

MIND THE
HAE
ATTACK

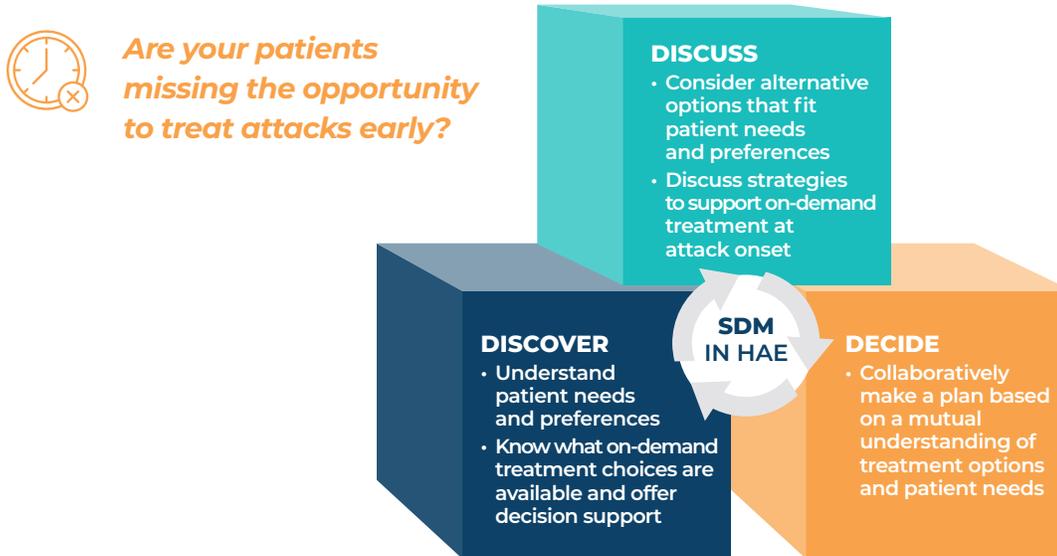
SHARED DECISION-MAKING IN
OPTIMAL HAE ATTACK MANAGEMENT

Partnering with your patient to create an HAE attack management plan

Shared decision-making in optimal HAE attack management

As treatment options for hereditary angioedema (HAE) continue to advance, and opportunities to address existing treatment burdens emerge, it is essential that healthcare providers actively engage with patients to understand their individual experience living with HAE and involve them in the process of determining optimal treatment.

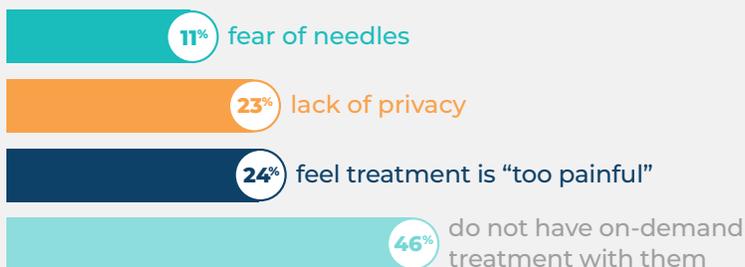
THE 3D MODEL EXPLAINS HOW TO ENGAGE IN SHARED DECISION-MAKING (SDM) FOR ON-DEMAND TREATMENT OF ATTACKS¹



Adapted from Banerji, et al.

For many people living with HAE, the decision to treat an attack can be complex. The HAE Attack Journey Survey has shown that 2 out of 3 people don't always carry their on-demand treatment with them, and 86% delay treatment when they first recognize an attack.^{2,3} Despite recognizing the onset of an attack and acknowledging that attacks take longer to resolve when treatment is delayed, patients often rationalize delaying treatment.⁴

Reasoning for this includes^{4,5}:



Even patients on prophylaxis continue to have attacks, experience anxiety, and modify their lives to avoid triggers.^{6,7}

On-demand treatment is the fundamental component of HAE management

As a chance to reinforce effective treatment behaviors with evidence-based decision aids, discuss the international guidelines which recommend the following 4 key pillars of treatment:

- 1 AVAILABILITY OF ON-DEMAND TREATMENT^{8,9}**
Every person living with HAE should consistently have access to sufficient on-demand treatment for at least 2 attacks and carry on-demand medication at all times, even if they're taking prophylaxis.^{8,9}
- 2 TREAT EARLY TO STOP ATTACKS FROM GETTING WORSE⁹**
On-demand medication should be considered for every attack and taken at attack onset.⁸
- 3 TREAT REGARDLESS OF LOCATION OF SWELLING⁹**
ALL HAE attacks are eligible for treatment, regardless of the location of swelling or severity of the attack.⁹
- 4 HAVE A PERSONALIZED ACTION PLAN IN PLACE⁸**
A treatment plan should be carefully developed through an SDM process and based on the individual needs of a patient.⁸

Asking targeted questions may help identify the challenges patients face and understand their perceptions, beliefs, and behaviors about treatment of HAE attacks.

