A SYSTEMATIC REVIEW OF THE GLOBAL COST-OF-ILLNESS OF RHEUMATOID ARTHRITIS
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OBJECTIVES: To systematically review the current literature relating to the cost-of-illness (COI) of rheumatoid arthritis (RA). METHODS: Medline, Embase, BIOSIS, Derwent Drug File, the Cochrane library and NHS-EED were searched on 12th March 2007. Original studies (2002-present) reporting COI data were included after a two-stage review process. Bibliographies of included studies were also searched for additional citations. Data were extracted into predefined extraction grids and were analysed using Microsoft Excel. RESULTS: Nine hundred and nine unique citations were retrieved. Of these, 9 studies presented COI results. These studies were conducted in 5 different countries (Australia, France, Germany, Sweden, and the US) from 2003-2007. Six studies adopted a societal perspective by including direct medical and non-medical costs and indirect costs. Patient populations across the studies ranged from only early RA (<12 months from disease onset) to all RA patients. The use of biological agents (including infliximab, etanercept, and anakinra) was assessed in only 3 of these studies. Annual direct costs ranged between €3000 and €64000 in all European countries. Lower annual direct costs were reported in the Australian analysis as a result of the inclusion of all Australian adults with RA, while substantially higher costs were found in a US study. This could be attributed to the higher costs of medications that included anti-TNF therapies. In terms of components of direct costs, medications and hospitalisations were generally the categories associated with the highest costs. Indirect costs exceeded direct costs in 5 of the 6 analyses. These ranged between 2 and 4 times the direct costs. Finally, a statistically significant positive correlation was found in most studies between total RA costs and disease severity. CONCLUSION: This review of recently published COI analyses found that RA is associated with significant direct and indirect costs, with the economic burden being highly dependent on the level of functional disability.

A248

PAR16

COST OF ANKYLOSING SPONDYLITIS IN CZECH REPUBLIC—DIRECT AND INDIRECT COSTS
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OBJECTIVES: Ankylosing spondylitis (prevalence 1% of population) is a chronic inflammatory progressive disease characterised by pain, joint stiffness, and gradual loss of mobility leading to severe functional impairment. There are no cost-of-illness data available in Czech Republic or in Eastern Europe. To assess direct and indirect costs of ankylosing spondylitis we have analysed the data from a large patient cohort study. METHODS: Data of 1008 patients (average age 50.2 years) with ankylosing spondylitis were analysed. Patients were enrolled in a patientx's organisation survey named BÉA. Data on health care consumption and productivity loss were collected. For calculation of indirect cost the friction cost approach was applied. RESULTS: The average time from diagnosis was 23 years; 61% were male. Two thirds of patients were disabled and unable to work. The mean annual direct cost per patient is estimated at 1259 EUR (49%) and the indirect cost due to lost work capacity is 1314 EUR (51%). The major contributors to the total direct costs were physiotherapy, spa and rehabilitation clinics (67% of direct costs). Drug treatment contributed to 22% and hospital admissions to 5% of direct costs. CONCLUSION: The annual total direct plus indirect costs of one patient with ankylosing spondylitis in Czech Republic were 2573 EUR. The share of direct and indirect costs was almost equal. Our findings provide information on the burden of disease and a baseline for cost-effectiveness evaluation of new costly treatments.

PAR17

COMPARISON OF ORAL LEFLUNOMIDE AND METOTREXATE SC FOR THE TREATMENT OF RHEUMATOID ARTHRITIS: AN APPROACH BASED ON THE NUMBER TO TREAT
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OBJECTIVES: To compare the effectiveness of oral leflunomide (Arava®) and subcutaneous metotrexate (Metoject®) using the Number Needed to Treat (NNTs), a measure supported by the Evidence Based Medicine approach. The effectiveness results have been combined with Spanish annual costs to assess the economic impact of these treatments. METHODS: An event has been defined as non-responder patient according to ACR20 and