BURDEN OF OBESITY: 10-YEAR REVIEW OF PUBLISHED LITERATURE ON OBESITY PREVALENCE IN NINE COUNTRIES

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OBJECTIVE: To examine data published over the past ten years describing measured and self-reported obesity prevalence among adults in Australia, Canada, France, Germany, Italy, Spain, Sweden, the UK, and the US. METHODS: A review of the medical literature published from 1997 to 2007 was conducted, including MEDLINE, EMBASE, Current Contents Connect, and International Pharmaceutical Abstracts databases; ISPOR abstracts; and data published on the Internet by WHO and relevant governmental agencies. RESULTS: Prevalence of obesity varies significantly based on the mode of measurement. Studies based on measured weight and height report prevalence 35% to 86%, higher than comparable studies based on self-reported weight and height. Obesity prevalence has increased significantly during the past two to three decades for most of the countries reviewed; prevalence in Italy, however, does not appear to have increased dramatically. Rates of increase in prevalence for most countries range from 40% to 60% over the past two decades. The US has the highest prevalence of obesity worldwide (approximately 32%). Australia, Canada, Germany, and the UK also have relatively high obesity prevalence (range: 18% to 23%). France, Italy, Spain, and Sweden have comparatively low obesity prevalence (range: 9% to 15%); however, rates of increase are similar to those of countries with higher obesity prevalence. CONCLUSION: Prevalence of obesity varies substantially among these countries. Given the rapid rate of increase in obesity prevalence and the variation between prevalence rates derived from measured and self-reported data, studies based on recently collected measured data are necessary to understand global obesity epidemiology.

THE ECONOMIC BURDEN OF SYSTEMIC LUPUS ERYTHEMATOSUS AMONG PATIENTS OF THE CAROLINA LUPUS STUDY EARLY IN THE COURSE OF DISEASE

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OBJECTIVE: Our primary objective was to quantify differences in direct and indirect costs (i.e., costs of health care utilization and costs associated with job loss, respectively), and identify predictors of total cost based upon data provided at the follow-up assessment. METHODS: The Carolina Lupus Study is a population-based case-control study of SLE conducted in eastern and central NC and SC. Controls were identified through driver’s license records and frequency matched to cases by age, sex, and state. The 2001 follow-up assessed health care utilization in the past 12 months. Health care utilization per-unit annual costs (converted to 2001 US dollars) of 198 SLE patients were compared to those of 299 controls. The natural logarithm was taken of health care services which were used in linear regression to predict factors associated with an increase or decrease in the magnitude of total annual cost for cases and controls. RESULTS: Annual mean direct costs for health care was $12,375 (sd $13,723) in cases compared with $3,718 (sd $6,135) in controls (p < .0001). The annual mean salary was $21,540 (sd 11215) among the 47 cases and $24,909 (sd 9399) among the nine controls who had stopped working due to health reasons. When averaged across the full follow-up sample (199 cases and 298 controls), the average annual cost of wages lost due to illness was $5,113 and $749 in cases and controls, respectively (p < .00001). Predictors of higher costs among cases were lower education level (less than high school), renal disease, and serositis. CONCLUSION: There are no published studies which compare medical expenditure costs of SLE patients to matched-controls. Health utilization costs were significantly different for nine out of the ten health services and indirect costs between cases and controls were considerable implicating a need for financial support amongst minorities and women, populations disproportionately affected by SLE.