

Prodromes and attack triggers in Canadian HAE patients

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Background

- Many patients with hereditary angioedema report trigger factors or prodromal symptoms prior to an attack.
- Commonly reported triggers include mental stress and physical trauma¹⁻³.
- Frequently reported prodromes include rashes, tingling, nausea, or fatigue ^{1,3,4}.



Purpose:

To characterize the prodromal symptoms and triggers in patients with HAE in Canada.



Methods:

- Eligible patients were literate in either English or French, 18 years or older, and had HAE type 1 or 2.
- Ninety HAE patients in Canada participated in an anonymous, online clinical questionnaire and an HAE-specific quality of life questionnaire (HAE-QOL)⁵.



Results

Triggers

- Participants reported common triggers such as experiencing stress (91%), trauma (84%), and infection (52%).

Table 1. Trigger factors prior to onset of HAE attack. Seventy-nine patients reported more than one trigger.

Triggers	Total number of respondents (%)
Stress	82 (91%)
Trauma	76 (84 %)
Infection	47 (52 %)
Menstruation	33 (37%)
Lack of sleep	5 (6%)
Medications	4 (4%)
Foods	3 (4%)
Change in physical activity	3 (3%)
Temperature changes	2 (2%)
Alcohol	1 (1%)



Results (continued)

- 75.6% of participants experienced prodromes prior to HAE attacks.
- The most frequently reported prodromes were fatigue (46%), rash (32%), irritability (21%), and tingling (13%).

Table 2. Frequency of each reported prodrome. Forty-four patients reported more than one prodrome.

Type of Prodrome	Total number of respondents (%)
Fatigue/weakness	31 (46%)
Rashes	22 (32%)
Moodiness/irritability	14 (21%)
Tingling	13 (19%)
Abdominal pain/upset	12 (16%)
Unspecified pain	10 (15%)
Hard to describe/funny sensation	4 (6%)
Anxiety	4 (6%)
Itching	4 (6%)
Headache	3 (5%)
Nausea	2 (3%)
Burning sensation	2 (3%)
Thirst	2 (3%)
Fever	1 (2%)



Results (continued):

- Fifty-nine percent of patients with prodromes rated the control of their condition at 4 or 5 out of 5 (5=completely controlled) compared to 44% in the group without prodromes.
- Prodromal symptoms were not associated with perception of better disease control.
- Prodromal symptoms were also not associated with higher quality of life scores. For total HAE-QOL, the median score and interquartile range was 107 (89.5 – 119.5) in patients who reported prodromes, and 84.5 (61.5-90.5) in patients who did not report prodromes.
- There was no association between presence of prodromes and gender.



Conclusion

- The frequency and types of prodromes and trigger factors in our patient populations are in line with what is reported in the literature.
- The median HAE-QoL score was higher in patients experiencing prodromes, but this result was not found to be significant, possibly due to the sample distribution or other unknown factors.
- Additional studies are required to determine if patients who experience prodromes would have higher quality of life scores or perceive better control over their condition after initiating treatment during prodromes.



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Questions?

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