GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies

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UTILIZATION OF TOTAL PARENTERAL NUTRITION IN A SOUTH INDIAN TERTIARY CARE HOSPITAL

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OBJECTIVES: Total Parenteral Nutrition (TPN) is an essential pharmaceutical preparation used in hospitalized patients to whom enteral feeding is not possible or for critical care patients with compromised gastrointestinal tract function. Use of TPN reduces the incidence of malnutrition, which is a leading complication associated with various medical and surgical conditions. Hence the purpose of the study is to assess TPN utilization in surgical in-patients and its outcomes. METHODS: Retrospective analysis of surgical in-patients receiving TPN from Jan 2011 to Dec 2012 at the hospital was carried out. All patients who received TPN were included in the study. Patient characteristics and treatment details were collected. Data were analyzed using SPSS® version 20.0.

RESULTS: A total of 120 patients enrolled in the study. The mean age of the patients was 48.9 ± 17.7 years. Majority of patients (67.5%) were males. A large proportion (40.8%) of the patients receiving TPN were those who underwent surgical procedures and had intestinal obstruction. Major metabolic complication included hypernatremia (26.5%), acidosis (13%), and hypoglycemia (14%). Hyperglycemia was reported as a recovery rate from TPN complications. Among surgical inpatients who received TPN peripherally compared to those who received it via a central line. Among the patients receiving TPN, mortality was higher in patients with infection (35.9%) than without infection. In 93.3% of the cases, TPN was considered to be appropriate indications and not inappropriate. From an economic standpoint, the total avoidable cost with TPN mounted to 2,480,142 Indian Rupees. CONCLUSIONS: Properly administered TPN reduced mortality in post-surgical patients. Greater attention to nutritional assessment to determine caloric need and nutritional requirement for individual patients should further improve benefits, reduce mortality and save treatment costs in hospitalized patients.

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A HEALTH TECHNOLOGY-RELATED COST DESCRIPTION CONCERNING ITALIAN IBS-C PATIENTS DEALING WITH CRONH’S DISEASE: RESULTS FROM SOLE STUDY

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OBJECTIVES: To investigate the health technology-related costs of Italian inflammatory bowel disease (IBD) centers dealing with Crohn’s disease (CD). METHODS: Following the hospital’s standpoint, a questionnaire-supported cost description was performed on a convenience sample of 38 Italian IBD centers participating in the ongoing Survey on Quality Of Life in Crohn’s Patients (SOLD). Consistently with their average useful life, a 5-year straight-line depreciation approach was adopted for calculating the yearly cost for each health technology. Cost description was undertaken after considering an undefined factor stratifying them according to their complexity (number of beds for inward and day-hospital; personnel dedicated to CD patients; number of cross-border CD patients; availability of dedicated rooms for biological drugs administration; feasibility of electronic patient forms). Costs (€2012) were reported as mean (standard deviation, SD).

RESULTS: Half of centers (19/38) were public teaching hospitals, whereas 16% (6/38) were regional referral centers for CD (15/38). The study sites were located in Northern (12/28, 31.6%), Central (11/11, 28.9%) and Southern (15/38, 39.5%) Italy, and could be classified as high (32/38, 84.2%), moderate (1/38, mild, 3/38), and low (2/38) complexity centers. Endoscopy, capsule endoscopy and ultrasonography were the most widely available technologies available in 92.1%, 83.8% and 33.8% centers, respectively. Considering the undifferentiated sample, mean yearly cost for health technologies amounts to €2,557.50 (€2,277.90). High complexity centers report the highest mean yearly cost of €5,580.38 (€29,706.90), whereas the lowest mean yearly cost of €5,113 (€0) refers to the unique moderate complexity center. Regardless of site complexity, the cost-driver was endoscopy, which accounts for a percentage of the mean yearly cost that ranges from 36% (high complexity) to 57% (moderate complexity). The mean yearly cost for technologies that stratifies the centers complexity is taken into account, remarkable differences exist about costs for health technologies for managing CD patients.

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DIAGNOSIS AND MANAGEMENT OF MODERATE-TO-SEVERE IRritable bowel SYNDROME WITH CONSTIPATION (IBS-C) IN SPAIN: THE IBS-C Study Mean (SD) Cortes X1, Girish T2

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OBJECTIVES: To assess the burden of the disease of IBS-C in 6 European countries (France, Germany, Italy, Spain, Sweden, and UK). Here we present the diagnosis and management results for the Spanish cohort. METHODS: Observational, retrospective longitudinal (6 months) multinational, multicenter, non-interventional study of IBS-C in the last 5 years (Kapen III criteria). Moderate-to-severe IBS-C was defined as an IBS-Symptom Severity Score (IBS-SS) ≥ 175. RESULTS: 112 patients were included (58% severe, mean age [±SD] 46.8 ± 13.7 years, 86% female). Mean time since diagnosis: 2.3 ± 2.7 years; mean symptom duration: 9.6 ± 9.9 years. Diagnostic procedures were highly variable; the most common were blood tests (71%), colonoscopy (56%) and abdominal ultrasound (54%). At inclusion the most prevalent symptoms were constipation (84%), abdominal pain (80%), abdominal distension (80%) and bloating (55%). Main ongoing comorbidities were dyspepsia (41%), anxiety (38%), depression (21%), headache (25%), or insomnia (25%). 58% of patients had an average of 4.1 ± 2.5 diagnostic tests during follow-up: 85% of patients took pharmacological medication (80%) or took some pharmacological medication for their IBS-C. The most common prescription drugs were plantago ovata (35%), otilonium bromide (22%), macrogol plus electrolites (13%) and cinitapride tartrate (10%). Likewise, common drug combinations were laxative monotreatment (21%), laxatives and antispasmodics (14%), and antispasmodic monotherapy (5%). In addition, 30% of patients received complementary therapies. Received, marginal improvement was noted in symptom severity (IBS-SS total score) between baseline (315±83) and the 6-month visit (234±89). CONCLUSIONS: Moderate-to-severe IBS-C symptoms often remain undiagnosed for many years. With frequent visits to health care professionals IBS-C continues to be a burden despite the availability of therapeutic interventions. Finally, current patient care who received optimization is high even though there is a high degree of prescription medication use.

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REAL WORLD STUDIES USING JAPANESE ADMINISTRATIVE DATABASES: CHRONIC HEPATITIS C TREATMENT PATTERNS AND RESOURCE USE

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OBJECTIVES: While discussions on health technology assessment (HTA) in Japan continue, platforms for real-world population-based studies are lacking. We attempt...