EnABLE Survey

Disparities in SLE management: barriers to improved care

Approach to SLE management

More than a third of HCPs surveyed (37%) did not agree that long-term treatment of SLE management was as important as immediate symptoms when caring for persistently active SLE patients.

Survey feedback indicated that only 40% of HCPs surveyed are aware that SLE leads to irreversible organ damage within 5 years of diagnosis.

Discrepancies in SLE management:

- Corticosteroids are a common treatment for the manifestations of SLE, but long-term use is associated with irreversible organ damage.
- Appropriate use of corticosteroids
- A need for better education

Methodology

- Major multi-country survey, designed to:
  - Provide an insight into discrepancies in current approaches to management between HCPs and patients
  - Identify key barriers to improved care

Three phases were conducted:

1. The qualitative phase
   - In-depth face-to-face/in-depth telephone interviews with 311 patients and 261 HCPs from the US, Europe, Japan and Brazil.
   - In-depth interviews with 311 patients and 261 HCPs from the US, Europe, Japan and Brazil.
   - Conducted in April 2017

2. The quantitative phase
   - Survey of 311 patients and 261 HCPs from the US, Europe, Japan and Brazil.
   - 10mg/day minimum threshold was defined as 7.5mg/day in survey.
   - HCPs defined short-term as 5.5 weeks and long-term as 13.4 weeks.

3. The qualitative phase

‘EnABLE reveals a need for improved awareness around long-term impact of the disease and appropriate use of corticosteroids in SLE management.

GSK has prepared several US and Global patient and HCP-focused resources called UseLupus.com, Living with Lupus and TalkSLE.com designed to educate and equip the lupus community with the relevant tools to take a more holistic approach to disease management.

More than half of patients (58%) believe that HCPs underestimate the scale of this patient self-management predicting that 40-58% of SLE patients independently use corticosteroids with irreversible organ damage.

The majority considered 10mg/day to be a low dose for patients with SLE.

HCPs underestimated the scale of this patient self-management predicting that only 18-22% of SLE patients independently use corticosteroids with irreversible organ damage.

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