

Health-Related Quality of Life in Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) Survivors

Jordon Jaggers, MD¹ Upeka Samarakoon, PhD, MPH² Xiaoqing Fu, MS² Daniela Kroshinsky, MD, MPH^{3,4} Fatima Bassir, MPH⁵ Abigail Salem, BA⁵ Elizabeth Phillips, MD^{4,5} Li Zhou, MD, PhD^{4,5} Kimberly G. Blumenthal, MD, MSc^{2,4*} ¹Department of Medicine, Massachusetts General Hospital, Boston, MA, USA ³Department of Dermatology, Massachusetts General Hospital, Boston, MA, USA ⁴Harvard Medicine, Brigham and Women's Hospital, Boston, MA, USA ⁶Department of Medicine, Center for Drug Safety and Immunology, Vanderbilt University Medical Center, Nashville, TN, USA ⁷Institute for Immunology and Infectious Diseases, Murdoch, Western Australia, Australia *These authors contributed equally

DRESS syndrome survivors reported low health-related quality of life across many domains.

INTRODUCTION

- Drug reaction with eosinophilia and systemic symptoms (DRESS) in significant morbidity for patients.
- Health-related quality of life (QOL) in these patients is not well characterized.

OBJECTIVE

- To characterize health concepts for DRESS survivors utilizing the RAND 36-Item Health Survey 1.0 (SF-36), developed at RAND as part of the Medical Outcomes Study.
- To compare DRESS survivors' responses to those of RAND's published population norms.

METHODS

•	DRESS cases from Mass
•	DIVESS Cases II OIII Mass
	General Brigham were identified
	utilizing informatics methods
	and manually confirmed by
	physician expert review.

- DRESS survivors completed an electronic survey that included the RAND 36-Item Health Survey 1.0 (SF-36, **Table 1**).
- Greater SF-36 scores indicate better health-related QOL, ranging 0-100.
- Mean SF-36 scores for DRESS participants were compared to a control population, the general historic population from RAND's 1990 sample, using t tests.

Table 1. SF-36		
Summary Measure	Health Domain Scale	
	Physical functioning Pain	
Physical health	General health	
	Role limitations due to physical functioning	
	Social functioning	
Mental health	Role limitations due to emotional functioning	
	Energy/Fatigue Emotional wellbeing	
Health change	Health change	

S)	can	result	
-			

• Forty DRESS participants responded to the questionnaire (**Table 2**).

