COST OF ASTHMA EXACERBATION IN THE HOSPITAL SETTING IN SPAIN

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OBJECTIVES: Estimate the cost of an asthma exacerbation and its management in the hospital setting in Spain.

METHODS: Prospective observational study conducted in six Spanish hospitals during 2000 on 126 patients suffering an asthma exacerbation, who were treated routinely. Both direct and indirect costs of each episode were calculated.

RESULTS: Forty-two (33.3%) of the exacerbations were mild, 49 (38.9%) moderate, 33 (26.2%) severe and 2 (1.6%) had risk of imminent respiratory arrest (IRA). Twenty-four percent of the severe exacerbations occurred in patients with a diagnosis of intermittent mild asthma. The most frequently prescribed drugs to treat exacerbations were oral corticosteroids and short-acting beta-2-agonists and those most frequently used before the exacerbation were short-acting beta-2-agonists and inhaled corticosteroids. An average of 8.1 diagnostic tests were conducted to resolve an exacerbation. The average cost of an attack was €1555.7 (CI 95% 1237.6–1907), largely due to hospitalisation, transport, and readmission costs.

CONCLUSIONS: Although the poorly controlled groups were more costly than non-asthmatic patients and increases with disease severity, but little information exists on asthma costs by control status of the disease. The objective is to estimate the costs associated with controlled and poorly controlled moderate to severe asthma patients in the UK.

OBJECTIVE: Resource utilisation by asthma patients is greater than non-asthmatic patients and increases with disease severity, but little information exists on asthma costs by control status of the disease. The objective is to estimate the costs associated with controlled and poorly controlled moderate to severe asthma patients in the UK.

METHODS: A cross-sectional, observational study was performed in three UK sites to capture resource use by the defined population. Data on demographics, clinical history, disease characteristics, and direct Health care resource utilisation was captured retrospectively over a 1-year period. Prospective health resource utilisation data were collected over 4 weeks, including productivity losses for patient or caregiver, using patient diaries. All relevant variables were summarised and analysed using descriptive statistics by entire population and grouped by severity with poorly controlled defined as oral steroid use and unscheduled GP/emergency visit or a hospital admission for asthma in the preceding year.

RESULTS: There were 274 retrospective patients: 214 were controlled and 60 were poorly controlled with annual average direct medical costs of £369 (95% CI: £259–£517) and £873 (95% CI: £492–£1392), respectively. Prospective data were collected on 80 patients: 72 controlled and 8 poorly controlled. Monthly average costs per patient in the controlled group were £176 (95% CI: £87–£297), of which £64 (95% CI: £19–£116) were indirect costs. In the poorly controlled group, monthly average costs per patient were £2,731 (95% CI: £1242–£4735) of which £998 (95% CI: £395–£1663) were indirect costs.

CONCLUSIONS: Although the poorly controlled groups were small, results suggest that improving asthma control in those poorly controlled will decrease health care and societal costs as well as patient morbidity.

THE COST-EFFECTIVENESS OF DIFFERENT INHALED COMBINATION THERAPIES IN ADULT PATIENTS WITH MODERATE-TO-SEVERE ASTHMA—A MODELING STUDY FROM HEALTH CARE PAYER PERSPECTIVE IN POLAND

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OBJECTIVE: to compare costs and effects of salmeterol/fluticasone propionate combination (SFC) 50/250µg bd with formoterol (12µg bd) and budesonide (800µg bd) with the inhaled corticosteroid (ICS) alone in patients with moderate-to-severe asthma.