In hereditary angioedema, standardized differences between available factors across PAMA level cohorts were computed using PAM level 4 as the reference cohort.

Due to the rare nature of hereditary angioedema, standard deviations between available factors across PAMA level cohorts were computed using PAM level 4 as the reference cohort.

There were 87 patients included in the analysis, with the majority being female (51.5%), having a mean age of 45 years, and being from the southern region (46.4%) and privately insured (62.7%). Figure 1 shows that the majority of patients were in PAM level 4 (58.5%) followed by PAM level 2 (39.3%) and PAM level 3 (12.6%). General data around the patient population and demographics can be found in Table 1.

### RESULTS

**LIMITATIONS**

- Caution should be used in generalizing study results as multivariate analyses were not employed due to the small sample size.
- Distribution of PAM levels is limited due to the rarity of the genetic condition.

### CONCLUSIONS

- Results indicated that younger male adults were more likely to fall within the low action category when initiating a C1 Esterase Inhibitor Therapy.
- Given the rarity of this genetic disorder, it is expected that patients are likely to be more activated and engaged in their care in order to prevent worsening of symptoms or even death.
- Interestingly, patients who were segmented into an action level (PAM level) did not visit their Primary Care Physician and instead relied solely on Specialists. This could be due to patients needing a Specialist to educate them on their condition, provide guidance on how to manage symptom triggers, and understand when and how to administer the prescribed C1-INH.
- Patients who were more activated (higher PAM level) had a much better understanding of their disease and triggered causing their symptoms; thus lowering their need to follow up with a specialist as often as they visit with their Primary Care Physician.
- The use of the Patient Activation Measure (PAM) provided a baseline value for a patient’s level of activation. Patients enrolled in this patient support program will continue to receive support and will be reassessed every 90 days to measure the improvement or reduction of PAM level.

**REFERENCES**