VISION IMPAIRMENT AS AN INDEPENDENT RISK FACTOR OF INSTITUTIONALIZATION

Brézin A1, Lafuma A2, Fagnani F3, Mesbah M4, Berdeaux G5
1Hopital COCHIN, Paris, France; 2Cemka, Bourg-La-Reine, France; 3Cemka, Bourg-La-Reine, France; 4Université de Bretagne-Sud, Vannes, France; 5Alcon, Rueil-Malmaison, France

OBJECTIVES: To estimate the risk of being in institution with vision impairment. METHODS: Two national surveys were pooled together: 1) 2075 institutions (children or adults with handicap, old people and psychiatric centers) were selected at random from the French Health Ministry files in 18 predefined strata. Of the 15,403 subjects taken at random, 14,603 interviews (94.9%) documented handicap; and 2) Level of handicap was documented in a randomized, stratified sample of 356,208 citizens living in the community. From this sample, 21,760 subjects were further selected at random and 16,945 persons were interviewed. Handicaps (vision, audition, speaking, brain, visceral, motor and other) and activity of daily living (ADL) were then collected. The odds-ratio (OR) of being in institution was estimated using stepwise logistic regressions with age, geographical area, handicaps and ADL as co-variables. RESULTS: Patients in institution were more often female (64.3% versus 52.4%) and older (68.7 versus 38.0 years old) than patient living at home. They more often had handicaps (OR—speaking: 6.56; brain: 6.39; motor: 4.40; visceral: 2.87; audition: 2.37; other: 1.39). They were less often able to perform their ADL (46.2% versus 97.1%) without assistance. The OR to be in institution when having vision handicap was 8.40 without adjustment. This figure became 1.53 after adjustment on age, geographical area and other handicaps and 1.24 after adjustment on age, geographical area and ADL. CONCLUSION: Vision handicap is an independent risk factor of institutionalization. Preserving vision on long term might reduce or postpone old subject’s institutionalization by controlling incapacity and dependency.

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dorzolamide (P < 0.01). Seventy-five percent of the patients had a treatment duration longer than 203 days when treated with brinzolamide versus 140 days with dorzolamide. The probability of a failure was 1.61 (P < 0.02) times higher with dorzolamide, after adjusting for treatment line and the number of drugs prescribed. The yearly glaucoma treatment cost for a patient with a treatment failure was found to be higher (GBP 15.21) than for patients who continued their treatment. CONCLUSION: In comparison to dorzolamide, patients treated with brinzolamide experienced fewer treatment failures, leading to cost savings.

COMPARISON OF THE CLINICAL EFFICACY AND COST-EFFECTIVENESS OF LUMIGAN AND XALATAN IN THE TREATMENT OF GLAUCOMA

1 Allergan Ltd, Buckinghamshire, United Kingdom; 2 Allergan, Ettlingen, Germany; 3 Allergan, Mougins, France; 4 ABACUS International, Oxfordshire, United Kingdom

OBJECTIVES: The purpose of this study was to compare the intraocular pressure (IOP)—lowering efficacy and cost-effectiveness of Lumigan (Bimatoprost) versus Xalatan (Latanoprost) in glaucoma patients.

METHODS: A Markov model was developed to compare the cost-effectiveness of Lumigan initiated treatment with Xalatan initiated treatment in the context of the French Health care system. The model uses a timeframe of one year and data from published randomised clinical trials, which included a total of 249 patients. Patients were allowed to switch medication up to a maximum of two times if target IOP was not met or adverse events occurred and each switch was associated with a physician visit (cost: €23.00 each). Drug costs used were €20.10 for Lumigan and €17.67 for Xalatan. A probabilistic analysis was performed using 1000 Monte Carlo simulations. The primary outcome measures were the number of months patients spent at IOP < 17 mmHg and the cost per month at IOP < 17 mmHg. Sensitivity analyses were conducted varying the target IOPs. RESULTS: More patient months at IOP < 17 mmHg were achieved by patients on Lumigan versus Xalatan initiated therapy (9.7 versus 9.3; P < 0.05). Lumigan initiated therapy was also associated with fewer annual physician visits per patient (5.14 compared to 5.48; P < 0.001). The cost per patient per month at IOP < 17 mmHg was €41.96 for patients on Lumigan compared to €44.60 for those on a Xalatan initiated therapy. The results of the sensitivity analyses determined that at target IOPs of 14 to 17 mmHg there was a lower average annual treatment cost per patient for Lumigan initiated patients. CONCLUSIONS: Lumigan initiated treatment is more cost-effective than Xalatan initiated treatment at target IOPs between 14–17 mmHg.