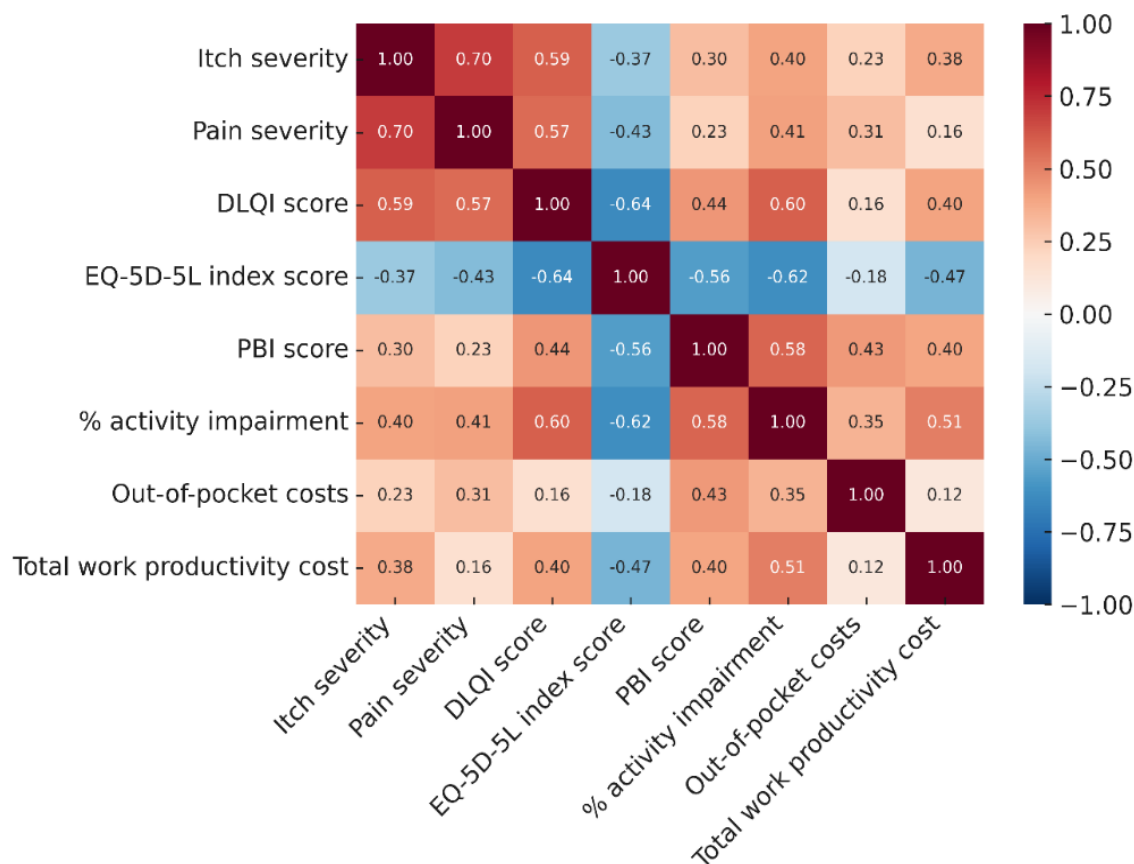


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Fig. S1. Heatmap of correlations among key variables related to the burden of AD.



Explanation: Red shades indicate positive correlations, and blue shades indicate negative correlations; darker colors represent stronger associations.

Note: Significant correlations were observed among clinical severity measures, quality-of-life indices, and economic burden indicators in adults with AD. Higher itch severity was moderately associated with greater activity impairment ($r_s = 0.402$, $p < 0.001$), worse DLQI scores ($r_s = 0.594$, $p < 0.001$), and increased total productivity costs ($r_s = 0.375$, $p < 0.001$). Similarly, overall work impairment was highly correlated with both presenteeism ($r_s = 0.934$, $p < 0.001$) and absenteeism ($r_s = 0.372$, $p < 0.001$).

The EQ-5D-5L index showed moderate to strong negative correlations with DLQI ($r_s = -0.640$, $p < 0.001$), PBI ($r_s = -0.565$, $p < 0.001$), and total productivity costs ($r_s = -0.467$, $p < 0.001$), indicating that lower self-rated health is associated with poorer clinical and economic outcomes.

Notably, PBI was positively associated with out-of-pocket costs ($r_s = 0.430$, $p < 0.001$), suggesting that patients perceiving greater treatment benefit may invest more in managing their condition.

These findings highlight the interrelated burden of symptom severity, quality of life, and economic impact, underscoring the need for comprehensive, patient-centered care strategies.

Fig. S2. Distribution (%) of treatment categories (a), and types of systemic therapies (b) (tablets/syringes).

