

SOCIETAL BURDEN IN HEPATITIS C PATIENTS: THE COME STUDY RESULTS

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Background and aims

As a result of successful treatments for Chronic Hepatic Diseases (CHDs), patients' life expectancy, but also the diseases prevalence and costs are increasing. Realistically patients with chronic diseases needs a lifetime treatment, influencing societal costs. However, the burden of CHDs is little known. We aimed to assess costs (direct, indirect and intangible) in patients with CHDs.

The following results pertain to patients with CHDs cause from HCV.

Methods

CoME is a naturalistic multicentre Cost-of-Illness study. One thousand-eighty-eight adult patients (age \geq 18 years) diagnosed with CHDs, consequently accessing at gastroenterology unit of 2 hospitals, (Riuniti di Bergamo, Italy; II Policlinico di Napoli, Italy) were enrolled. A retrospective 6 months follow-up period was adopted in regard of direct (medical and non medical) and indirect costs assessed from the societal perspective (i.e., patients, their family caregivers and National Health Service). Direct medical costs considered were: conventional and unconventional (e.g. homeopathic products, herbal drugs, etc.) treatment, hospitalizations, specialist medical visits, laboratory and instrumental tests. Direct non medical costs were estimated using travel and/or accommodation to reach healthcare providers, costs of formal caregiving and work/school/usual activities lost of patients and their main informal caregivers. HR-QoL was assessed by the EQ-5D questionnaire, consisting of two parts: a descriptive system (EQ-5D profile) made of 5 domains ("mobility", "self-care", "anxiety or depression", "usual activities" and "pain or discomforts") and three levels of severity per domain ("no problem", "some/moderate problems", "extreme problems/impossible to do"). The second part of the questionnaire consists of a visual analogue scale (EQ-5D VAS), measuring overall HR-QoL ranging from 0 (worst imaginable health state) to 100 (best imaginable health state). Results are reported as mean €/patient-month (direct cost) and mean days/patient-month (indirect cost). The patients were sub-grouped according to their main condition at the enrollment: hepatitis, cirrhosis, hepatic carcinoma, liver transplantation.

