OBJECTIVES: Constipation is considered an inconvenient problem, however data on the real burden is lacking. The objective of the current analysis was to assess the clinical and economic burden of chronic constipation in patients.

METHODS: Prospective, observational study using the IMS Hospital Disease Database (year 2007), which includes data on full hospitalizations and day clinic for 34.3% of Belgian hospital beds, stays of patients with constipation were selected based on the ICD-9-CM code (564.9) with constipation as a principal diagnosis. A database allowed to calculate length of stay, hospital mortality, performed interventions, ATC classified medication usage, and cost of hospitalisation. Using the 34% coverage, a national projection was made for the number of hospital stays and burden of disease. 2007 costs were extrapolated to 2010 by applying cost from 2001 to 2007. ATC codes for non-contact laxatives, softeners, bulking agents, enemas and peripheral opioid receptor antagonists were used. Occurrence of relevant co-morbidities was analyzed using applicable ICD-9-CM codes. RESULTS: There were 6388 hospital day clinic stays and full hospitalization of about 42% of patients were admitted due to constipation (ER). Most occurring co-morbidities were morbidities (174), fecal impaction (74) and intestinal obstruction (53). Mortality rate was 0.46% meaning 29 deaths in hospitalizations for constipation. Especially in hospitalized patients, usage of opioids was pronounced (34.17%). Osmotically acting laxatives are the most used agents (39.58%). The average costs per patient was €1883, consisting of medication costs, procedural costs and stay costs of €112, €675 and €1097, respectively. Extrapolated to Belgium the total hospitalization cost for constipation was approximately €11.9 million. Hospital stay is more frequent in the elderly particularly in elderly females.

CONCLUSIONS: Constipation is an underestimated disease condition reflected by hospital related costs of about €11.9 million and approximately 29 death cases in Belgium in 2007.

PG14 RESOURCE USE AND COST OF HEPATITIS C RELATED CARE IN BELGIUM

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OBJECTIVES: The aim of this study was to assess disease stage dependent resource use and costs in chronic genotype 1 hepatitis C (CHC) patients in Belgium.

METHODS: The medical records of 157 CHC patients were reviewed to identify medical costs over a follow up period of 3 years. Six disease stages were defined based on histology/clinical data: mild disease (F0-F2), moderate disease (F3) or compensated cirrhosis without varices (F4), compensated cirrhosis with varices (F4), decompensated cirrhosis, hepatocellular carcinoma (HCC) and liver transplantation (LT). Data collected were baseline demographic characteristics, HCV-related data and detailed resource use (hospitalizations, day-clinic visits, surgery/ interventions, physicians visits, diagnostic tests and drug use). Resource use items were multiplied with unit costs (2010) to calculate costs. The public health care payer's (SG) perspective was taken including the health insurance co-payment. RESULTS: Intravenous/intranasal drug was used in around 20% of patients, 63% had co-morbidities at study start. Nineteen patients (12%) died during the study period, whereof 79% attributable to HCV. Average number of hospitalizations during the study period ranged from 0.4 (mild disease) and 5.3 (HCC). Cost of care during the study period ranged from €18,993 for mild disease (in 81% due to HCV treatment) to €35,987 for patients with HCC (in 83% due to hospitalization, 11% due to medication and in 6% due to ambulatory care) and €65,151 for patients whose costs from a HCV to 2007. (76% hospitalization, 21% medication, 3% ambulatory care). Cost of diagnosis of the disease stage ranged between €790 (F3-F4 without varices) and €1412 (decompensated cirrhosis).

CONCLUSIONS: Antiviral treatment is the most important cost driver in mild & moderate disease, but once complications of CHC occur, the associated costs far exceed this cost of antiviral therapy.