OBJECTIVE: Bleeding and its complications cause pain, disability and lead to a dramatic impairment of the hemophiliacs’ quality of life (QoL). Problems become extreme when hemophiliacs develop inhibitory antibodies compromising the efficacy of treatment. Recent therapeutic advances are likely to have improved this situation, with a sensitive increasing of health care cost. Our objective was to estimate the economic burden and QoL of hemophiliacs with inhibitors in Italy. METHODS: We conducted a longitudinal, prospective, prevalence-based, multicentre Cost Of Care Inhibitors Study (COCIS), observing hemophiliacs patients with inhibitors for 18 months. Costs were evaluated from the point of view of the Italian National Health Service (NHS). QoL was measured by the means of EQ-5D and SF-36 questionnaires.
RESULTS: Fifty-two hemophiliacs (median age 34.8, 15–64) were enrolled, almost all severe and high responding inhibitors. The orthopedic functioning resulted impaired in 98% of patients. Eighty-one percent had at least one bleeding event average (0.60/patient/month). Eleven surgical procedures (6 for joint replacements), 30 hospitalizations, 712 out patients visits and 702 physiotherapy sessions were recorded during the study period. The cost of care to the NHS was €18,000/month/patient, 99% due to treatment products. Recombinant activated factor VII represented 50% of total medical cost, one half of it used for surgical interventions. Patients showed an important impairment of physical health perception, while psychological QoL was comparable to that in the Italian general population. QoL of the COCIS patients resulted not different from that in severe hemophiliacs without inhibitors. CONCLUSIONS: Hemophilia with inhibitors represents an example of a rare disease that requires high amounts of resources. Effective and expensive care of hemophilia with inhibitors provides a satisfactory quality of life.

OBJECTIVES: The cost-effectiveness of four different wound care dressings used in the treatment of delayed healing venous leg ulcers was analysed in context of UK settings. i.e. three antiseptic dressings: A) a silver containing foam; B) an iodine containing paste; C) a silver/charcoal containing cloth; and D) one foam dressing without antiseptic properties. METHODS: Two health economic models were designed (a Markov cohort and a spreadsheet) and effectiveness data were collected from published clinical data. All analyses had the perspective of the Health care sector. The timeframes for the two analyses were four weeks for the spreadsheet model and six months for the Markov model. Endpoints used in the analyses were reduction in wound area and number of healed wounds. An independent UK clinical expert panel validated methods, cost, resource, and clinical data as well as treatment practice used in the analyses. Sensitivity analyses were undertaken. RESULTS: The cost of weekly treatment with dressing A was £120 compared to £146–187 for the other dressing alternatives. The cost per percentage reduction (4 weeks spreadsheet) and the cost per healed wound (6 months Markov model) were for dressing A £9 and £1228, respectively. The costs for the other dressing alternatives ranged from £12–17 and £1970–2339 respectively. Sensitivity analyses showed that the results were robust. CONCLUSION: Treatment of delayed healing chronic venous leg ulcers in the UK is associated with relatively large costs. Dressing A proved to be cost-effective in treatment of delayed healing venous leg ulcers, the use of which, is expected to result in actual savings in the health care sector.

OBJECTIVES: The aim of the study was to investigate resource use and type of local wound treatment in patients with venous leg ulcers (VLU) in Sweden and to estimate the annual costs for leg ulcer patients. METHODS: Weekly resource use data for local wound treatment and details of surgical procedures were collected from a clinical survey (138 patients) in specialist care, primary health care, and home health care. Annual costs were calculated from the weekly resource usage multiplied by unit costs and published epidemiological prevalence data for Sweden. RESULTS: Frequency of dressing changes was 2.7 per week and compression was used in 93% of the patients. Most dressing changes were performed in the patients home (66%) and about 80%