The Burden of Prader-Willi Syndrome on Patients and the Healthcare System: A **Cross-sectional Examination of Emergency Department Visits and** Inpatient Stays in U.S. Claims

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INTRODUCTION

Prader-Willi syndrome (PWS) is a complex developmental genetic disorder defined by hyperphagia, a chronic and life-threatening condition, characterized by constant thoughts about consumption, and a pathological urge to consume nonfood and food items that cannot be satisfied.^{1,2}

PWS is associated with shortened life span, with a median age at death of approximately 23 years.¹ Hyperphagia-related complications is a leading cause of death due to choking, gastrointestinal perforation, and accidents, and contributes to ~one third of all deaths and half of deaths in children, according to a U.S. cause-of-death PWS analysis.²

Though PWS' health economic burden has been described previously,⁴ specific services driving that burden have not been documented.



This analysis examined the utilization of emergency department (ED) visits and inpatient (IP) stays to inform the burden of PWS on patients and healthcare systems.

METHODS

- Observational retrospective analysis was performed on a de-identified U.S. closed-claims dataset (2021-2023).
- Patients with ≥2 claims with a diagnosis of PWS (Q87.11) >2 weeks apart were included in the analysis.
- Diagnoses and services codes occurring during this threeyear period were documented with all utilization metrics annualized.
- Annual averages of ED visits and IP stays were stratified by age groups (<12, 12-23, 24-35, 36-47, 48–59 years).

