ENTERAL FEEDING IN THE COMMUNITY: A STUDY OF HEALTH ECONOMIC OUTCOMES USING THE GENERAL PRACTICE RESEARCH DATABASE (GPRD)

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OBJECTIVE: NICE is currently developing clinical guidelines on nutritional support in adults. The objective of this study was to determine which patients in primary care in the UK were prescribed enteral nutrition (sip & tube feeds) and to examine the associated economic outcomes. METHODS: Patients prescribed enteral nutrition during 2000/2001 were identified from the General Practice Research Database (GPRD). The results were analysed according to pre-determined BMI categories and diagnostic categories (cancer, dysphagia, stroke, GI, neurological, respiratory disorders, cystic fibrosis, renal disease, feeding difficulties). Results for the two largest diagnostic groups (GI disorders and cancer) are presented. RESULTS: In all, 2.34 million patients were registered on GPRD. 13,153 patients (0.6%) received >1 prescriptions for enteral nutrition, of whom 1332 had a recorded height and weight measurement. In all, 83% of patients with GI disorders and 69% with cancer had a BMI below 25. The number of nutritional prescriptions as a percentage of the total prescriptions by primary diagnosis category (cancer and GI disorders respectively) were as follows: BMI 15–<20 (1.1%, 3.0%), 21–<25 (3.2%, 2.1%), 26–<30 (1.2%, 0.3%) and 31–<40 (0.5%, 0.4%). GP visits were frequent in both diagnostic groups in all BMI categories (mean range 27–36 for GI disorders; 38–59 for cancer). Hospitalisations were also frequent with means ranging from 2.5–3.0 for GI disorders; 1.9–4.6 for cancer, possibly reflecting severity of disease. CONCLUSIONS: It is expected that patients with a lower BMI would have a higher percentage of nutritional prescriptions. Whilst this was found to be the case for patients with GI disorders, the study results show that patients with cancer and a low BMI had fewer nutritional prescriptions. This suggests that some patients in the community who could benefit from enteral nutrition may not be receiving it.

RESOURCE USE AND COSTS OF PATIENTS RECEIVING ENTERAL NUTRITION IN PRIMARY AND SECONDARY CARE IN THE UK

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OBJECTIVES: No clinical guidelines or economic data exist on the use of enteral nutrition (EN) for the UK. The aim of this study was to determine which patients receive EN, and to estimate the relative economic burden of EN in the clinical management of such patients using observational databases. METHODS: GPRD and CHKS datasets contain aggregated, anonymised information on diagnoses, patient demographics and resource use data for this period. CHKS settings, CHKS covered over 80 million episodes in 2001, representing 55% of UK hospitalisations. An average of 2,342,000 people were registered in the GPRD database in 2000/2001 representing 3.4% of the UK population. Patients were identified using EN procedure OPCS-4 codes (CHKS) and tube and sip feed drug codes (GPRD). Both databases were analysed for comorbidities and resource use. RESULTS: From the GPRD database (2000/2001), 13,153 patients received EN of whom 1332 had a recorded height and weight measurement. In the CHKS database there were 15,728 admissions in 2001 (<0.1% of all UK hospitalisations). Main diagnoses in both settings were dysphagia, cancer, stroke, feeding difficulties and anorexia and gastrointestinal disorders. Resource consumption was high. The mean number of hospitalisations per patient was 2.24 and the mean number of nutritional prescriptions (tube and sip feeds) annually in primary care was 5.8. However, the costs of daily tube feeds (£10.20–13.18) represented less than 4% of daily inpatient costs. CONCLUSIONS: Although 40% of patients in UK hospitals and 11% in the community are malnourished, very few are nutritionally assessed in order to receive EN. The economic burden of EN remains low compared to the overall patient management. This is also one of the first observational database studies which has aimed to estimate resource use across both primary and secondary care settings.

THE INFLUENCE OF CHANGE OF CO-PAYMENT TO THE USE OF ANTIBIOTIC AGENTS

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Increased expenditures for pharmaceuticals in previous years lead to implementation of several cost-containment measures in 2003 in the Slovak Republic. Within that, co-payments for antibiotic drugs were increased from 0 to 1.25€ per package in 2002 and in the beginning of 2003 from 0 to 5€ per package after November, 2003. The consumption of antibiotics significantly decreased from November 2003 compared to the same period the previous year. OBJECTIVES: To assess the influence of increased co-payment of antibiotic agents to their decreased consumption in a retrospective study. METHODS: Consumption of antibiotic agents (group J01 according to ATC classification) prescribed in outpatient care in the Slovak Republic during the period of November, 2003 to April, 2004 was compared to consumption during November, 2002 to April, 2003. Antibiotics were divided into three groups according to the level of co-payment: without increased co-payment, with slightly increased co-payment, and significantly increased co-payment. RESULTS: Overall consumption in period 2003–2004 decreased by 25.1% compared to the previous year. Consumption was 46.5% lower in the group with the highest increase of co-payment, but only 30.9% or 13.8% lower in the group with slightly increased co-payment and in the group without change in co-payment, respectively. CONCLUSIONS: Increase in co-payment in November, 2003 had a huge effect on the use of antibiotic agents in the Slovak Republic. Although 55% of antibiotic agents had no change in the level of co-payment, the consumption decreased in this group by 13.8%, probably because of awareness of increased co-payments within this group of pharmaceuticals.

USE OF PATIENT-REPORTED OUTCOMES IN EVALUATION OF HEART FAILURE DEVICE THERAPY: THE REGULATORY PERSPECTIVE

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OBJECTIVES: The FDA is tasked with the evaluation of medical devices to determine the products’ safety and effectiveness. Utilization of patient-reported outcome (PRO) measures for medical device therapies poses special methodological challenges, due to small sample sizes and the often unblinded study design of device clinical trials. However, PRO’s might prove useful in special cir-