

Evolving Real-World Treatment Patterns and Unmet Needs in Atopic Dermatitis in the United States: Insights from a 2025 Patient Chart Audit and Market Landscaping Study

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Background:

The atopic dermatitis (AD) treatment landscape is shifting with the introduction of new biologics and oral agents. Characterizing treatment dynamics and physician perspectives reveals gaps and future opportunities.

Methods:

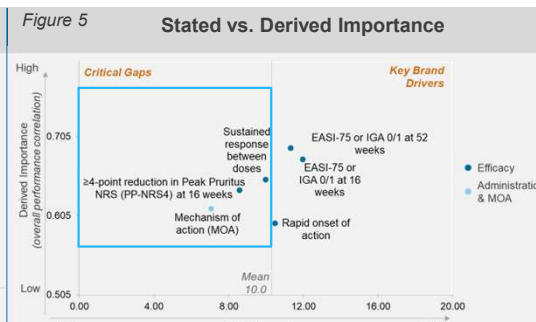
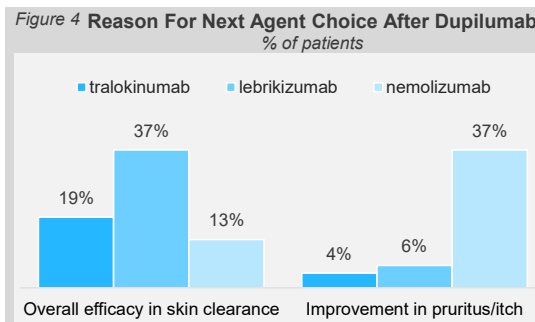
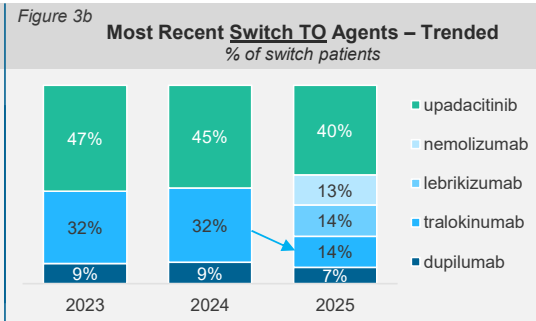
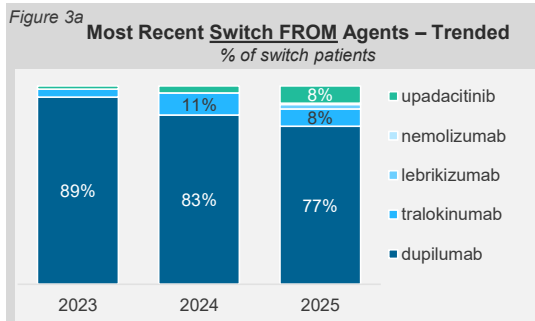
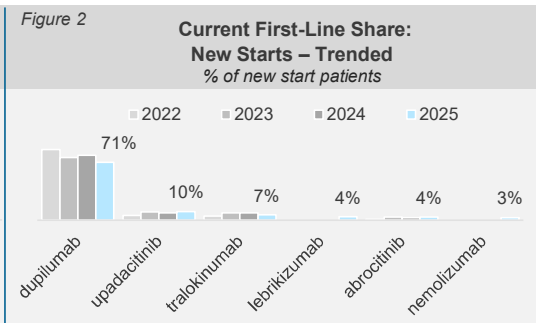
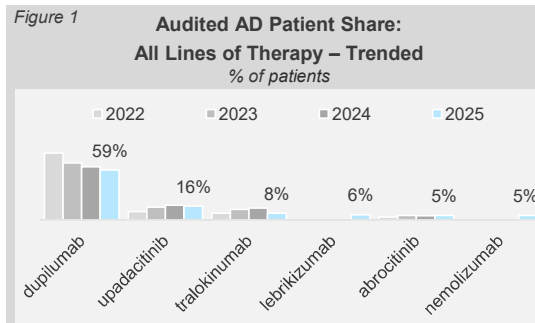
A 2025 chart audit of 1,092 AD patients from 203 U.S. dermatologists assessed systemic treatment use and sequencing. A parallel market study surveyed 103 dermatologists quantitatively and 8 qualitatively on emerging therapies and unmet needs.

Objective:

To evaluate systemic therapy utilization, switching, and unmet needs in AD.

Results:

From audited patient charts, dupilumab remained the leading first-line systemic agent but lost share to lebrikizumab and nemolizumab (each 3–4% of new start patients within months of launch) (Figure 1 & 2). Lebrikizumab and nemolizumab also sourced patients from tralokinumab (Figure 1), while upadacitinib remained constant at 10% of first-line new start patients (Figure 2). Dupilumab-to-tralokinumab switching decreased by ~20% points versus 2024, with efficacy as the primary driver (Figure 3a & b). Lebrikizumab emerged as the most frequent alternative for clearance, while nemolizumab achieved highest satisfaction for itch reduction (Figure 4). Despite therapeutic advances, 22–34% of eligible patients remained untreated with systemic therapy. In the market study physicians emphasized opportunities for itch-targeted therapies and durable responders, with derived importance uncovering sustained response, achievement of ≥4-point PP-NRS4 reduction at 16 weeks, and MOA differentiation as critical unmet needs (Figure 5), with 91–96% of moderate-to-severe AD patients still facing moderate to high unmet need.



Conclusion:

Although dupilumab leads first-line use, rapid uptake of lebrikizumab, nemolizumab, and upadacitinib reflects an evolving landscape. Continued under-treatment, inadequate itch control, and limited sustained response highlight opportunities for innovation to optimize outcomes in AD.

Acknowledgments:

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Disclosures:

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