NEUROLOGICAL DISORDERS—Cost Studies

BUDGETARY ANALYSIS OF AMBULATORY CARE STRATEGY FOR PATIENTS WITH TRANSIENT ISCHEMIC ACCIDENT (TIA)
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OBJECTIVES: Ambulatory protocol for the management of patients with TIA has been shown to be as effective as the standard inpatient protocol in terms of health outcomes. The purpose of this study is to assess the avoided costs derived from the progressive introduction of an ambulatory care strategy for patients with TIA by using a neurosonological study at emergency department instead of the standard protocol based on inpatient care. METHODS: This is a retrospective analysis of the costs of two treatments for patients with TIA treated in neurological emergencies of the University Hospital Virgen de las Nieves (Granada, Spain) from January 2002 to July 2005. Costs were evaluated from the hospital perspective, including direct costs of the treatments. RESULTS: Unitary costs of ambulatory and hospitalization care were 428.08€ and 2297.87€ respectively. From January 2002 to July 2005, 338 patients with TIA have been attended in the University Hospital Virgen de las Nieves, of which 159 (47.04%) have been assigned to ambulatory treatment. The progressive introduction of the ambulatory treatment in the period of study has avoided costs of 297,296€. In terms of opportunity costs, these saving could fund the treatment of 694 or 129 additional patients in the ambulatory and inpatient treatments respectively. CONCLUSION: Treatments of TIA are costly, mainly due to the length of the stay for such procedures. The availability of the neurosonological study at emergency departments followed by an ambulatory consultation in a short time period allows a quick diagnostic and treatment of patients arriving with TIA symptoms, avoiding a number of stays by this cause and thus saving resources and reducing costs. The effectiveness equivalence of both ambulatory and hospitalization treatments and the much fewer costs of ambulatory care, support the recommendation of the ambulatory strategy.

BUDGET IMPACT ANALYSIS OF LEVETIRACETAM ADJUNCTIVE THERAPY IN PATIENTS WITH JUVENILE MYOCLONIC EPILEPSY IN SCOTLAND
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OBJECTIVES: Juvenile myoclonic epilepsy (JME) is one of the most common epilepsy syndromes accounting for approximately 7% of all cases of epilepsy. Choosing an appropriate antiepileptic drug (AED) is essential for the proper management of JME because of the possibility of exacerbation of seizures by some AEDs and the adverse effect profiles of effective drugs. This study aims to estimate the incremental budgetary impact of introducing levetiracetam adjunctive therapy for JME patients in Scotland. METHODS: A budget impact model was built to estimate the additional costs or savings generated by the introduction of levetiracetam adjunctive therapy for JME patients. The model was designed from the Scottish NHS perspective for a 3-year time horizon. Prevalence and incidence data of epilepsy were obtained from published literature. Scottish population estimates were based on mid-2005 estimates from the General Register Office of Scotland (2006). Levetiracetam adjunctive therapy was compared with topiramate adjunctive therapy. As resources used relating to general care, management of associated adverse events and of seizures were assumed to be the same for both adjunctive therapies, only drug acquisition costs were considered in this analysis. RESULTS: It is estimated that there are 2841 current cases and 142 new cases of JME each year. Based on levetiracetam market uptake, the number of patients with JME receiving levetiracetam is expected to be 28, 71, and 128 over the next 3 years. The incremental cost of using levetiracetam compared to topiramate adjunctive treatment is expected to be ≤5€ per patient per year, resulting in an incremental budget impact of ≤156 to ≤698€ over the next three years. This increase is mainly due to the increased market uptake of levetiracetam. CONCLUSION: Introducing levetiracetam adjunctive therapy for JME patients is predicted to have a limited impact on the Scottish NHS budget over a 3-year time period.