OBJECTIVES: To estimate the costs associated with juvenile idiopathic arthritis (JIA) for Russia in 2009. METHODS: We used the standard cost of illness (COI) method adopting the viewpoint of the payers (national and regional governments). The data was obtained from the National health insurance registry, expert panel views and literature. The costs were calculated for the total population of JIA patients in Russia in 2009. We calculated direct medical costs (based on national reimbursement rates and regional data on drug costs), non-medical costs (social benefits expenditure) and indirect costs (productivity loss due to the necessity of providing care for parents by patients). Indirect costs were assessed using friction costs method. RESULTS: The total costs of JIA in Russia in 2009 was 1.17 billion RUR (€28.48 mln), or 76,013 RUR (€1843) per patient per year. The highest per person costs were attributed to patients with systemic JIA – 189,489 RUR (€4594), the lowest - with oligoarticular type of JIA (40,223 RUR (€975)). The costs for handicapped child were 3.9 times higher than for those without disability, mostly because of different social benefits. The direct medical costs accounted for 31.5% of total spending, direct non-medical costs – for 55.6%, and indirect costs – for 12.8%. The share of direct non-medical costs in the overall spending was lower in less severe patients: 58.3% for the systemic JIA, 57.7% for the polyarticular and 46.4% for the oligoarticular type of JIA. Direct nonmedical costs represented 75.8% of total costs for handicapped child versus 42.8% in patient without such status. CONCLUSIONS: JIA represents significant social and economic burden for the state. The costs for handicapped child are several times higher than for the one without disability due to social benefits payments.

ECONOMIC BURDEN OF JUVENILE IDIOPATHIC ARTHRITIS IN RUSSIA

OBJECTIVE:
To estimate the economic burden of juvenile idiopathic arthritis (JIA) for Russia in 2009.

METHODS:
We used the standard cost of illness (COI) method adopting the viewpoint of the payers (national and regional governments). The data was obtained from the National health insurance registry, expert panel views and literature. The costs were calculated for the total population of JIA patients in Russia in 2009. We calculated direct medical costs (based on national reimbursement rates and regional data on drug costs), non-medical costs (social benefits expenditure) and indirect costs (productivity loss due to the necessity of providing care for parents by patients). Indirect costs were assessed using friction costs method.

RESULTS:
The total costs of JIA in Russia in 2009 was 1.17 billion RUR (€28.48 mln), or 76,013 RUR (€1843) per patient per year. The highest per person costs were attributed to patients with systemic JIA – 189,489 RUR (€4594), the lowest - with oligoarticular type of JIA (40,223 RUR (€975)). The costs for handicapped child were 3.9 times higher than for those without disability, mostly because of different social benefits. The direct medical costs accounted for 31.5% of total spending, direct non-medical costs – for 55.6%, and indirect costs – for 12.8%. The share of direct non-medical costs in the overall spending was lower in less severe patients: 58.3% for the systemic JIA, 57.7% for the polyarticular and 46.4% for the oligoarticular type of JIA. Direct nonmedical costs represented 75.8% of total costs for handicapped child versus 42.8% in patient without such status. CONCLUSIONS: JIA represents significant social and economic burden for the state. The costs for handicapped child are several times higher than for the one without disability due to social benefits payments.