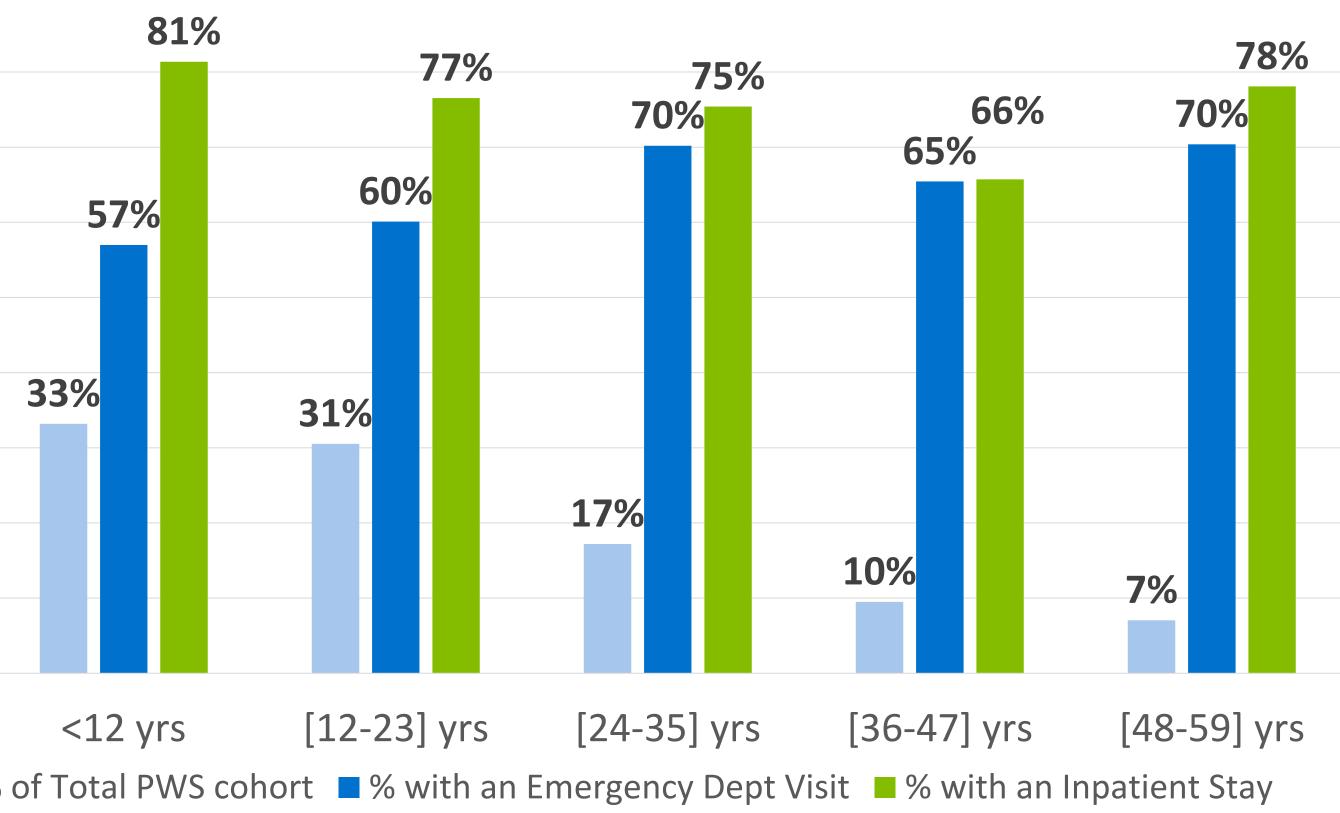
RESULTS

Figure 1. Percentage of PWS Patients with Services by Age Group

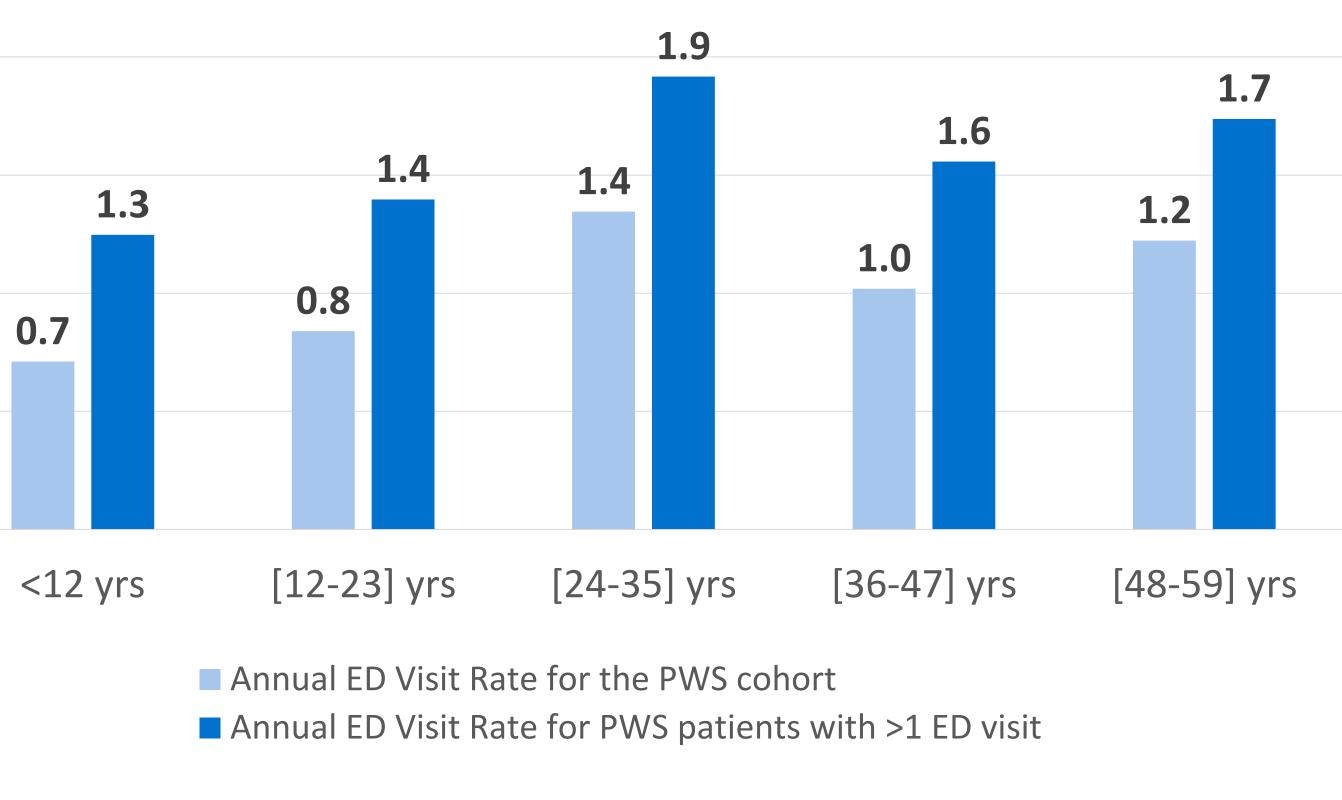
	 A total of 3,685 patients were included in the analysis. 	100% 90%
	 The proportion of patients with 	80%
	an ED visit increased up to the	70%
	24-35 age stratum and	60%
	remained constant thereafter	50%
	(Figure 1).	40%
	 The proportion of patients 	30%
NY	experiencing an annual IP stay is	20%
	high for age strata and much	10%
	higher than in the overall	0%
	population (2019: 2.6%	
	pediatric ⁵).	% C
	ED Visits	Figure 2. A
	ED Visits	Figure 2. A 2.5
	 ED Visits The annual average rate of ED visits remained constant 	Figure 2. A 2.5
	• The annual average rate of ED	2.5
	 The annual average rate of ED visits remained constant across all age strata. Older patients with at least 	2.5
	 The annual average rate of ED visits remained constant across all age strata. Older patients with at least one ED visit nearly averaged 2 visits/year, suggesting that 	2.5 2.0 1.5
	 The annual average rate of ED visits remained constant across all age strata. Older patients with at least one ED visit nearly averaged 2 	2.5 2.0 1.5 1.0