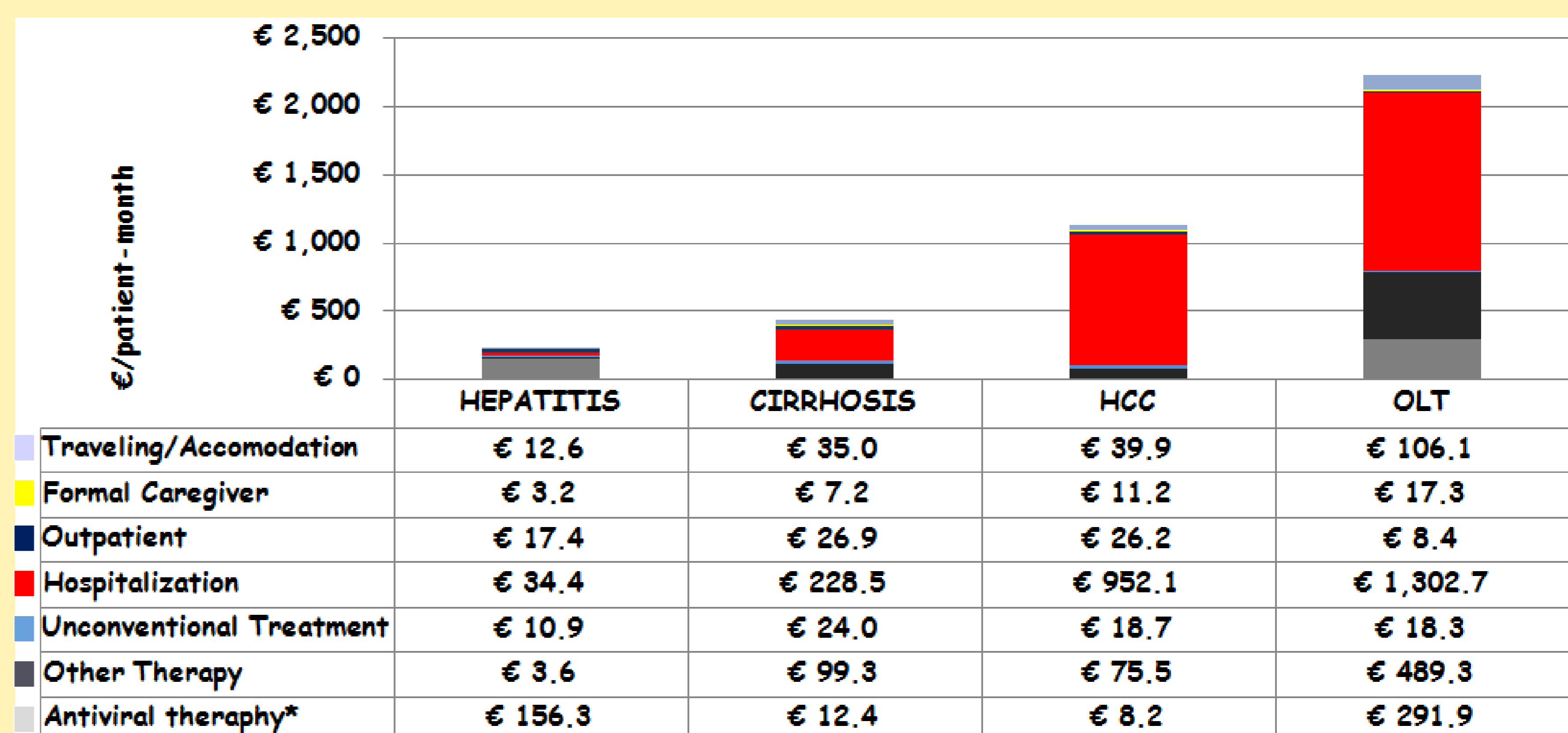
Sample description

Table 1. Sample description according to disease condition

| DISEASE CONDITION | Frequency N (%) | Male % | Age median (min-max) |
|-------------------|-----------------|--------|----------------------|
| HEPATITIS | 346 (63.4) | 61.2 | 60.1 (20.2-83.1) |
| CIRRHOSIS | 113 (20.7) | 19.7 | 62.4 (37.8-82.4) |
| HCC | 53 (9.7) | 11.0 | 66.4 (46.1-89.5) |
| OLT | 34 (6.2) | 8.1 | 60.8 (18.9-71.4) |
| TOT | 546 (100.0) | 56.6 | 61.5 (18.9-89.5) |

