PEY13

COSTS AND CONSEQUENCES OF ENDOPTHALMITIS: RESULTS FROM THE NATIONAL ENDOPTHALMITIS SURVEY
Berdeaux G1, Savalan-Boucara A2, Grillon S1, Lafuma A1, Deschaseaux-Voinet C3
1Alcon France SA, Rueil-Malmaison, Hauts de Seine, France; 2CHR Villeneuve Saint Georges, Val de Marne, France; 3Aremis, Neuilly sur Seine, Hauts de Seine, France

OBJECTIVE: Endophthalmitis is the most severe infection following eye trauma (injury, surgery, injection, etc.). Medical costs and visual loss consequences are compared here. METHODS: A mailing announcing the creation of the National Endophthalmitis Survey was sent to all French ophthalmologists. A total of 424 replies were received and 346 (82%) were positive. A standardized anonymous questionnaire collected information on the operative conditions, endophthalmitis characteristics, treatments and clinical outcomes. The economic point of view was that of the French NHS and medical costs were extracted from the national Diagnosis Related Group database. Utility related to visual acuity loss was estimated from the literature (Brown). A €50,000/QALY threshold was used to assess cost-effective social value related to vision loss. A 5% discount rate was used. RESULTS: Information on 88 cases of endophthalmitis was collected. The mean age was 75.1 years and 44% were women. All patients were hospitalized, had bacteriological samples, and were treated with either systemic or intra-vitreal antibiotics. 25.3% had a vitrectomy. Complications were reported in 23.1% and most were mainly retinal detachments. 3 months after surgery, 29.4% of the eyes had a visual acuity (VA) less than 1/20 and in 57.4% VA was less than 5/10. The average endophthalmitis medical cost was €4125. The loss in utility was 0.203 on average (baseline VA fixed at 8/10). With a life expectancy of 5 years, the average discounted social cost of endophthalmitis vision loss was €46,000. CONCLUSION: The social value attributable to vision loss subsequent to endophthalmitis is more than ten times higher than its medical cost.

PEY14

IMPACT OF VISUAL ACUITY ON MEDICAL AND NON-MEDICAL COSTS IN PATIENTS SUFFERING FROM WET AGE-RELATED MACULAR DEGENERATION IN FRANCE, GERMANY AND ITALY
Benhaddi H1, Hieke K2, Negri1 C, Priol G3, Berdeaux G4, Le Pen C1
1Areenis, Neuilly sur Seine, Hauts de Seine, France; 2Neos Health, Binningen, Switzerland; 3PBE-Consulting, Verona, Italy; 4Alcon France SA, Rueil-Malmaison, Hauts de Seine, France

OBJECTIVE: To evaluate the impact of best and worst eye visual acuity (VA) on the consumption of medical and non medical resources in patients with wet Age-Related Macular Degeneration (AMD). METHODS: This study conducted in France, Germany and Italy was cross-sectional with some data collected retrospectively. Patients with an exudative AMD form were included and were stratified into four levels of severity using two VA thresholds, 20/200 for the worst eye (WE) and 20/40 for the best eye (BE). In addition to demographics, AMD description and VA data, the medical and non-medical resources used for AMD reasons during the previous year were collected. Costs were assessed for each country according to a global payer perspective. An analysis of variance was performed on cost variables to estimate the impact of each eye adjusted by sex, age and country. RESULTS: 360 patients were included with a majority of females (60%). Mean age at inclusion was 77 years and time since diagnosis 2.3 years. 27% of patients had BE >20/40 and WE >20/200 and 25.5% BE <20/40 and WE <20/200. Total costs were €3923.5 with 64.5% of medical costs and 35.5% of non-medical costs. Total costs increased with the AMD severity with a cost for the more severe group 1.3 times higher than for the less severe group. Costs were mainly associated with the BE VA. Medical cost was higher in France (€3714 versus €1900 versus average in Germany and Italy). It increased slightly between less severe and more severe AMD. Non medical cost was significantly higher for patients with more severe disease and higher in Germany compared to the two other countries. CONCLUSION: This study shows the high impact of AMD on costs and the positive correlation between costs and AMD severity. Non medical costs of the most severe patients equaled medical costs.

PEY15

COST OF ENDOPTHALMITIS: A NATIONWIDE APPROACH
Colin X1, Lafuma A1, Berdeaux G2
1Cemka Eval, Bourg-la-Reine, Hauts de Seine, France; 2Alcon France SA, Rueil-Malmaison, Hauts de Seine, France

OBJECTIVE: To estimate the number of patients with endophthalmitis hospitalized in France, its average cost and hospital financing consequences. METHODS: The French PMSI (Programme de Médicalisation des Systèmes d’Information) 2003 database was analysed. Patients with the following principal diagnoses were extracted: “purulent endophthalmitis”, “other endophthalmitis”, and “endophthalmitis associated with another disease”. Two mean lengths of stay (LoS) were compared: the overall patient sample and the DRG-weighted estimate. Endophthalmitis costs were estimated as the sum of weighted average DRG costs plus length of stay multiplied by hospital variable costs. RESULTS: 1681 endophthalmitis cases were reported (age 66.7, 50% male). 1449 cases (86.2%) were in the public sector and 2.8% were ward transfers. A total of 221 (13.1%) had a vitrectomy, the most common endophthalmitis-related surgery. A total of 85 (5.1%) required a ward transfer and 4 (0.2%) died. The patient LoS was 7.6 days on average while the DRG weighted LoS was 4.3 days. Thus, the PMSI underestimates endophthalmitis LoS by 3.3 days. Mean