NEUROLOGICAL DISORDERS

THE INDIRECT COST BURDEN OF MIGRAINE AMONG SEVERAL LARGE U.S. EMPLOYERS

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OBJECTIVES: To estimate the indirect cost burden of migraine on U.S. employers, in terms of workplace absence, short-term disability (STD) and workers compensation (WC) payments.

METHODS: The data source for this study was the MEDSTAT Health and Productivity Management database, composed of medical, pharmaceutical, enrollment, workplace absence, STD, and WC information on employees for 10 large employers in the U.S. for the calendar years 2002 and 2003. Subjects with a diagnosis for migraine or use of a migraine-specific abortive drug were identified as the migraine cohort. A random sample of patients without migraine was propensity score matched, based on demographic characteristics and comorbidity index, to the migraine cohort to yield a matched control group. Indirect costs between migraine and matched control cohorts were compared to derive the indirect burden of illness attributable to migraine.

RESULTS: The analyses included 5037 subjects in the migraine cohort, and equal number of subjects in the control group. The mean age was 39 (SD = 9.3), and 71% were female. After matching, the cohorts were similar with respect to age, gender, geographic region, urban residence, insurance type, the number of psychiatric diagnostic groups and Charlson comorbidity index. The migraine cohort incurred significantly higher indirect costs than the control cohort in all categories (absence, STD, and WC). Total indirect costs were $28334 per patient per year (PPPY) higher in the migraine group ($4453 versus $1619 PPPY in the control group; p < 0.001). Absence costs made up the largest component of this difference at 75%, with STD and WC making up 21% and 4%, respectively.

CONCLUSIONS: The migraine cohort was associated with significantly higher indirect costs compared to a matched control based on recent data from a sample of commercially insured individuals. This data suggest that US employers are bearing a considerable indirect cost burden as a consequence of migraine.

EVALUATIONS OF THE PRESCRIBED DAILY DOSES OF TRANSDERMAL FENTANYL AND TRANSDERMAL BUPRENORPHINE IN CANCER AND NON-CANCER PATIENTS IN GERMANY: RESULTS FROM A RETROSPECTIVE DATABASE ANALYSIS

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OBJECTIVES: In a previously published study dose increases have been shown to be significantly more pronounced with transdermal (TD) fentanyl compared to TD buprenorphine. The purpose of this study was not only to re-evaluate these results because of the high economic impact but also to qualitatively evaluate the dose development as a measure of ease of dosing and dose adjustment during therapy with TD fentanyl and TD buprenorphine in cancer and non-cancer patients.

METHODS: Retrospective analysis of the German “IMS Disease Analyzer—mediplus” database covering patient data from May, 2002 to April, 2005. Patients on long-term treatment (≥3 months) with TD fentanyl or TD buprenorphine had received similar analgesic pre-medication and were considered as identical cohorts with similar pain intensity, expecting comparable drug utilization patterns. Dose changes over the treatment duration were evaluated qualitatively and quantitatively.

RESULTS: From dose changes over the whole treatments mean daily dose increases per patient were calculated to be 0.47% (TD fentanyl) and 0.19% (TD buprenorphine) in cancer patients, and 0.25% and 0.10% in non-cancer patients, respectively. Despite the overall dose increases, qualitative evaluations revealed dose changes in both directions, i.e. dose increases and decreases during therapy in 30.6% of TD fentanyl and 11.8% of TD buprenorphine patients with cancer pain. In non-cancer pain 22.7% of TD fentanyl and 13.1% of TD buprenorphine patients had alternating dose changes. All differences between TD fentanyl and TD buprenorphine were statistically significant (p < 0.05).

CONCLUSIONS: The more pronounced dose increases with TD fentanyl in comparable pain patients confirm previous findings, indicating a higher tolerance development with TD fentanyl. Regardless of the overall dose increases, alternating dose changes, i.e. changes in both directions are more frequent with TD fentanyl. This also suggests a less convenient and more complicated dose adjustment with TD fentanyl compared to TD buprenorphine.

A DESCRIPTION OF OFFICE VISIT RATES AND PRESCRIPTION USE FOR INSOMNIA AMONG RECIPIENTS OF A STATE MEDICAID PROGRAM

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OBJECTIVE: Insomnia is a common condition affecting millions of people across the United States. Most often it occurs in conjunction with other illnesses and is chronic in at least one-third of its cases. Studies have shown insomnia to be underreported, underdiagnosed and undertreated problem. The purpose of this study is to report the recent patterns of health services and prescription use for insomnia among a state Medicaid population.

METHODS: The design was a cross-sectional, descriptive study using Medicaid administrative claims data from calendar year 2003. Recipients with either a claim paid for a medical service with a diagnosis of insomnia, or a prescription claim with an NDC number for zolpidem, temazepam, estazolam, triazolam, quazepam, flurazepam, or zaleplon were selected. Rates of medical services use were calculated based on state recipient population figures for fiscal year 2002–2003. Dollars paid were from the perspective of Medicaid.

RESULTS: There was a total sample of 13,161 recipients identified with insomnia, at a rate of 36.9 per 1000 recipients. A substantial majority of medical services utilization occurred in a physician office or outpatient clinic, with very few visits for this condition occurring in the emergency department or inpatient setting. The overall rate of office/clinic visits was 22.4 per 1000 recipients. The highest office/clinic visit rates by demographic groups occurred among recipients between 45 to 64 years of age (66.8 visits per 1000), females (22.5 visits per 1000), and whites (21.5 visits per 1000). The average cost per office/clinic visit was approximately $91. Among the prescription claims for drugs approved to treat insomnia, roughly 98 percent were for zolpidem. This particular drug cost Medicaid approximately $65 per claim.

CONCLUSION: Office visit use for the treatment of insomnia varied by demographic groups. Zolpidem was used more extensively than other drugs approved for this condition.