Chronic Hand Eczema in the US: Prevalence, Burden, and Unmet Need

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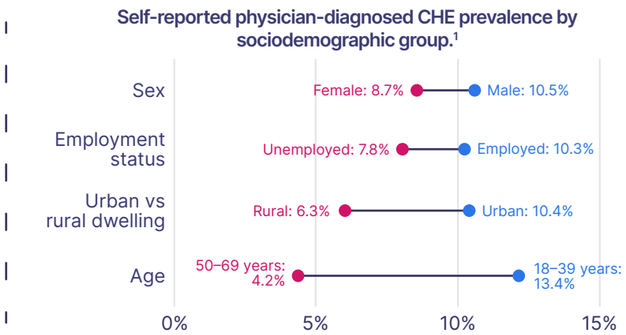
CHE is common in the US. Results from the CHECK patient survey and RWEAL medical chart review, conducted before the availability of delgocitinib in the US, show a high prevalence and significant humanistic impact.[1-5]

Prevalence

The CHECK survey of 10,636 adults found a CHE prevalence of 9.6% (regardless the severity or treatments), with 65.1% of patients rating their condition as moderate-to-severe.[1,2]

CHE more commonly affects males, working-age adults, and those living in urban areas.[1]

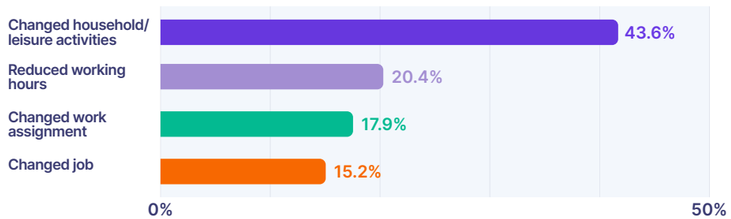
Self-reported physician-diagnosed CHE prevalence by sociodemographic group.[1]



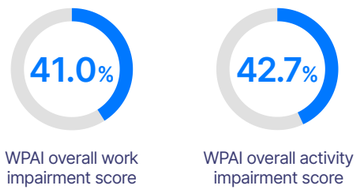
High Impact

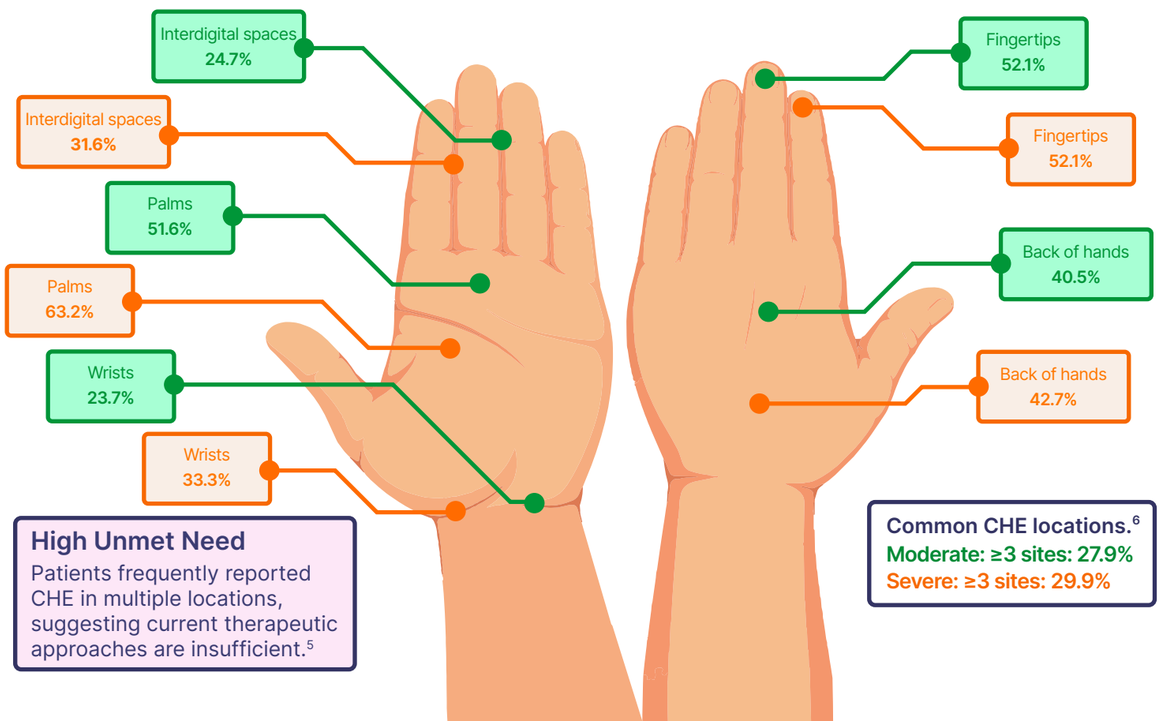
The continuous burden of CHE significantly affects people's lives and livelihoods.[3]

