were collected for the health care services. Of out-pocket (OOP) costs were the portion of individuals' total payments for the health care services. To estimate the health care costs. Appropriate management of these conditions with anti-TNF agents may provide greater indirect costs savings which could offset the direct costs.

CONCLUSIONS: due to the cost of anti-TNF treatment ($14,620). Consequently, total expenditures Only 22% had more than one AIID condition. Following the use of anti-TNFs, 39% female with 94% in a managed care plan and had a mean age of 44.3 years. The study group had 87 members with a mean age of 41 years, 31% female, and 92% in a managed care plan. Following the use of anti-TNF agents, absenteeism was 39.8% individual direct medical costs for PsO were $0.77 billion, $0.36 billion, and $1.1 billion, respectively. CONCLUSIONS: The direct medical costs associated with PsO are substantial not only to health care payers but to patients as well. The extent to which appropriate and early diagnosis and treatment of PsO reduce total health care costs for individuals with these diseases should be examined.

THE INDIRECT COSTS OF INFLAMMATORY BOWEL DISEASE: EVIDENCE FROM UNITED STATES NATIONAL SURVEY DATA

METHODS: This was a retrospective study using 1996–2006 data from the Medical Expenditure Panel Survey (MEPS). Individuals self-reported health conditions were mapped to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnostic codes. Individuals with an ICD-9-CM diagnostic code of 555.x (CD) or 566.x (UC) were categorized as having IBD. A two-part model was specified to estimate the probability of time lost from work and the annual number of workdays missed due to illness, conditional on missing at least 1 workday. The annual missed workdays were combined with MEPS earnings information to estimate individual and national indirect costs. RESULTS: There were 200 patients with IBD (mean age = 43.0 years; 54% Female), and 85,846 individuals without IBD (mean age = 40.8; 52% Female) included in the analysis. The study revealed 71.9% (144/200) of individuals with IBD missed work as compared with 58.3% (52,110/89,846) of those without IBD (p = 0.001). Among those individuals who missed work, individuals with IBD had a mean annual number of missed work-days of 13.95 versus 9.83 missed workdays for individuals without IBD (p = 0.004). The per capita indirect costs associated with the incremental difference in annual lost workdays between those with and without IBD was $485. The estimated national indirect costs associated with IBD were $203 million per year. CONCLUSIONS: Compared to individuals without IBD, individuals with IBD have a higher probability of missing work and missing more workdays. The per capita and national annual indirect costs associated with IBD are substantial. The ability of appropriate and early diagnosis and treatment of IBD to reduce time lost from work and indirect costs for individuals with IBD should be examined.

CONCLUSIONS: due to the cost of anti-TNF treatment ($14,620). Consequently, total expenditures Only 22% had more than one AIID condition. Following the use of anti-TNF agents, absenteeism was 39.8% individual direct medical costs for PsO were $0.77 billion, $0.36 billion, and $1.1 billion, respectively. CONCLUSIONS: The direct medical costs associated with PsO are substantial not only to health care payers but to patients as well. The extent to which appropriate and early diagnosis and treatment of PsO reduce total health care costs for individuals with these diseases should be examined.

THE INDIRECT COSTS OF INFLAMMATORY BOWEL DISEASE: EVIDENCE FROM UNITED STATES NATIONAL SURVEY DATA

METHODS: This was a retrospective study using 1996–2006 data from the Medical Expenditure Panel Survey (MEPS). Individuals self-reported health conditions were mapped to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnostic codes. Individuals with an ICD-9-CM diagnostic code of 555.x (CD) or 566.x (UC) were categorized as having IBD. A two-part model was specified to estimate the probability of time lost from work and the annual number of workdays missed due to illness, conditional on missing at least 1 workday. The annual missed workdays were combined with MEPS earnings information to estimate individual and national indirect costs. RESULTS: There were 200 patients with IBD (mean age = 43.0 years; 54% Female), and 85,846 individuals without IBD (mean age = 40.8; 52% Female) included in the analysis. The study revealed 71.9% (144/200) of individuals with IBD missed work as compared with 58.3% (52,110/89,846) of those without IBD (p = 0.001). Among those individuals who missed work, individuals with IBD had a mean annual number of missed work-days of 13.95 versus 9.83 missed workdays for individuals without IBD (p = 0.004). The per capita indirect costs associated with the incremental difference in annual lost workdays between those with and without IBD was $485. The estimated national indirect costs associated with IBD were $203 million per year. CONCLUSIONS: Compared to individuals without IBD, individuals with IBD have a higher probability of missing work and missing more workdays. The per capita and national annual indirect costs associated with IBD are substantial. The ability of appropriate and early diagnosis and treatment of IBD to reduce time lost from work and indirect costs for individuals with IBD should be examined.

EVIDENCE FROM UNITED STATES NATIONAL SURVEY DATA

METHODS: This was a retrospective study using 1996–2006 data from the Medical Expenditure Panel Survey (MEPS). Individuals self-reported health conditions were mapped to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnostic codes. Individuals with an ICD-9-CM diagnostic code of 555.x (CD) or 566.x (UC) were categorized as having IBD. A two-part model was specified to estimate the probability of time lost from work and the annual number of workdays missed due to illness, conditional on missing at least 1 workday. The annual missed workdays were combined with MEPS earnings information to estimate individual and national indirect costs. RESULTS: There were 200 patients with IBD (mean age = 43.0 years; 54% Female), and 85,846 individuals without IBD (mean age = 40.8; 52% Female) included in the analysis. The study revealed 71.9% (144/200) of individuals with IBD missed work as compared with 58.3% (52,110/89,846) of those without IBD (p = 0.001). Among those individuals who missed work, individuals with IBD had a mean annual number of missed work-days of 13.95 versus 9.83 missed workdays for individuals without IBD (p = 0.004). The per capita indirect costs associated with the incremental difference in annual lost workdays between those with and without IBD was $485. The estimated national indirect costs associated with IBD were $203 million per year. CONCLUSIONS: Compared to individuals without IBD, individuals with IBD have a higher probability of missing work and missing more workdays. The per capita and national annual indirect costs associated with IBD are substantial. The ability of appropriate and early diagnosis and treatment of IBD to reduce time lost from work and indirect costs for individuals with IBD should be examined.