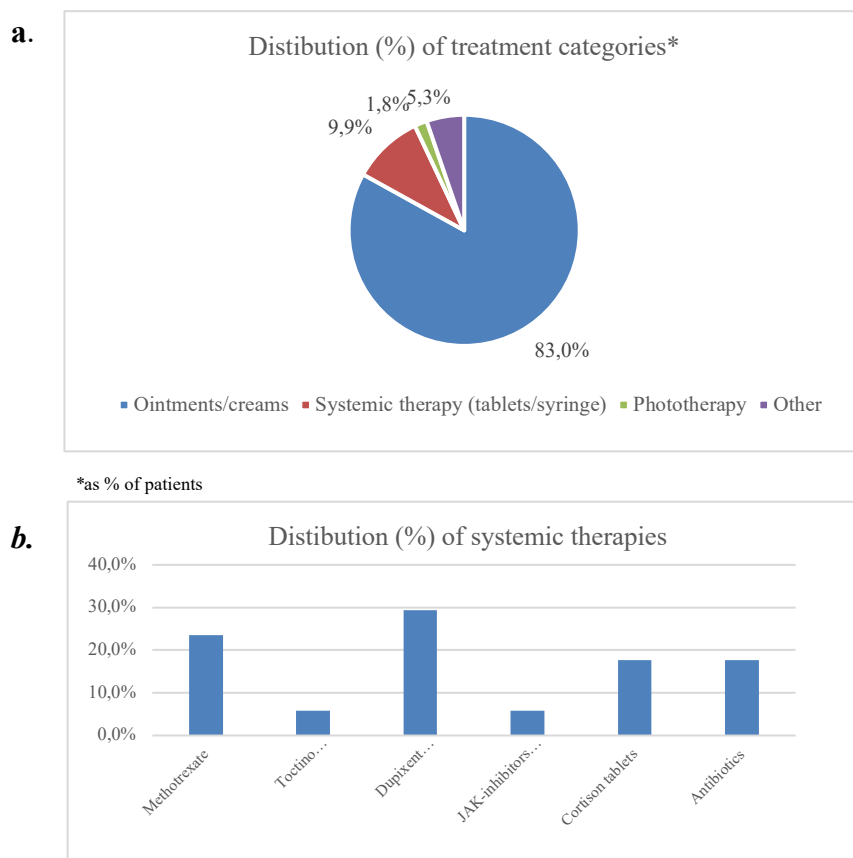
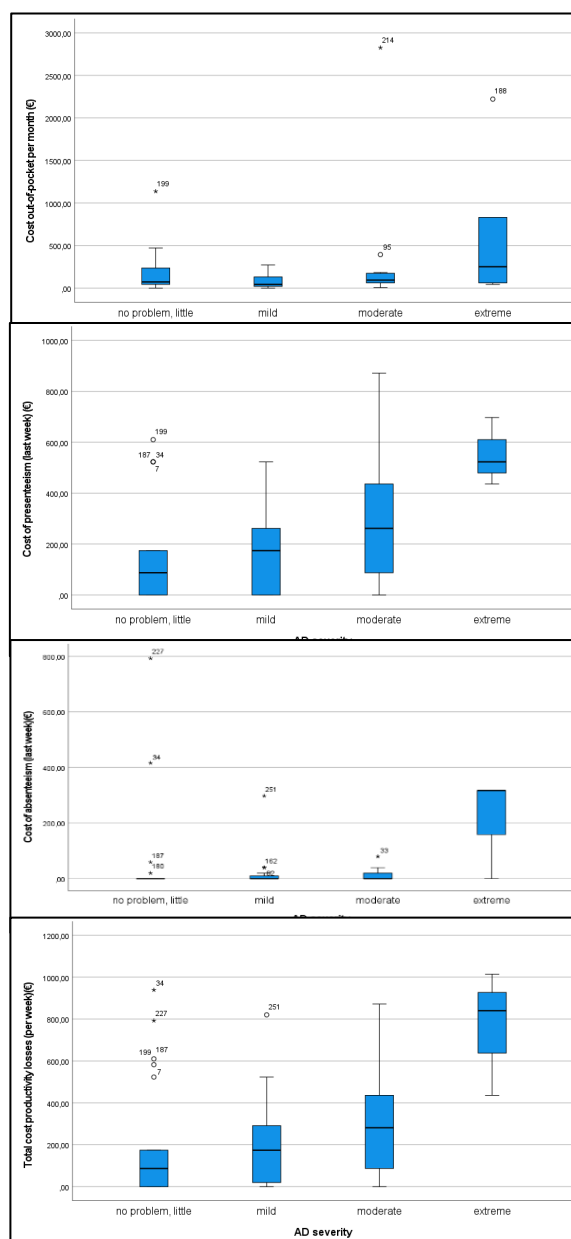


Fig. S3. Costs of out-of-pocket and production losses by AD severity level.



Note: The figures S2 illustrate the relation of AD severity level and out-of-pocket costs and productivity losses, including absenteeism, presenteeism and overall costs of productivity losses. There is an increase in costs with increasing severity, especially for productivity losses and between moderate to severe level.