronic idiopathic urticaria?

(Check one only)

- Inconsequential – no health consequences
- Discomfort -- some mild adverse consequences
- Consequential – potentially harmful to health → ASK Q26
- Severe -- potentially life threatening → ASK Q26



26. What is/are the specific adverse health consequence(s) for the patient of not treating their chronic idiopathic urticaria?

*(If none, enter "none")*

---

27. What percent of your chronic idiopathic urticaria patients are treated with monotherapy vs. combination therapy?

*(Total must equal 100%. Enter "0" if none.)*

Monotherapy            \_\_\_\_\_ %    → IF 0, SKIP TO Q29

Combination            \_\_\_\_\_ %



28. Which drug or product do you prescribe or recommend most often for monotherapy to treat chronic idiopathic urticaria?

*Check one only*

**Prescription**

Claritin (loratadine) [Oral]	<input type="checkbox"/>
Zyrtec (cetirizine) [Oral]	<input type="checkbox"/>
Allegra (fexofenadine) [Oral]	<input type="checkbox"/>
All other Rx antihistamines [All]	<input type="checkbox"/>
H <sub>2</sub> -blockers (cimetidine ranitidine) such as Pepcid, Tagamet, Zantac [Oral]	<input type="checkbox"/>
Beta-adrenergics (terbutaline) such as: Proventil, Albuterol [Oral]	<input type="checkbox"/>
Calcium-channel blockers (diltiazem) [Oral]	<input type="checkbox"/>
Systemic steroids such as Prednisone [Oral]	<input type="checkbox"/>
Thyroid supplements [Oral]	<input type="checkbox"/>



[28.1 Which drug or product do you prescribe or recommend most often for monotherapy to treat chronic idiopathic urticaria?]

**Over-the-counter**

Benadryl [Oral]	<input type="checkbox"/>
Tylenol Allergy [Oral]	<input type="checkbox"/>
Chlor-Trimeton [Oral]	<input type="checkbox"/>
All other OTC antihistamines [All]	<input type="checkbox"/>
Calamine lotion [Topical]	<input type="checkbox"/>
Other topical anti-itch creams or lotions [Topical]	<input type="checkbox"/>

[Q28 & 28.1 WILL LOOK LIKE ONE QUESTION ON THE SCREEN. ONE RESPONSE REQUIRED IN EITHER Q28 OR Q28.1]

*Select one product from either 'Prescription' or 'Over-the-counter'*



IF >1 FOR COMBINATION THERAPY IN Q27, ASK Q29

29. Which of the following drugs or products do you prescribe or recommend most often for combination therapy to treat chronic idiopathic urticaria? (Check two or more)

**Prescription**

Claritin (loratadine) [Oral]	<input type="checkbox"/>
Zyrtec (cetirizine) [Oral]	<input type="checkbox"/>
Allegra (fexofenadine) [Oral]	<input type="checkbox"/>
All other Rx antihistamines [All]	<input type="checkbox"/>
H <sub>2</sub> -blockers (cimetidine ranitidine) such as Pepcid, Tagamet, Zantac [Oral]	<input type="checkbox"/>
Beta-adrenergics (terbutaline) such as:Proventil, Albuterol [Oral]	<input type="checkbox"/>
Calcium-channel blockers (diltiazem) [Oral]	<input type="checkbox"/>
Systemic steroids such as Prednisone [Oral]	<input type="checkbox"/>
Thyroid supplements [Oral]	<input type="checkbox"/>



[29.1 Which of the following drugs or products do you prescribe or recommend most often for combination therapy to treat chronic idiopathic urticaria?]

**Over-the-counter**

Benadryl [Oral]	<input type="checkbox"/>
Tylenol Allergy [Oral]	<input type="checkbox"/>
Chlor-Trimeton [Oral]	<input type="checkbox"/>
All other OTC antihistamine [All]	<input type="checkbox"/>
Calamine lotion [Topical]	<input type="checkbox"/>
Other topical anti-itch creams or lotions [Topical]	<input type="checkbox"/>

[Q29 & 20.1 WILL APPEAR AS ONE QUESTION ON THE SCREEN. MINIMUM OF TWO RESPONSES REQUIRED BETWEEN QS. 29 & 29.1]

*Select at least two products from 'Prescription', 'Over-the-counter', or a combination of 'Prescription' and 'Over-the-counter'*



30. Thinking about all the chronic idiopathic patients you have treated in the past 12 months, for what percent of these patients have you prescribed and/or recommended each of the following drugs/products? (Your responses may add to greater than 100% due to combination therapy. If none, enter "0".)

<u>Prescription</u>	<u>% of patients</u>
Claritin (loratadine) [Oral]	_____
Zyrtec (cetirizine) [Oral]	_____
Allegra (fexofenadine) [Oral]	_____
All other Rx antihistamines [All]	_____
H <sub>2</sub> -blockers (cimetidine ranitidine) such as Pepcid, Tagamet, Zantac [Oral]	_____
Beta-adrenergics (terbutaline) such as: Proventil, Albuterol [Oral]	_____
Calcium-channel blockers (diltiazem) [Oral]	_____
Systemic steroids such as Prednisone [Oral]	_____
Thyroid supplements [Oral]	_____



[30.1 Thinking about all the chronic idiopathic patients you have treated in the past 12 months, for what percent of these patients have you prescribed and/or recommended each of the following drugs/products? ]

Over-the-counter	_____
Benadryl [Oral]	_____
Tylenol Allergy [Oral]	_____
Chlor-Trimeton [Oral]	_____
All other OTC antihistamines [All]	_____
Calamine lotion [Topical]	_____
Other topical anti-itch creams or lotions [Topical]	_____

[Q30 & 30.1 WILL LOOK LIKE ONE QUESTION ON THE SCREEN. TOTAL OF BOTH QUESTIONS COMBINED MUST BE 100 OR GREATER.]

31. What, on average, is the typical duration of medication therapy prescribed for chronic idiopathic urticaria?

- Less than 5 days
- 5 - 6 days
- 1 - 2 weeks
- 3 - 4 weeks
- 5 weeks
- More than 6 weeks



32. Outside of prescribing medications for treatment, what other therapies do you recommend?  
(Check all that apply)

Aveeno or soothing baths

Ice

Gloves or socks on hands

Other → ASK Q32.1 What other treatment do you recommend? \_\_\_\_\_

