OBJECTIVES: To determine the cost of Dupuytren's contracture in the Czech Republic. METHODS: Survey among general surgery specialists and orthopedic surgeons (panel of total 9 surgeons) conducted. The assessment itself was done using a classical Delphi panel method, combined with data from medical charts and/or hospital information systems. Besides the surgeons, also rehabilitation specialists (to cover costs for rehabilitation) and internal medicine specialists (to cover costs for complications) were included in the panel. RESULTS: If indirect costs (productivity loss) are included, they represent the major part of all costs (76 %). In case of direct cost inclusion, rehabilitation stands for more than 50% of costs, followed by surgery costs (almost 30%). Mean direct costs (1 operation field) are estimated at about €3,048. In case of complication (isolation of 2-3 weeks) mean indirect costs increase to 1,624. If indirect costs (productivity loss) are included, total costs increase dramatically, arriving at mean costs of almost 50 thousand CZK (21,800 to 90,200 CZK). CONCLUSIONS: Cost of Dupuyten's contracture range from 21,800 to 90 200 CZK if indirect cost included. Indirect cost represent 76% of all costs.

PMS2
RETROSPETIVE CHART REVIEW TO ASSESS UTILIZATION OF RESOURCES AND COSTS RELATED TO POSTMENOPAUSAL OSTEOPOROSIS TREATMENT OF PATIENTS WITHOUT FRACTIONS IN SLOVENIA, SERBIA, SLOVAKIA AND BULGARIA

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OBJECTIVES: To evaluate utilization of resources and direct medical costs of postmenopausal osteoporosis treatment in patients without fractures. METHODS: A medical chart review was performed to examine the medical resources used to treat osteoporosis during the year preceding the start of the study. Data were collected between July 2010 and April 2011 by local investigators from 5 centers in Serbia (99 patients), 5 in Serbia (102), 10 in Slovenia (100) and 3 in Bulgaria (106). Data of patients above 50 years of age, diagnosed with osteoporosis without fractures and treated for osteoporosis was included in the study. Based on these data, costs of osteoporosis treatment from the public payer and patient’s perspective in all countries were obtained. Costs of ambulatory and hospital visits, examinations and drugs were calculated. RESULTS: Patients with osteoporosis were monitored more frequently in Slovenia and Serbia (on average 2.00 and 1.87 ambulatory visits per year, respectively). In Serbia and Bulgaria, ambulatory visits were less frequent (0.79 and 0.67 visits per year, respectively). Percentages of patients treated with bisphosphonates were 99%, 98%, 78% and 61% in Slovenia, Bulgaria, Serbia and Montenegro, respectively, while 83%, 85%, 81% and 57% was treated with calcium and vitamin D supplements, respectively. Average 1-year cost of osteoporosis treatment was highest in Slovenia and Serbia, accounting for €4,207 (CI95%: 3,484-4,920) and €4,420 (CI95%: 3,426-5,414) in 2010, respectively. Costs were €190 (CI95%: 164-216). CONCLUSIONS: The highest standard of treatment and monitoring osteoporosis was observed in Slovenia. On the other side treatment of osteoporotic patients generated the highest costs in Slovakia, how-ever some of these costs could be related to comorbidities.