HEMATOLOGICAL DISORDERS & LEG ULCERS—Quality of Life Studies

APPLICATION OF CONJOINT ANALYSIS TO ELICIT PREFERENCES IN HEMOPHILIA CARE: THE CONAN STUDY GROUP

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OBJECTIVES: To provide health care to hemophiliacs is the result of a complex interaction between different patients, physicians, policy-makers, etc., carrying their individual sets of preferences, the precise understanding of which is of great utility in planning of optimal care. This study investigates preferences on hemophilia care in 212 adult Italian severe and moderate hemophiliacs by means of a quantitative method called conjoint analysis. This technique shows how individuals are willing to trade between different characteristics. Consequently it produces overall benefit scores for alternative ways of providing health care and estimates the relative importance of different characteristics of a service. METHODS: Conjoint analysis was used with a discrete choice design. Respondents were asked to choose between two different scenarios as combination of attributes and levels previously identified by asking patients and physicians, in 16 pair-wise comparisons. Attributes and levels were: viral safety (as that provided by highly purified double inactivation plasma derived versus recombinant concentrates), development of inhibitors (3 levels: 30%, 20%, 10%), half-life (defined by number of administrations per week for prophylaxis: 3, 2, and 1 infusions weekly), ease of use (powder to dilute or ready-to-use solution), distribution (home, local pharmacy, hospital) and price. RESULTS: Of 209 patients who completed the questionnaire, 31 were excluded because they inconsistently answered to a purposefully included scenario. Overall 178 patients’ responses were evaluated. All attributes considered, excluding ease of use, tested important to respondents. Patients showed a strong preference toward both outcome variables (viral safety, risk of development of inhibitors) and process variables (distribution, half-life). CONCLUSIONS: Our study first applied conjoint analysis to elicit preferences toward hemophilia care. Our estimates provide evidence of the importance of patients’ preferences in the whole process of health care providing. These results might guide physicians and policy-makers in planning the optimal hemophilia treatment.

ASSESSING PATIENT PREFERENCES AND QUALITY-ADJUSTED LIFE YEARS (QALY) OF PROPHYLACTIC HAEMOPHILIA TREATMENT

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Clinical studies have shown significant improvements in outcomes with the use of prophylactic haemophilia treatment compared to on-demand treatment. Further analyses showed that health-related quality of life could be maintained with prophylactic treatment. So far rare data on utility values exist. OBJECTIVE: The purpose of this analysis was to derive patient preferences measured in utilities and health related quality of life associated with on-demand and prophylactic therapy of haemophilia patients in Sweden, the United Kingdom, the Netherlands and Germany. METHODS: Analysis was based on data collected by the European Haemophilia Economic Study Group. Utilities were derived by using a preference-based algorithm to transform the SF-36 into a single SF-6D index. Equations for predicting mean utilities in different patient subgroups were derived by using multiple regression analysis. RESULTS: A total of 506 patients was included. Patients receiving prophylactic treatment had higher mean utilities than patients receiving on-demand (>30yrs: 0.68 vs. 0.66, p = 0.15; 30yrs: 0.76 vs. 0.73, p = 0.02). Stratification by HIV-infection showed that the utility gain with prophylactic treatment was higher in HIV-negative patients (prophylaxis: 0.73, on demand: 0.68; p < 0.0001) compared to HIV-positive patients (prophylaxis: 0.69; on demand: 0.68; p = 0.67). There was an association between utilities, annual number of joint bleeds and the physical examination score (PES): with increasing number of joint bleeds per year, utilities decreased and PES increased. Health-related quality of life was strongly influenced by patients’ age. Main predictors for quality of life were occurrence of disability, HIV- or hepatitis B infection, average amount of clotting factor, number of bleedings per year and physical examination score. CONCLUSION: Patient preferences vary between different patient subgroups and the results are sensitive to age and co-morbidity. Further research should include a long-term prospective quality of life measurement with patients receiving primary prophylaxis and on-demand treatment.