

Juvenile idiopathic arthritis (JIA) is associated with considerable financial burden to society: results of a Dutch cost analysis

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Objective



JIA is the most common chronic **rheumatologic disease in childhood**.

Aim: to determine the **cost impact of JIA**, from a hospital and a societal perspective, and investigate cost differences between JIA subtypes.

Methods

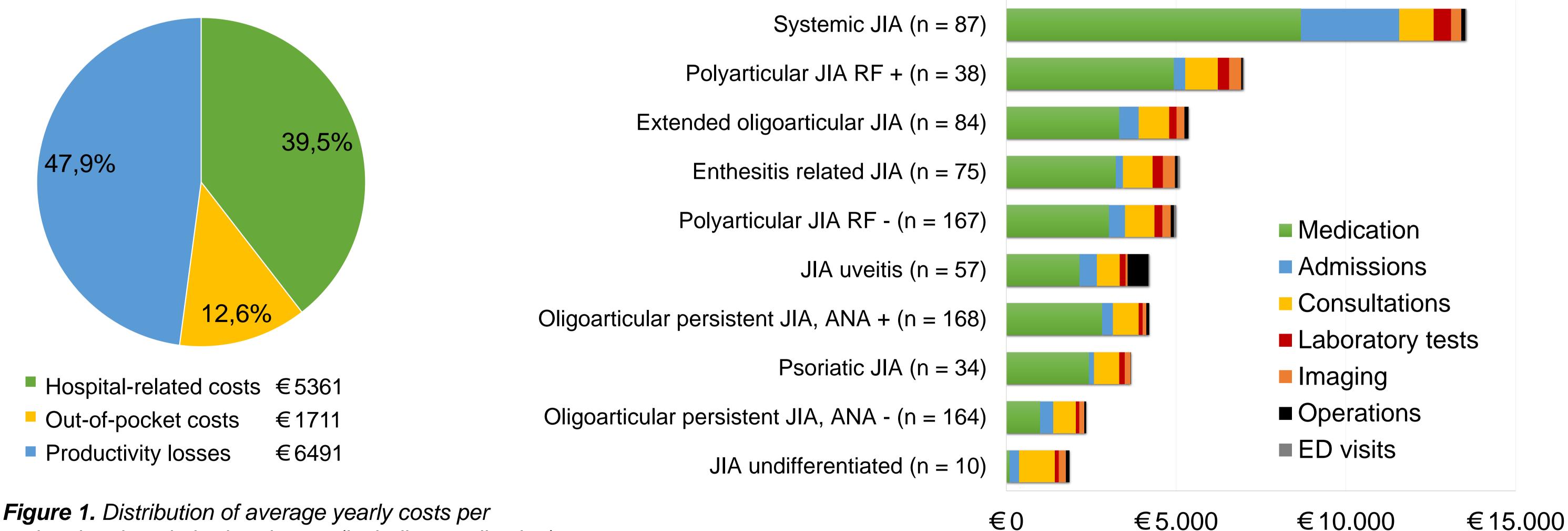
Data analysed:

- Retrospective cohort of **884 JIA patients** (0-18 years), treated in the Wilhelmina Children's Hospital (NL), between 04/2011 and 04/2019.
- **Including**: medication use, imaging, laboratory tests, admissions, operations, consultations, and emergency department visits.

Costs of hospital-related resource were obtained from hospital tariffs, the Dutch Healthcare Authority, the Dutch Pharmacotherapeutic Compass, and the Dutch pediatric formulary.

Out-of-pocket costs (including other medical costs) and productivity losses were derived from studies identified in a literature review [1].

- Mean annual hospital-related costs (including medication): €5361/patient.
- Highest annual hospital-related costs (i.e.
 €13,548/patient) were found in systemic JIA (9.8% of patients):
 - **8676/patient** (i.e. 64%) is attributable to medication use vs. **€2583/patient** in other JIA subtypes.
 - High costs mainly due to using biologics as first-line treatment.
- Based on literature:
 - O Annual productivity losses of patients and parents:
 €6491/patient.
 - Out-of-pocket and other medical costs:
 €1711/patient.



Results

Figure 1. Distribution of average yearly costs per patient into hospital-related costs (including medication), out-of-pocket costs (including other medical costs) and productivity losses (of patients and parents).

Figure 2: average annual hospital-related costs (including medication) depending on JIA subtype.

Conclusion and discussion

- Costs were found to vary substantially between JIA subtypes
 - o Annual hospital-related costs were highest among systemic JIA, largely attributable to medication use.
- When considering the societal perspective, productivity losses were the main cost driver.
 O However, evidence in literature was limited and not specified per JIA subtype.
- To capture the full impact of JIA, future research should also incorporate its (wider) impacts on society.

*Health Economics Working Group: Gouke Bonsel, Brian M. Feldman, Esther Hoppenreijs, Bianca Lang, Claire LeBlanc, Karine Toupin-April, Philomine van Pelt. [1] Kip, M.M.A., et al. (2019). Pediatr Rheumatol Online J **17**(1): 20.









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