THE SOCIOECONOMIC IMPACT OF NARCOLEPSY

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OBJECTIVES: Narcolepsy is a chronic sleep disorder characterized by excessive daytime drowsiness, sleep attacks, cataplexy, hypnagogic hallucinations and sleep paralysis. The aim of the study was to assess the economic burden of patients suffering from narcolepsy. METHODS: In a cross-sectional study, we used a standardized telephone interview and a mailed questionnaire to calculate the economic and social burden of 75 narcoleptic patients (mean age: 48.9 ± 15.2, f:m: 29:46), who met the International Sleep Disorder Classification criteria. Health-related quality of life was assessed by using the SF-36 and the EQ-5D. From a societal perspective, we calculated all direct and indirect costs using EUR2002.

RESULTS: The total annual costs amounted to 16,798 ± 18,976€ per patient. Direct costs added up to 3284 ± 360€ and included hospital costs (1193 ± 220€), in-patient rehabilitation (535 ± 177€), ambulatory diagnostics (18 ± 3€), ambulatory care (88 ± 53€) and drug costs (narcolepsy medication: 1120 ± 1530€). Approximately 50% of narcoleptic drug costs were due to the newer wake-promoting drug Modafinil. Modafinil is known to be a potent but also more expensive treatment. Total annual indirect costs were 13,515 ± 18,411€ per patient and are mainly caused by early retirement. Sleep attacks correlated significantly with early retirement and higher indirect costs in comparison to patients without them (p = 0.012). CONCLUSIONS: The socioeconomic impact of narcolepsy on society is considerably high. As in most other neurological diseases, the indirect costs outnumber the direct medical costs. Appropriate treatment is required to help patients to continue their working life and to minimize indirect costs.

EFFECT OF COMORBIDITIES ON MEDICAL CARE USE AND COST AMONG PATIENTS WITH PARTIAL SEIZURE DISORDER

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OBJECTIVE: Comorbidities in patients with seizure disorders impose significant burdens on patients and families. The purpose of this study was to assess the effect of comorbidities on medical care use and cost among patients with partial seizure disorder who were also refractory to anti-epileptic drug (AED) monotherapy. METHODS: Retrospective data from PharMetrics claims database, which includes 57 managed care plans, were collected for adult patients treated with AEDs between January 1, 2000 and March 30, 2000. Patient data were analyzed over a 6-month baseline period prior to treatment failure (on carbamazepine, phenytoin, or valproic acid monotherapy), and over a 12-month follow-up period. The Charlson Comorbidity Index (CCI) was calculated for each patient. Econometric analysis of total cost and a logistic regression with hospitalization as the dependent variable, examined the impact of the CCI, controlling for age, gender, geographic location, observation period, and AED therapy during follow-up. RESULTS: Data from 549 patients were analyzed. Sixty-percent of patients were male; 25.3% of patients were 18–30 years old, 35.2% 31–45, and 39.5% were 46 years old. During follow-up, among patients with a CCI > 1, the odds of hospitalization were nearly 3.5 times greater than for patients without recorded comorbidities (OR = 3.46, p < 0.05), while treatment costs for all medical care were 1.3 times greater (p < 0.10). CONCLUSIONS: These analyses suggest that, for patients refractory to initial standard AED monotherapy, the presence of comorbidities substantially increase medical care use and costs for managed care plans.

HEALTHCARE UTILIZATION AND SOCIOECONOMIC ASPECTS OF NEUROMUSCULAR DISEASES

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OBJECTIVES: To assess the healthcare utilization of common neuromuscular disease. METHODS: In total, 79 patients (mean age: 53.9 ± 18.0; w/m: 45:34) with Amyotrophic Lateral Sclerosis (ALS, n = 26), Myasthenia Gravis (MSG, n = 35) or Facioscapulohumeral Muscular Dystrophy (FSHD, n = 18) were interviewed for changes of employment and number of health institution visits before the final diagnosis has been established. Additional health care utilization of the last 12 months were assessed. RESULTS: The final diagnosis has been established following an average of 3.4 ± 2.4 (ALS), 3.4 ± 2.8 (FSHD) and 2.5 ± 1.6 (MSG) outpatient contacts with medical institution. The number of hospitalizations until final diagnosis was not different for the three diseases (1.3 ± 1.0 (ALS), 1.1 ± 2.7 (FSHD) and 0.6 ± 0.6 (MSG)). For the last 12 months the patients reported mean ambulant visits of 12 ± 9 (ALS), 6 ± 5 (FSHD) and 15 ± 10 (MSG). Hospitalization was reported by 85% of the ALS-, 16% of the FSHD-, and 74% of the MSG-patients. The mean number of hospitalization was 1.23 ± 0.76 (ALS), 0.33 ± 0.77 (FSHD) and 1.31 ± 0.99 (MSG). Early retirement caused by the neuromuscular disease was reported by 6% of the MSG patients, 19% of the ALS and 33% of the FSHD patients. Still at work were 49% of the MSG, 56% of the FSHD and 12% of the ALS patients. These patients were absent from work due to the neuromuscular disease for a mean of 14 ± 24d (ALS), 13 ± 17d (MSG) and 5 ± 6d (FSHD). CONCLUSIONS: The results of the study underline the socioeconomic impact of neuromuscular diseases in Germany. Especially the high number of outpatient visits during a 12-month period represent a relevant health care utilization. In particular the influence of the employment state of the patients contributes significantly to the socioeconomic impact on society.

PROFILE OF PATIENTS SUFFERING FROM RESTLESS LEGS SYNDROME AND ESTIMATION OF THEIR ANNUAL COST IN AN AMBULATORY CARE SETTING, IN FRANCE

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Headache (10.6%), migraine (4.7%), depression (6.9%) and brain tumor (4.0%) were frequently recorded, with headache (p < 0.05) and migraine (p < 0.01) more common among females. Hypertension and hyperlipidemia occurred most often in the oldest age category (p < 0.001), being reported among 20.3% and 10.1% of patients >46 years old. During follow-up, among patients with a CCI > 1, the odds of hospitalization were nearly 3.5 times greater than for patients without recorded comorbidities (OR = 3.46, p < 0.05), while treatment costs for all medical care were 1.3 times greater (p < 0.10).