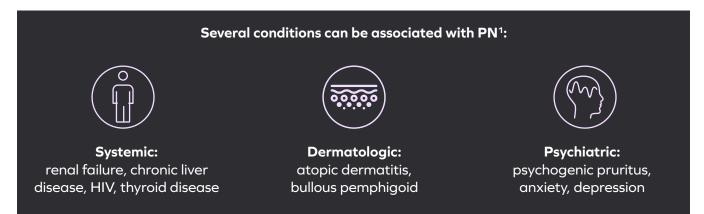
# Prurigo Nodularis (PN): Diagnosis, Unmet Need, and Treatment

#### **Diagnostic Workup in PN**



- Multiple evaluations may be needed to confirm a diagnosis of PN, including a full dermatologic and physical exam, extensive clinical and family history, skin biopsy, imaging, and laboratory studies. The presence of chronic itch (>6 weeks) and nodular pruriginous lesions are the main clinical components of diagnosis. In addition to clinical diagnosis, these 2 steps are completed in PN diagnostic workup<sup>1</sup>:
  - **1. Biopsy:** Skin biopsy may be needed to distinguish PN from other dermatologic diseases<sup>1</sup>
  - 2. Laboratory Evaluation: A thorough laboratory evaluation, including a complete blood count (CBC); complete metabolic panel (CMP); thyroid, liver, and kidney function tests; HIV serology and hepatitis B and C serologies, is needed—especially for patients without a history of underlying dermatoses—to determine the presence of an underlying systemic disease associated with PN<sup>1</sup>
- Tools are available to assess and follow up on itch intensity and the impact on quality of life in patients, given the chronic and severe nature of itch in PN and its impact on patients' lives

### Common tools used to evaluate itch intensity in patients with **PN**<sup>1</sup>

- The Visual Analog Scale (VAS)
- Itch Numerical Rating Scale (Itch NRS)
- Worst Itch Numeric Rating Scale (WI-NRS)
- Verbal Rating Scale (VRS)

## Common tools used to evaluate QoL in patients with PN<sup>1</sup>

- The Itchy QoL
- 36-item Short Form (SF-36)
- Dermatological Life Quality Index (DLQI)



#### **Current Topical and Systemic Treatments**

- Currently there are no FDA- or EMA-approved treatments for PN. A multimodal approach is followed to determine and treat the underlying etiology of the disease, control itch, and treat the lesions. Physicians and patients must rely on available medications that are used empirically. Medications currently in use to treat PN include<sup>2-7</sup>:
  - 1. Topical or intralesional steroids
  - 2. Phototherapy
  - 3. Systemic medications (eg, gabapentinoids, antidepressants, biologics)
  - 4. Immunosuppressants (eg, methotrexate, cyclosporin)
- In severe cases of PN, immunomodulators such as thalidomide are sometimes prescribed. In a few cases of PN, topical capsaicin is prescribed to help reduce pain, pruritus, and the production of neuropeptides<sup>5-7</sup>

#### The Unmet Need in PN and the Burden of the Disease

- **Treatment failure is common** across the classes of medications currently in use for PN management. Nearly all patients with chronic PN experience treatment failure with topical glucocorticoids and antihistamines<sup>3,8</sup>
- Some patients with **PN do not respond, or respond poorly, to systemic therapies** such as methotrexate, phototherapy, gabapentin, and pregabalin<sup>2,5,6,8,9</sup>
- Available treatments for PN are focused mainly on managing PN symptoms vs addressing the underlying pathophysiology, and most **patients with PN are dissatisfied with current management options**<sup>3,9,10</sup>
- Healthcare utilization is high among patients with PN owing to management of the disease and associated comorbidities. Patients with PN can endure economic losses due to the cost of care, management of comorbidities, and time lost from work<sup>1,11-13</sup>
- Lack of effective therapies has resulted in mistrust in the healthcare system and **disengagement** from it by some patients<sup>3,9,14</sup>
- A safe, targeted, and effective approach to PN care is needed—one that will rapidly improve itch, heal nodules, and promote long-term QoL improvement<sup>1,9,15</sup>

#### **References:**

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