Creating a shared HAE attack management plan

Please read through the questions to keep top of mind in your patient discussion



PERSONAL PRIORITIES

- What matters most to you in managing your HAE?
- How successful are you in meeting these priorities today? Where are you having challenges?
- How important is it to you to minimize the attack/recover quickly?
- Do you notice a difference in attack resolution based on how quickly you treat?



ATTACK FREQUENCY AND TREATMENT BEHAVIORS

- How do HAE attacks impact your life?
- How often are you experiencing attacks?
- How do you recognize the onset of an attack?
- Are you treating every attack? If not, why?
- How soon after attack onset do you typically treat?
- Are you carrying on-demand treatment everywhere you go/at all times?

Creating a shared HAE attack management plan (cont'd)



FACTORS INFLUENCING TIME OF ON-DEMAND TREATMENT

- If you delay treatment, why? What factors are within your control? Out of your control?
- Are you carrying on-demand treatment?
- Do you have challenges accessing or refilling on-demand treatment?



ON-DEMAND TREATMENT ASSESSMENT

- What is your perceived efficacy of on-demand treatment?
- What challenges have you faced with current on-demand treatment?
 - Is it difficult to carry treatment?
 - Do you need assistance to self-administer?
 - Is administration painful?
- What are your desired qualities in an on-demand treatment—is there another option that fits these needs?



CO-DECIDING ON AN ATTACK ACTION PLAN TO SUPPORT EARLIER TREATMENT

- Is there a need to address access to on-demand treatment?
- Should you stay with on-demand treatment or change?
- What strategies could be used to help you carry treatment with you?
- What strategies could be used to treat at the onset of the attack?
- How would you treat differently when having an attack?

SDM IN PRACTICE

1. Engaging with your patients may help to foster meaningful collaboration.
2. Help them to explore and understand their treatment options and assess their values and preferences by guiding them through the conversations about their experiences.
3. When your patients are ready, they will decide or choose to delegate the decision to someone else.
4. Once a management plan is in place, you can continue to encourage communication and actively evaluate whether any facet needs to be revisited.

For more information and useful HAE resources, visit MindtheHAEattack.com.

References: 1. Banerji A, Anderson J, Johnston DT. Optimal management of hereditary angioedema: shared decision-making. *J Asthma Allergy*. 2021;14:119-125. doi:10.2147/JAA.S284029 2. Betschel S, van Kooten S, Heckmann M, Danese S, Goga L, Guilarte M. HAE patients decision to carry on-demand treatment when away from home. Abstract presented at: 13th C1-inhibitor Deficiency & Angioedema Workshop, May 4-7, 2023; Budapest, Hungary. *Allergy Asthma Clin Immunol*. In Press. 3. Valerieva A, van Kooten S, Heckmann M, Danese S, Goga L, Longhurst H. Patients delay treating hereditary angioedema (HAE) attacks with currently available, injectable, on-demand therapies. Abstract presented at: EAACI 2023 Hybrid Congress, June 9-11, 2023; Hamburg, Germany. *Allergy*. In Press. 4. Grumach A, van Kooten S, Heckmann M, Danese S, Goga L, Garcez T. Understanding the complex decision-making associated with on-demand treatment of hereditary angioedema (HAE) attacks. Abstract presented at: EAACI 2023 Hybrid Congress, June 9-11, 2023; Hamburg, Germany. *Allergy*. In Press. 5. Data on File. KalVista Pharmaceuticals, Inc. 2023. 6. Betschel S, van Kooten S, Heckmann M, Danese S, Goga L, Guilarte M. Remaining burden of hereditary angioedema (HAE) attacks despite modern long-term prophylaxis. Abstract presented at: EAACI 2023 Hybrid Congress, June 9-11, 2023; Hamburg, Germany. *Allergy*. In Press. 7. Savarese L, Mormile I, Bova M, et al. Psychology and hereditary angioedema: a systematic review. *Allergy Asthma Proc*. 2021;42(1):e1-e7. doi:10.2500/aap.2021.42.200073 8. Maurer M, Magerl M, Betschel S, et al. The international WAO/EAACI guideline for the management of hereditary angioedema—the 2021 revision and update. *Allergy*. 2022;77(7):1961-1990. doi:10.1111/all.15214 9. Busse PJ, Christiansen SC, Riedl MA, et al. US HAEA Medical Advisory Board 2020 guidelines for the management of hereditary angioedema. *J Allergy Clin Immunol Pract*. 2021;9(1):132-150.e3. doi:10.1016/j.jaip.2020.08.046