# Asthmatic patients treated with mepolizumab report stronger positive emotions than mepolizumab-naïve asthmatic patients

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### BACKGROUND & OBJECTIVE

In asthma, the prevalence of depression is at least twice as much and anxiety is 3-10 times that of the general population. These psychological comorbidities might impair asthma self-management, treatment adherence and lead to worse patient outcomes and quality of life. Anxiety might induce asthma-like symptoms leading to overuse of medication and health care. Some depressive and anxiety symptoms overlap. The effectiveness of therapies to address these psychological comorbidities remain inconclusive<sup>1,2,3</sup>.

Anxiety and depression are *mood states* and might be *composites* of a variety of unaddressed long-persisting discrete emotions<sup>4,5</sup>: in people with severe asthma, anxiety was associated with fear, hopelessness and anger. Depression was associated with fear, hopelessness, anger and shame. Evidence is emerging of complex biopsychological interactions between inflammation, mood states and feeling discrete emotions<sup>6,7</sup>.

#### RESULTS

- + The SAMBA group had significantly better health-related quality of life and physical and emotional functioning (St Georges Respiratory Questionnaire: SGRQ) and better subjective asthma control (Asthma Control Questionnaire: ACQ) than unwell MNPs.
- + The SAMBA group had better outcomes than MNPs on all other measures and compared with all groups apart from Hospital Anxiety and Depression Scale (HADS) depression subscale and ACQ in well MNPs that were equal. These differences however were not statistically significant.

Comparison of clinical outcomes in the mepolizumab-treated (SAMBA) and mepolizumab-naïve study groups

Higher scores indicate worse outcomes on all outcome measures

	SAMBA group		Unwell			Well		
Outcome			Comparison group		P-value	Comparison group		P-value
	n	Score	n	Score		n	Score	
<u>Health-related</u>								
Quality of Life								
SGRQ total	29	$36 \pm 23$	47	$62 \pm 19$	<0.001	194	$44 \pm 23$	0.11
<b>Functioning</b>								
SGRQ symptoms	30	$48 \pm 28$	51	$73 \pm 20$	<0.001	218	$56 \pm 25$	0.08
SGRQ impact	30	$27 \pm 21$	49	$54 \pm 19$	<0.001	209	$35 \pm 22$	0.08
SGRQ activity	29	$47 \pm 30$	48	$72 \pm 25$	<0.001	207	$53 \pm 30$	0.38
Subjective asthma								
<u>control</u>								
ACQ	30	1.8 [0.7, 2.7]	52	3.6 [2.8, 4.5]	<0.001	227	1.8 [0.8, 2.7]	0.64
Mood								
HADS anxiety	30	7 [3, 9]	55	9 [3, 12]	0.18	230	6 [1, 11]	0.58
HADS depression	30	4[1, 8]	55	6 [2, 10]	0.06	230	4 [1, 7]	0.98
HADS total	30	11 [5, 17]	55	15 [6, 23]	0.08	230	10 [4, 17]	0.77



The objective of this study (Phase 1 of the SAMBA study) was to compare the emotions and mood states of participants with severe asthma treated with mepolizumab\* (SAMBA group) with those of mepolizumabnaïve participant with severe and moderate asthma (NMPs).