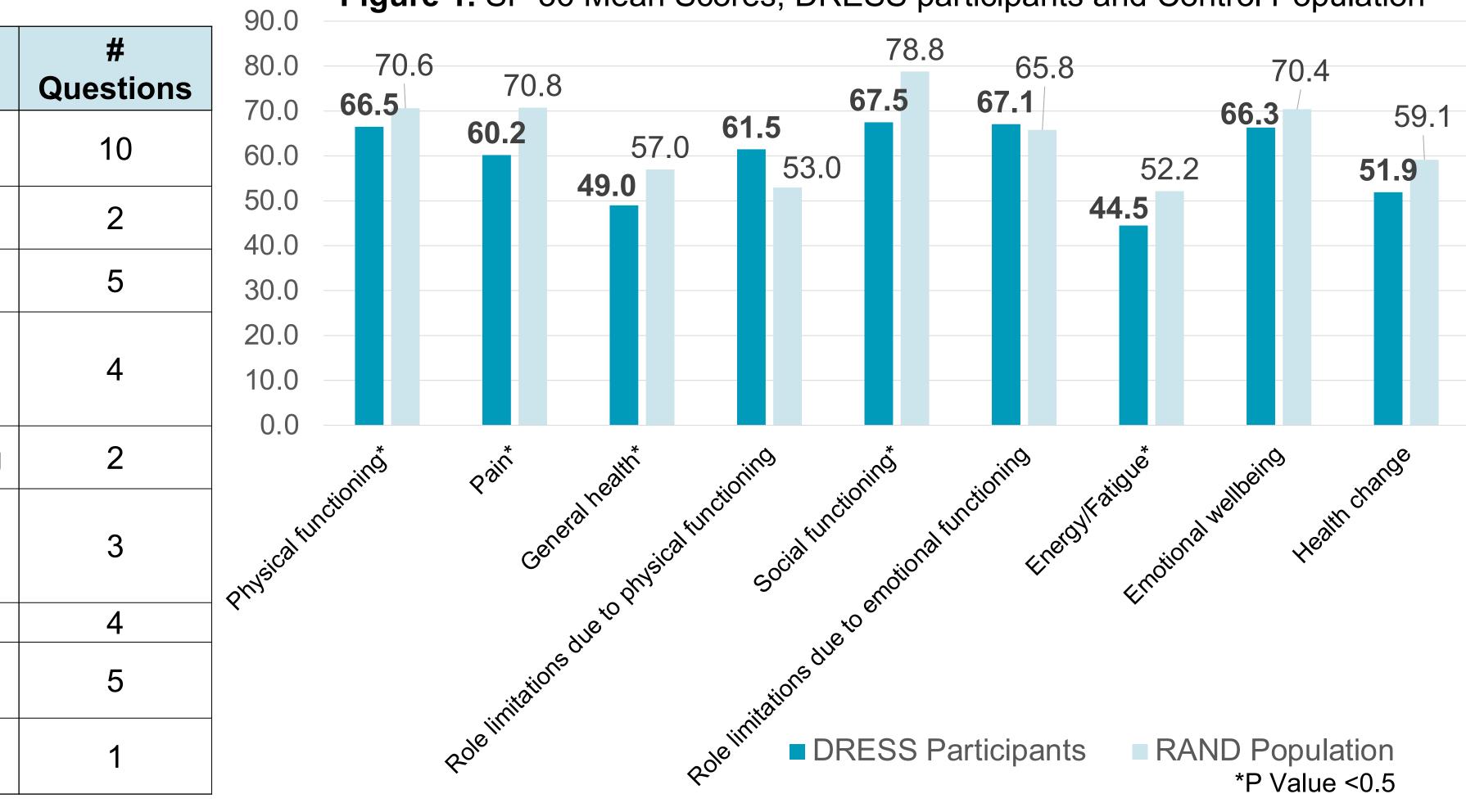
Participants had acute DRESS syndrome a mean 5.6 years (SD 3.4 years) prior to completing the electronic questionnaire.

DRESS survivors scored significantly lower in physical functioning, pain, general health, social functioning, and energy/fatigue (Figure 1, Table 3).

Demogra Age (years), N

Table 2.

- Female Race White Black
- Asian



RESULTS

DRESS Participants (n=40)					
raphics	n (%) (unless otherwise specified)				
Mean \pm SD	54.4 <u>+</u> 17.4				
	25 (63)				
	35 (88)				
	2 (5)				
	2 (5)				

Figure 1. SF-36 Mean Scores, DRESS participants and Control Population

Table 3. SF-36 Mean Scores,

Health Domain

Physical functioning

Pain

General health

Role limitations due to physical fund

Social functioning

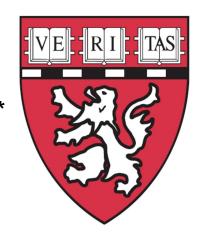
Role limitations due to emotional fu

Energy/Fatigue

Emotional wellbeing

Health change

- energy/fatigue.



, DRESS participants and Control Population				
	DRESS	Control	P Value	
	66.5	70.6	0.002	
	60.2	70.8	0.0009	
	49.0	57.0	0.02	
nctioning	61.5	53.0	0.19	
	67.5	78.8	0.006	
functioning	67.1	65.8	0.84	
	44.5	52.2	0.03	
	66.3	70.4	0.25	
	51.9	59.1	0.05	

LIMITATIONS

• Comparative RAND population norms were from 1990; data may be confounded by other modern life stressors, such as the COVID-19 pandemic.

• Participants may not be representative due to nonresponder bias.

CONCLUSIONS

DRESS survivors a mean of 5.6 years following acute DRESS reported lower QOL than population norms across many health-related domains, including physical functioning, pain, general health, social functioning, and

Future work must assess active interventions following DRESS, optimize clinical and supportive care, and improve QOL in this population.

Funded by NIH/NIAID R01 AI150295