

The future journey of HAE patients – managing breakthrough attacks

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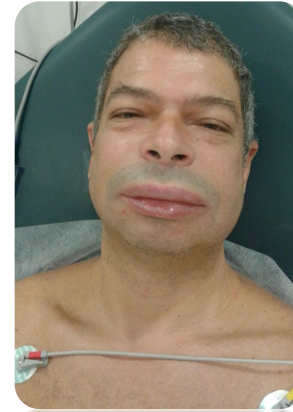
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Why is this topic important?



51 years

*with permission

21 years

- **HAE diagnosis**
- Onset at 17 years

27 years

- Stanazolol 2–4 mg/day
- Adverse events

42 years

- Stop androgens
- On-demand treatment with icatibant or pdC1-INH IV

49 years

- LTP with pdC1-INH SC 60 IU/kg twice/week

51 years

- No attacks in 2 years

What does the science say?

2017 WAO

“We recommend
an action

2019 Inter

“All patients
plan include
effective treatment for attacks, even
when on prophylaxis.”

Action plans are important
currently, but how will they look
in the future?

Comprehensive management plan checklist³

Assess current features of angioedema

Review other medical conditions and treatments

Assess impact of HAE on QoL

Monitor on-demand therapy

Monitor prophylactic therapy

The future journey of HAE patients – managing breakthrough attacks

Considerations for the future patient journey – well-controlled HAE:

Will the prodromal symptoms be the same?

Will the patient be able to identify an attack? Biomarkers?

Will triggers be the same?

Will attacks be the same?

What are the mechanisms for breakthrough attacks?

Do these need to be considered for appropriate on-demand treatment?

Telemedicine and eHealth