\* 100mg injected under the skin once a month

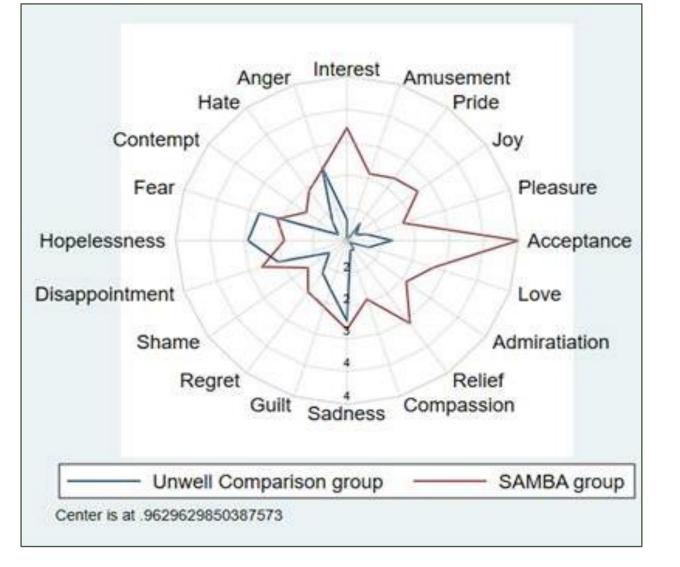
## METHODS

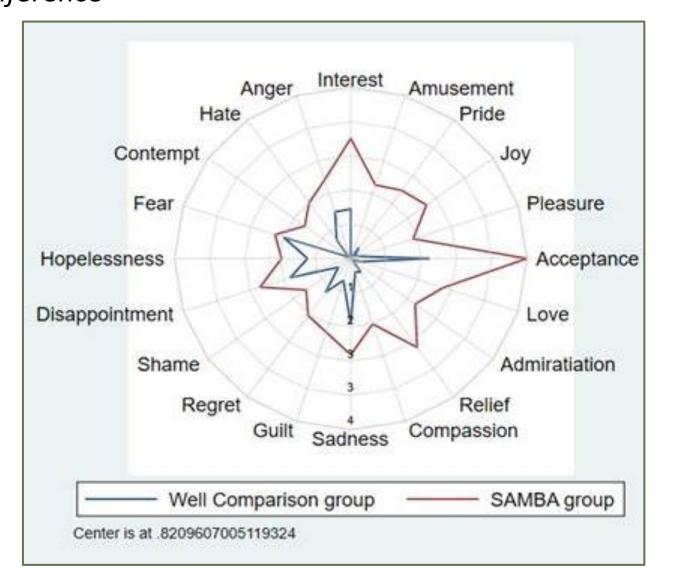
This was a cross-sectional observational study. 30 adult SAMBA participants were recruited from two specialist mepolizumab prescribing centres. Outcomes assessed were:

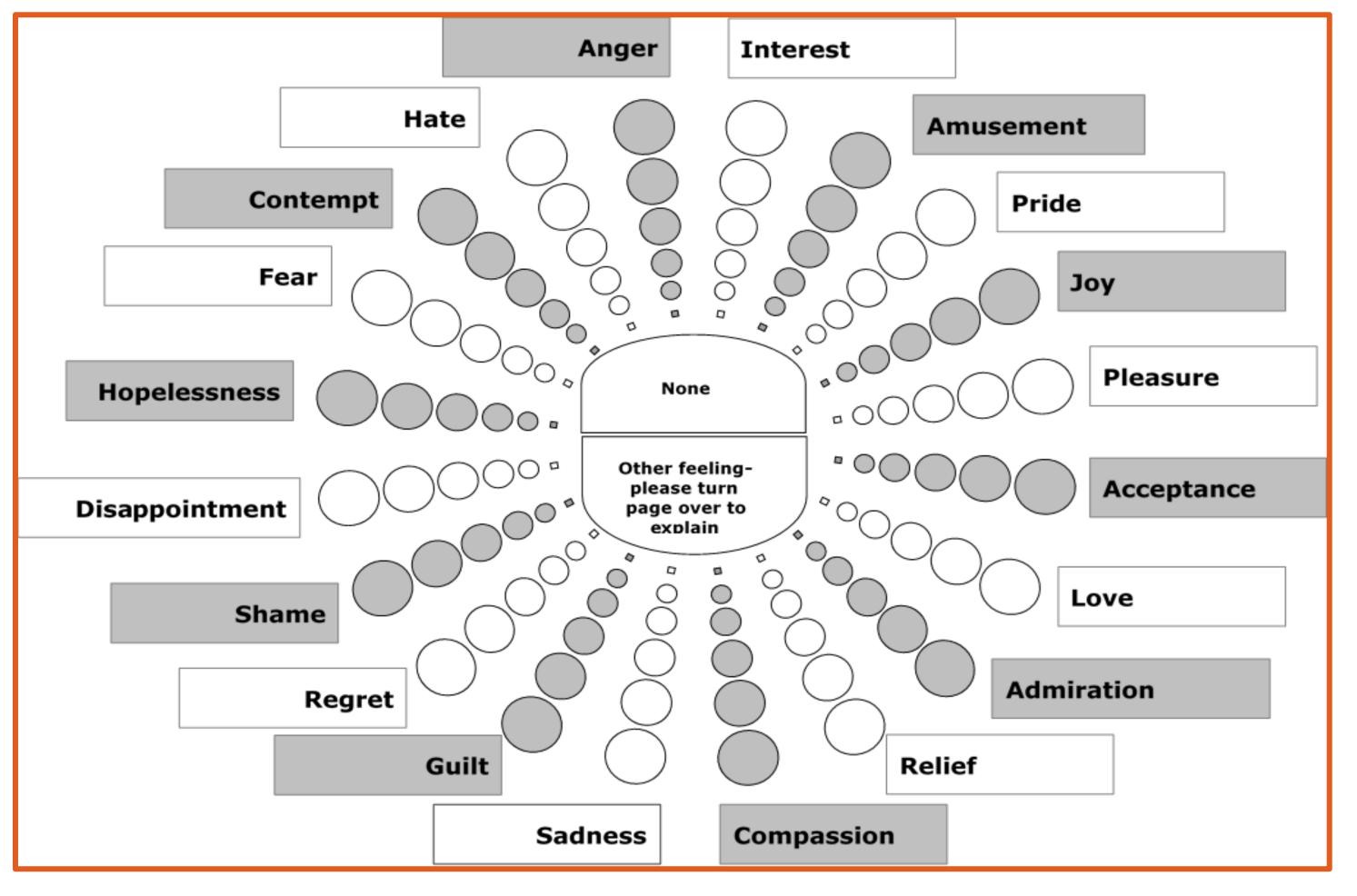
- Mood (Hospital Anxiety and Depression Scale scores)
- + Health-related quality of life (St Georges Respiratory Questionnaire composite score)
- + Functioning (St Georges Respiratory Questionnaire sub-scales)
- Subjective Asthma Control status (6-item Asthma Control Questionnaire)
- Emotional composition (Geneva Emotion Wheel)