Hospitalization	Figure 3.
	8.0
 Across all age strata, PWS 	7.0
patients averaged at least 3	6.0
IP stays per year.	5.0
 Patients with at least one IP 	4.0
stay tend to have a greater	3.0
likelihood of	2.0
rehospitalization, reinforcing	1.0
that some patients carry a greater burden (Figure 3).	0.0

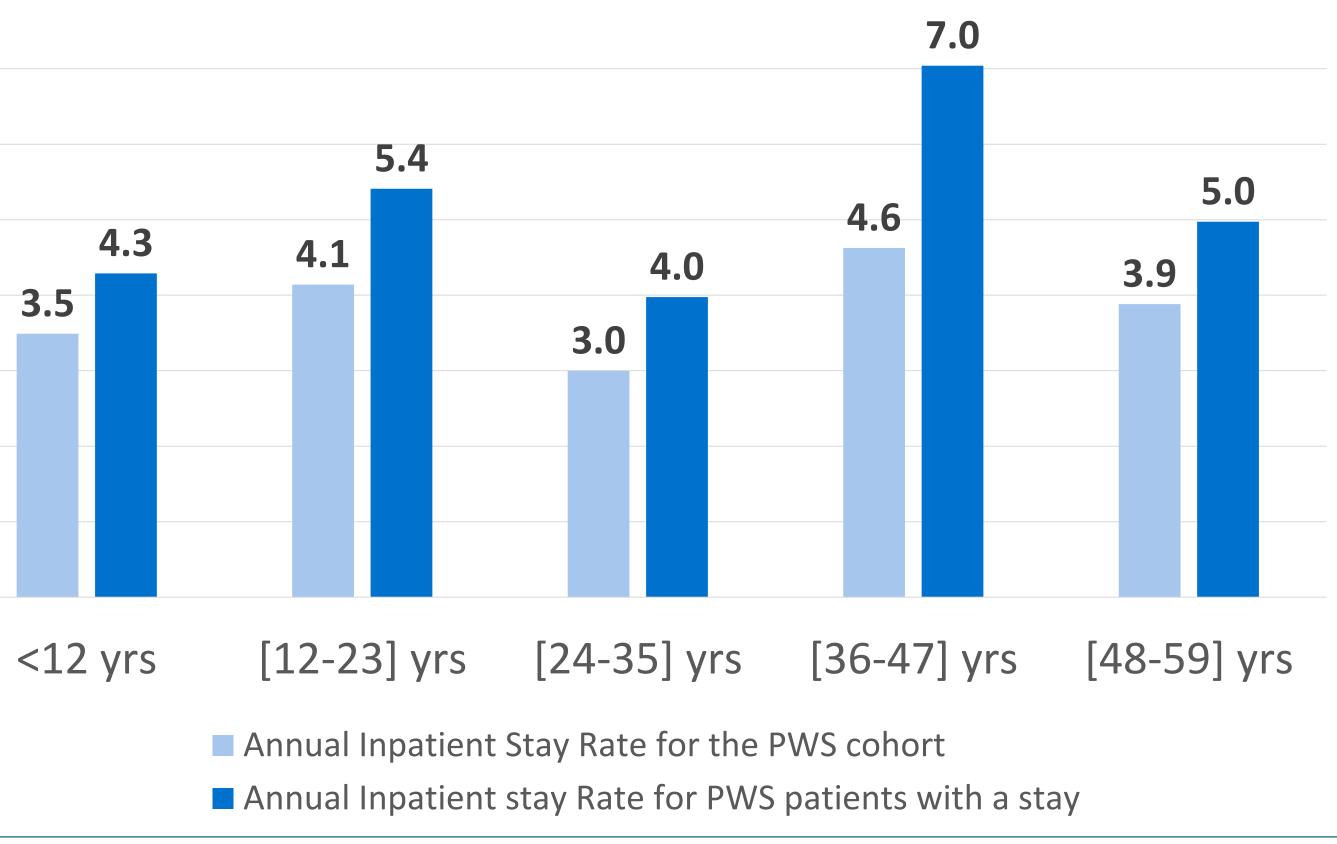












CONCLUSIONS

- High utilization of ED and IP services was observed across all age groups, despite a declining population size as a function of age due to mortality.
- Utilization of ED and IP services was >4 times higher in pediatric PWS patients compared to the general pediatric population (2019 CDC data).
- These real-world analyses highlight the substantial burden of PWS on both patients/caregivers and the U.S. healthcare system, underscoring the considerable need for effective treatments for hyperphagia in PWS.

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Abbreviations: PWS, Prader-Willi syndrome; ED, emergency department; IP, inpatient; Avg, average; Pt, patient; yrs, years.

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