Impact of CHE on occupation or household/leisure activities among those who linked their condition to their occupation or household/leisure activities (n=425).[3]



Work and activity impairment scores among all participants (n=982).[3]





High Unmet Need

Patients frequently reported CHE in multiple locations, suggesting current therapeutic approaches are insufficient.[5]

Common CHE locations.[6]
Moderate: ≥3 sites: 27.9%
Severe: ≥3 sites: 29.9%

High Burden

Significant symptoms includes itch, pain, and sleep disturbance.[2]

Among those with moderate-to-severe CHE (n=199):[2]

>80% of respondents said they were on treatment.[2]

82.9% reported moderate-to-very severe itch

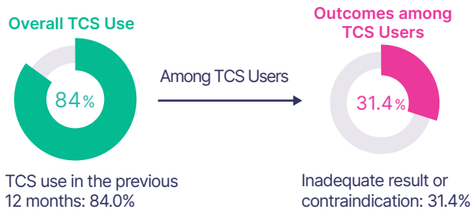
63.0% reported moderate-to-very severe pain

59.3% reported moderate-to-very severe sleep disturbance

High Reliance on TCS

There is a high reliance on TCS, despite known challenges.[2,4]

HCP-reported CHE treatment in RWEAL.[4]



Patient-reported CHE treatment in CHECK.[2]

Overall: 80.9% had used TCS

Moderate-to-severe: 76.6% had tried more than one type of TCS

High Consensus

US-focused expert recommendations advise non-steroidal topical therapy when response to TCS is inadequate.[6]

IS THE RESPONSE TO TCS TREATMENT ADEQUATE?

YES

- Monitor closely
- **Do not maintain TCS therapy for ≥30 days[a] continuously**

NO

- Check treatment adherence and lifestyle factors
- **Initiate patient on the approved non-steroidal topical therapy (delgocitinib[b])**
- Consider further testing (scraping, cultures, biopsy, patch test)

IS LONG-TERM DISEASE CONTROL ESTABLISHED?

YES

- Continue previous therapy and basic management plan[c]
- Monitor for flare-ups

NO

- **Consider a new treatment modality (delgocitinib if not used previously, or other non-steroidal therapies, phototherapy, systemic therapies)**
- Ensure the patient has a clear flare-up management plan

[a]TCS should not be maintained long term (≥90 days).
[b]Currently, delgocitinib is the only approved treatment for moderate-to-severe CHE in the US.
[c]Long-term maintenance may involve multiple therapies.

Conclusion

Despite the widespread use of TCS in real-world clinical practice in the US, CHE had a significant negative impact on lives and livelihoods.[1-5] Many patients had tried more than one type of TCS in the previous 12 months without achieving adequate control.[2,4] Expert recommendations advise non-steroidal topical therapy when response to TCS is inadequate.[6] Together, these data highlight the high unmet need in CHE.

1. Chovatiya R et al. Prevalence of self-reported physician diagnosis of chronic hand eczema in adults: a cross-sectional study of more than 10,000 participants in the general population - results from the CHECK study in the United States. Fall Clinical Dermatology Conference, October 23-26, 2025. 2. Chovatiya R et al. Self-reported disease severity, symptoms, and treatment of chronic hand eczema - results from the CHECK study in the United States. Fall Clinical Dermatology Conference, October 23-26, 2025. 3. Simpson E et al. The impact of chronic hand eczema on occupation, work productivity, and activity impairment – results from the CHECK study in the United States. Fall Clinical Dermatology Conference, October 23-26, 2025. 4. Chovatiya R et al. Treatment patterns in chronic hand eczema in the US - results from the RWEAL-US medical chart review. Winter Clinical, February 27-March 1, 2026. 5. Chovatiya R et al. The multifactorial and heterogeneous nature of chronic hand eczema seen in clinical practice in the United States - results from the RWEAL-US study. Winter Clinical, February 27-March 1, 2026. 6. Silverberg J et al. Expert recommendations for the diagnosis and management of chronic hand eczema in the United States. Am Journal Clin Dermatol. 2026;27(2):227.

Abbreviations: CHE: chronic hand eczema; CHECK: Chronic Hand Eczema Epidemiology, Care, and Knowledge of Real-life burden; RWEAL: Real-World Treatment and Management of Chronic Hand Eczema in Clinical practice; TCS: topical corticosteroids; WPAI: Work Productivity and Activity Impairment.