BURDEN OF DISEASE FROM CORTICOSTEROIDS ADMINISTRATION (BOS): PREDICTIONS FOR THE NEXT DECADE

Janes CA, Chapman DG, Fernandez L1, Mesa OA, Peters C2
1University of Vermont College of Medicine, Burlington, VT, USA, 2Theracos, Inc., Wokingham, Berkshire, UK, Theracons, Inc., West Chester, PA, USA

OBJECTIVES: Transplanted lungs present much higher rates of complication and acute rejections than in other solid organ transplants, both immediately following surgery and throughout the patient’s life. The most common life-threatening risk following lung transplantation is a disease called corticosteroids obliterantes syndrome (BOS), a late complication when compared to early transplant-related mortality. This disease has been found to occur in approximately 50% of all lung transplants, but can also result (with 5.5% incidence) from stem transplanta-
tion. The majority of such transplant survivors will have been in gainful employ-
ment prior to surgery and yet half will live with or be at risk for developing BOS. Therefore, there is a need to study clinicals and to work on transplant related delinquency/ onset nature of BOS means that its prevalence overshadow its incidence. Our
objective was to estimate this burden of cost from the human capital perspective projected for the decade ahead. METHODS: Transplant statistics were evaluated using data from both the United Network for Organ Sharing (UNOS) and Leukemia and Lymphoma Society (LLS). Prevalence of BOS, time delay to onset, treatment costs, family and caregiver costs, average wage assumptions, and age-specific opportunity costs were evaluated from published sources, adjusted for inflation and projected over a ten-year time horizon. RESULTS: BOS presents a burden on the success measures of many settings. Over the next decade, 14,771 future BOS patients are estimated to accrue 301,658 years of lost wages. This cumulative lost work is valued at MXN $15,346.876 (8). Assuming employability prior to BOS, this cost is markedly ($13.58 vs. $1.68) more than the estimated ten-year cost of treatments, including diagnostics, drugs and devices. CONCLUSIONS: BOS will continuously present a substantial burden to society the world over that is far beyond its healthcare cost, due to the foreshortened exit of thou-
sands from the paid workforce.

TRATAMIENTO AMBIULATORIO VERSUS HOSPITALARIO RELACIONADO A AGUDIZACIONES EN PACIENTES CON ASMA DESDE UNA PERSPECTIVA INSTITUCIONAL PUBLICA MEXICANA

Huicochea-Barrett JL1, Camacho-Cordero LM2, Herran S3
1Boehringer Ingelheim, Distrito Federal, Mexico, 2Health Consoultings, Distrito Federal, Mexico

Multiple exacerbations of asthma are related to high costs, particularly in the paediatric age range. The aim of this study was to evaluate and compare the direct and indirect costs of hospitalization and ambulatory treatment for acute exacerbations of asthma in children, under the perspective of the healthcare provider. A cost analysis was done, comparing costs calculated in direct and indirect manner, and considering the impact on productivity losses from the caregiver. The study was conducted over a period of 1 year in the paediatric emergency department and in the ambulatory care unit. The costs were classified in three main groups: direct costs to the hospital, direct costs to primary care, and indirect costs to the caregiver. The study included 180 children, aged 2-16 years, with an average age of 9.2 years. The direct costs to the hospital were $4,128.87 and to the primary care $2,250.87. The indirect costs to the caregiver were estimated at $3,554.87. The total costs were $10,934.61. The difference in costs between hospitalization and ambulatory care was significant (p<0.001). The results of this study show that the hospital management of acute exacerbations of asthma is more expensive than the ambulatory care. This is of great importance in the current context of the healthcare system, where there is a growing demand for hospitalization and a limited availability of resources.