Geneva Emotion Wheel (GEW): discrete emotions are depicted on the spokes of the wheel. The size of the circles correspond to the intensity of said emotion. Participants were asked to mark the emotions they felt in relation to their asthma by putting a cross in the appropriate intensity circle.

*Emotions in the SAMBA group in unwell and well comparison groups* The stronger the emotion, the closer it is to the circumference







These data were then compared with data of the same outcome measures obtained in a previous study from two groups of MNPs (participants with analysable data as shown in the result tables). One group was well. The other completed the questionnaires just after they had an asthma exacerbation.' Well' and 'unwell' was defined subjectively by participants themselves. Asthma severity did not make a difference in the above outcomes in this group.

- + The intensity of discrete emotions were significantly different between the SAMBA participants and either group of MNPs.
- + SAMBA participants felt almost all positive emotions significantly stronger than MNPs.

#### Intensity of discrete GEW emotions in the SAMBA and comparison groups *Higher scores mean emotion felt stronger*

	S	AMBA		Unwell			Well	
	group		Comparison		P-value	Comparison		P-value
Emotion			group			group		
	n	Mean						
		score $\pm$	n	Mean score		n	Mean score	
		SD		$\pm$ SD			$\pm$ SD	
Positive valence	20	$2.2 \pm 1.0$	<b>E</b> 4	1 4 . 2 0	.0.001		1.0	
Interest	30	$3.2 \pm 1.9$	54	$1.4 \pm 2.0$	<0.001	229		
Amusement	30	$2.3 \pm 2.0$	54	$1.0 \pm 1.7$	0.002	229		<0.001
Pride	30	$2.5 \pm 2.2$	54	$1.4 \pm 2.0$	0.02	229		<0.001
Joy	30	$2.6 \pm 2.1$	54	$1.2 \pm 1.9$	0.002	229		<0.001
Pleasure	30	$2.1 \pm 2.0$	54	$1.4 \pm 2.0$	0.08	229		0.001
Acceptance	30	$4.2 \pm 1.6$	54	$1.8 \pm 2.3$	<0.001	229	$2.3 \pm 2.4$	<0.001
Love	30	$2.7 \pm 2.4$	54	$1.4 \pm 2.1$	0.01	229	$1.0 \pm 1.8$	<0.001
Admiration	30	$2.3 \pm 1.9$	54	$1.0 \pm 1.7$	<0.001	229	$0.8 \pm 1.6$	<0.001
Relief	30	$3.0 \pm 2.0$	54	$1.2 \pm 1.9$	<0.001	229	$1.1 \pm 1.8$	<0.001
Compassion	30	$2.2\pm2.0$	54	$1.2 \pm 1.8$	0.01	229	$1.1 \pm 1.9$	0.001
Negative valence								
Sadness	30	$2.7 \pm 2.0$	54	$2.5 \pm 2.5$	0.78	229	$2.1 \pm 2.3$	0.15
Guilt	30	$2.3 \pm 1.9$	54	$2.0 \pm 2.2$	0.25	229	$1.3 \pm 1.9$	<0.00
Regret	30	$2.2 \pm 1.8$	54	$1.7 \pm 1.8$	0.15	229	$1.6 \pm 2.1$	0.04
Shame	30	$1.9 \pm 1.7$	54	$1.4 \pm 2.1$	0.03	229		0.001
Disappointment	30	$2.6 \pm 2.1$	54	$2.3 \pm 2.4$	0.36	229		0.07
Hopelessness	30	$2.1 \pm 1.9$	54	$2.8 \pm 2.6$	0.26	229		0.09
Fear	30	$2.3 \pm 1.7$	54	$2.7 \pm 2.4$	0.57	229		0.42
Contempt	30	$1.9 \pm 1.9$	54	$1.2 \pm 1.9$	0.03	229		<0.00
Hate	30	$2.2 \pm 2.1$	54	$1.4 \pm 2.1$	0.05	229		0.000
Anger	30	$2.4 \pm 2.0$	54	$2.5 \pm 2.0$	0.89	229		0.10

#### CONCLUSIONS

- Individuals living with severe asthma who received mepolizumab treatment had different emotional composition from those severe and moderate asthmatics who were mepolizumab-naive.
- Individuals on mepolizumab treatment reported significantly stronger positive emotions than participants in mepolizumab-naïve well and unwell comparison groups.
- Mepolizumab-treated individuals reported better or equal outcomes on all measures compared to mepolizumab-naïve individuals. The difference was statistically significant in health related quality of life,  $\blacklozenge$ emotional, physical and social functioning and subjective asthma control when compared with non-mepolizumab treated individuals who were unwell.
- Based on these findings, the next phase of our **SAMBA** study is being conducted to better understand:
  - + the emotional composition and experience associated with psychological comorbidities (mood states) of individuals living with severe asthma
  - the links between inflammation, emotions and psychological comorbidities (mood states) of individuals living with severe asthma
  - + the links between inflammation, quality of life and psychosocial wellbeing of individuals living with severe asthma

References: :1. Yorke, J.; Fleming, S.L.; Shuldham, C. Psychological interventions for adults with asthma. Cochrane Database Syst. Rev. 2009, doi:10.1002/14651858.cd002982.pub3.

2. Tay, T.R; Hew, M. Comorbid "treatable traits" in difficult asthma: Current evidence and clinical evaluation. Allergy. 2018, 73, 1369–1382. https://doi.org/10.1111/all.13370. 3. Cooley, C.; Park, Y.; Ajilore, O.; Leow, A.; Nyenhuis, S.M. Impact of interventions targeting anxiety and depression in adults with asthma. J. Asthma 2020, 59, 1–24, doi:10.1080/02770903.2020.18479274. Varkonyi-Sepp, J et al (manuscript) 5. Power, M.J.; Tarsia, M. Basic and complex emotions in depression and anxiety. Clin. Psychol. Psychother. 2007,14, 19-31. https://doi.org/10.1002/cpp.515 . 6. Rosenkranz MA, Busse WW, Sheridan JF, Crisafi GM, Davidson RJ. Are there neurophenotypes for asthma? functional brain imaging of the interaction between emotion and inflammation in asthma. PLoS ONE. 2012;7. https://doi.org/10.1371/journal.pone.0040921\_7. Ye G, Baldwin DS, Hou R. Anxiety in asthma: A systematic review and meta-analysis. Psychological Medicine. 2021., 5, 11–20. doi:10.1017/S0033291720005097

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