OBJECTIVE: To estimate aggregate burden imposed on the Australian community each year by the systemic rheumatic disease ankylosing spondylitis (AS). METHODS: The study used a bottom-up approach consisting of: a survey of 143 AS patients; estimation of the costs associated with each patient; estimation of the incidence and prevalence of AS in Australia; and integration of these data to estimate the total costs of AS in Australia each year. The patient survey collected information about respondents’ disease characteristics, quality of life, health care resource utilisation, and employment. Health Care costs accrued by patients were classified into six categories: medications; hospitalisations; specialist attendances; visits to other medical professionals and allied health care appointments; medical procedures and tests; and complementary Health Care appointments. Non-Health Care costs comprised lost productivity due to absence from paid and unpaid employment, assessed using the human capital and friction cost methods, and using the value of a quality-adjusted life year (QALY). RESULTS: It is estimated the number of patients in the Australian health care system with diagnosed AS is currently 6895. However, an additional 12,805 un- or misdiagnosed AS patients are predicted. The aggregate annual costs of AS in Australia in 2004 are estimated to be between AUS$109,432,035 and AUS$483,010,549, depending on methods used to assess indirect costs. Direct Health Care costs of AS are expected to be approximately AUS$34 million in 2004, accounting for 7%–31% of the total burden. CONCLUSIONS: Comparison of the aggregate costs of AS with other cost-of-illness studies reported in Australia shows that the health care costs of AS are lower than those for many other conditions. However, the majority of the total costs of AS is attributable to lost productivity highlighting the effect on a predominantly working-age population. The burden of AS in Australia is expected to increase in the next four years as population grows.

The valdecoxib 10 mg group resulted in lower mean total costs than the diclofenac group with a treatment cost difference of—£129.20 (95% CI: £448.80, £190.39). The corresponding difference between the valdecoxib 20 mg group and the diclofenac group was —£79.74 (95% CI: —£400.92, £241.44). Cost per averted ulcer showed valdecoxib as the dominant therapy with fewer ulcers and lower total medical costs. CONCLUSIONS: Valdecoxib 10 and 20 mgqd provided comparable efficacy with a more beneficial safety profile at a similar total medical cost compared to diclofenac 75 mg bid in treating OA.

OBJECTIVE: To evaluate the determinants of costs and quality of life for patients in Australia with the systemic rheumatic disorder ankylosing spondylitis (AS). METHODS: The study employed a survey of 143 AS patients in Australia to collect information about respondents’ disease history, quality of life, health care resource utilisation and employment. Patient-level estimation of total (direct and indirect) costs was performed. Two disease status instruments measured disease activity and level of disability: Bath Ankylosing Spondylitis Function Index (BASFI) and Bath Ankylosing Spondylitis Disease Activity Index (BASDAI). The burden of AS on quality of life was assessed using utility values derived by the Assessment of Quality of Life (AQoL) scale. RESULTS: The mean utility value across the surveyed population was 0.56. Utilities ranged from 0.02 to 1.00, with a median of 0.58 and a mode of 0.84. Mean BASFI and BASDAI scores were 4.1 and 4.8, respectively. The mean cost per patient over the 3 months prior to the survey was estimated to be between AUS$2188 and AUS$6870 depending on the method used to value indirect costs. Linear regression showed significant associations between utility values and BASFI and BASDAI scores. Log-linear regression of Health Care and indirect costs against respondents’ BASFI and BASDAI scores showed a significant association when each of these instruments is used to predict health care costs. Log-linear regression of total costs also showed that these increased with disease severity. CONCLUSIONS: BASFI and BASDAI scores compared with utility values show an intuitive relationship: as disease severity decreases, utility scores increase. Similarly, total costs are positively related to disease severity. This study showed the costs and quality of life effects of AS can be predicted by patients’ disease severity. Knowledge of the predictors of costs enable policies and/or health care interventions to be adopted that help to minimise these costs.

OBJECTIVES: We performed a macro-economic assessment of the cost of osteoarthritis in 2002 and compared our results to those computed in 1991 in an earlier study using the same methodology. METHODS: The macro-economic cost assessment was based on prevalence data. Medical consumption items were described both in term of quantity and price. Data were collected...