BIOLOGICAL DRUGS- A SWEDISH NATIONAL REGISTER STUDY FOR 1990-2010

OBJECTIVES:
BIOLOGICAL DRUGS- A SWEDISH NATIONAL REGISTER STUDY FOR 1990-2010

METHODS:
The method was to perform a cohort study of incident cases of rheumatoid arthritis (RA) treated with biological drugs (anti-TNF therapies, abatacept, tocilizumab, rituximab) in four different regions in Sweden 1990-2010 and to discuss the changes in costs during this period. The method was to perform a cohort study of incident cases of rheumatoid arthritis (RA) treated with biological drugs (anti-TNF therapies, abatacept, tocilizumab, rituximab) in four different regions in Sweden 1990-2010 and to discuss the changes in costs during this period. In this study, research-identified data from a system that processes claims for all Turkish health insurance funds. Incident cases of adult RA patients with two RA visits at least 60 days apart, identified between June 1, 2010, and December 31, 2010, were required to have no RA diagnosis before June 1, 2010, with at least 1 year of continuous enrollment for baseline and follow-up years. Pharmacy, outpatient and inpatient claims were compiled over the study period for these RA patients. RESULTS: A total of 2,000 RA patients were studied. The annual cost of biological drugs was higher in the Marmara region (€412 annually due to workday loss as calculated based on income level. 2% of patients had other AS-related consultations not covered by insurance (acupuncture, homeopath, other), bringing their average annual cost to €2,482. 10.4% of AS patients incurred AS-related costs (e.g. need for new car, apartment, special equipment), spending an additional €1,978 per year. 6.92% of patients required caregivers, costing €546 annually. Multivariable regression showed that age and gender played no significant role related to the incidence in indirect costs. Indirect and AS-related expenditures reported significantly higher Global Health Activity (GDA), visual analog scale (VAS), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) and EuroQol health status (EQ-SD) scores. CONCLUSIONS: AS represents a considerable economic burden to both medical and non-medical systems. In developing countries, these nations are important to determine efficient allocation of the limited resources in such regions.

TOTAL HEALTH CARE COSTS ASSOCIATED WITH RHEUMATOID ARTHRITIS INCIDENT CASES IN TURKEY

OBJECTIVES:
To estimate risk-adjusted health care costs and identify associated risk factors for rheumatoid arthritis (RA) expenditures in Turkey using real-world data.

METHODS:
This study used research-identified data from a system that processes claims for all Turkish health insurance funds. Incident cases of adult RA patients with two RA visits at least 60 days apart, identified between June 1, 2010, and December 31, 2010, were required to have no RA diagnosis before June 1, 2010, with at least 1 year of continuous enrollment for baseline and follow-up years. Pharmacy, outpatient and inpatient claims were compiled over the study period for these RA patients. RESULTS: A total of 2,000 RA patients were studied. The annual cost of biological drugs was higher in the Marmara region (€412 annually due to workday loss as calculated based on income level. 2% of patients had other AS-related consultations not covered by insurance (acupuncture, homeopath, other), bringing their average annual cost to €2,482. 10.4% of AS patients incurred AS-related costs (e.g. need for new car, apartment, special equipment), spending an additional €1,978 per year. 6.92% of patients required caregivers, costing €546 annually. Multivariable regression showed that age and gender played no significant role related to the incidence in indirect costs. Indirect and AS-related expenditures reported significantly higher Global Health Activity (GDA), visual analog scale (VAS), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) and EuroQol health status (EQ-SD) scores. CONCLUSIONS: AS represents a considerable economic burden to both medical and non-medical systems. In developing countries, these nations are important to determine efficient allocation of the limited resources in such regions.

DETERMINANTS OF TOTAL HEALTH CARE COSTS ASSOCIATED WITH RHEUMATOID ARTHRITIS PREVALENT CASES IN TURKEY

OBJECTIVES:
To determine the factors for rheumatoid arthritis (RA) expenditures in Turkey using real-world data.

METHODS:
This study analyzed research-identified data from a system that processes claims for all Turkish health insurance funds. Incident cases of adult RA patients with two RA visits at least 60 days apart, identified between June 1, 2010, and December 31, 2010, were required to have no RA diagnosis before June 1, 2010, with at least 1 year of continuous enrollment for baseline and follow-up years. Pharmacy, outpatient and inpatient claims were compiled over the study period for the selected patients. RESULTS: Among 1,920 patients (mean age: 53.91; female: 84%), 13.8% were age 18-39, 66.5% were 40-64 years and 19.7% were age 65 or older.