**About prurigo nodularis**

Prurigo nodularis is a debilitating chronic skin condition characterized by thick skin nodules covering large body areas and associated with intense itch (pruritus).1

It affects an estimated 72 out of every 100,000 adults aged 18 to 64 in the United States. It is more common in middle-aged women and, disproportionately, people of African descent.1

It is associated with a variety of diseases, including hypertension, chronic kidney disease, type 2 diabetes, HIV infection, and obesity.1

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**Clinical presentation and burden of disease**

Prurigo nodularis is characterized by a number of debilitating signs and symptoms, including:

- Chronic pruritus (itch)2
- Disfiguring skin lesions (nodules)3
- Sleep disturbance4
- Psychiatric co-morbidities5

Compared to other dermatological conditions, prurigo nodularis is among the conditions with the largest impact on patients’ quality of life.6

In studies of adults with prurigo nodularis:

- 49% reported itch as the most burdensome symptom8
- 21% reported the visibility of nodules was the most burdensome symptom9
- 30% reported sleep improvement as a key treatment goal9
- 15% reported having suicidal thoughts related to their skin disease9

**The role of IL-31 in prurigo nodularis**

IL-31 is at the center of the key drivers of prurigo nodularis.10 It is a neuroimmune cytokine that bridges the immune and nervous systems and is the key driver of inflammation and fibrosis.11,12

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References:


* Results were based on a multicenter, cross-sectional European study of 509 adults with prurigo nodularis (PN). This prospective, questionnaire-based study assessed the clinical profile of PN, as well as its associated burdens.
† Results were based on a multicenter, cross-sectional European study of 509 patients with PN. This prospective, questionnaire-based study assessed patient perception of therapeutic goals, as well as principally used therapies, concomitant satisfaction with therapy, the efficacy of available therapeutic regimens, and out-of-pocket costs.
‡ Results were based on a multicenter European study of 8,836 general dermatology outpatients and 8,959 healthy controls. Twenty-one of these general dermatology patients met study criteria for PN and were assessed for psychological burden of disease.