Direct Costs

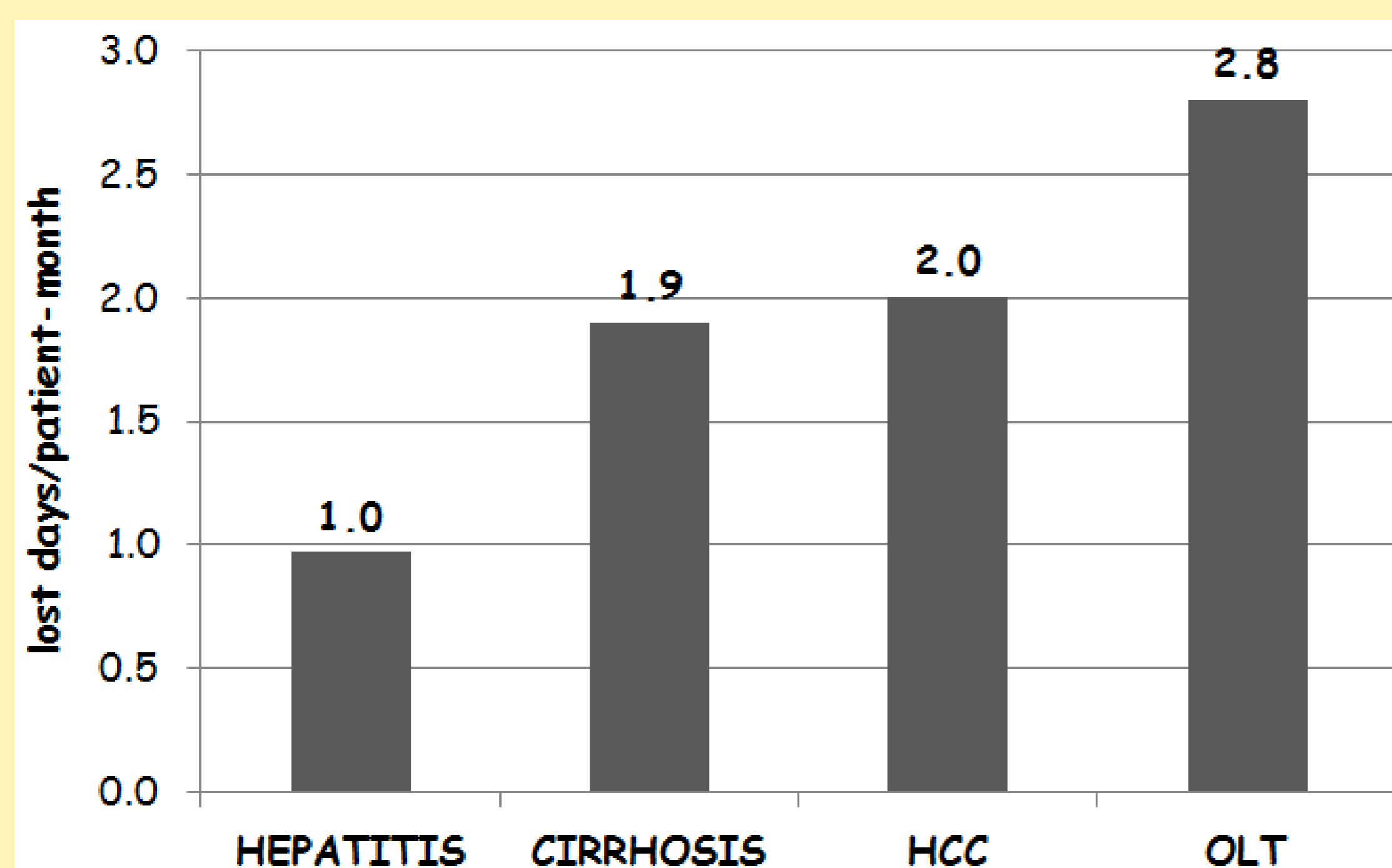
Figure 1. Direct cost (€/patient-month) according to cost type and disease condition



*Including immunosuppressants (interferon)

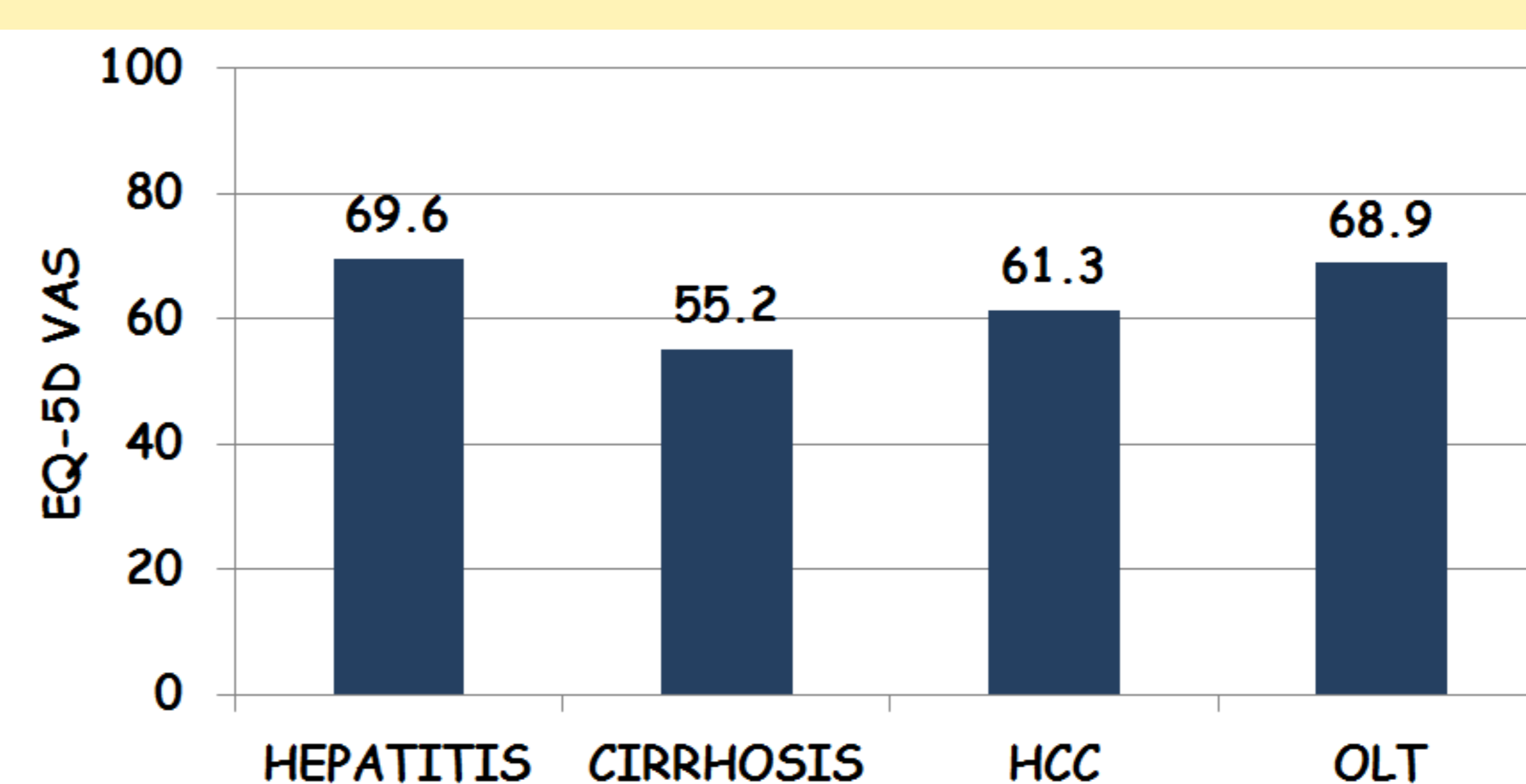
Indirect Costs

Figure 2. Loss of productivity (days/patient-month) for both patient and his/her informal caregiver, according to disease condition



EQ-5D VAS

Figure 3. EQ-5D VAS, according to disease condition



Similar results were obtained with the EQ-5D descriptive system. Overall, 26.0% percent of patients reported problems in walking about, 15.6% had problems with self-care, 31.1% had problems in doing usual activities, 40.9% had pain/discomfort, and 52.6% had anxiety/depression.

Overall, the mean \pm SD VAS was 65.8 \pm 20.4

Discussion

The CoMe study results show how costs change among patients experiencing different CHDs developing during their life: direct medical and non medical costs and loss of productivity of both patients and their family caregivers increase from patients with hepatitis to those with cirrhosis and carcinoma, to reach the maximum levels among patients who have received liver transplantation. The implementation of efficient treatments aimed to reduce worsening of CHDs can help to improve patients' health and contemporarily reduce societal costs.

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