GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies

PG143 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 in a tertiary care hospital was carried out. TPNs 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 received TPN during the study. The age range of the patients was 2 to 71 years. Majority of patients (67.5%) were males. A large proportion (40.8%) of the TPN were administered to patients who were undergoing surgical procedures and had intestinal obstruction. Major metabolic complication included hypernatremia (26.5%) and hypokalemia (0.2%). High number of recovery rates (41%) among patients 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 (51.5%) than without infection. In 93.3% of the cases, TPN started were to be considered appropriate indications and rest inappropriate. From an economic standpoint, the total avoidable cost with TPN mounted to 2,480,000 Indian Rupees. CONCLUSIONS: Providing 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.

PG144 A HEALTH TECHNOLOGY-RELATED COST DESCRIPTION CONCERNING ITALIAN BCD CENTRES DEALING WITH CROHN’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 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 (SOLI). 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 number of IBD patients stratifying them according to their complexity (number of beds for inwards and day-hospital; personnel dedicated to CD patients; number of cross-border CD patients; availability of dedicated heads for biological drugs administration; feasibility of electronic patient forms). RESULTS: Half of centers (19/38) were public teaching hospitals, whereas 19/38 were regional referral centers for CD (15/38). The study sites were located in Northern (12/28, 31%), Central (11/28, 28%) and Southern (15/38, 39.5%) Italy. CD 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 health technologies available in 78.9% (63.4%) 34% and 39.4% centers, respectively. Considering the undersampled different mean, yearly mean cost for health technologies amounts to €23,557.00 (€24,277.90). High complexity centers report the highest mean yearly costs of €55,380.36 (€25,706.92), whereas the lowest mean yearly cost of €5,113.00 (€6) 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). CONCLUSIONS: Endoscopy and capsule endoscopy have their costs taken into account, remarkable differences exist about costs for health technologies for managing CD patients.

PG145 DIAGNOSIS AND MANAGEMENT OF MODERATE-TO-SEVERE IRritable BOWEL SYndrome WITH CONSTIPATION (IBS-C) IN SPAIN: THE IBS-C STUDY MEANING, OBJECTIVES, DESIGN, AND PERSPECTIVES

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OBJECTIVES: The mean yearly cost of the burden of IBD in 6 European countries (France, Germany, Italy, Spain, Sweden, and UK). We here present the diagnosis and management results for the Spanish cohort. METHODS: Observational, retrospective approach (6 months of cross-border CD patients) for moderate-to-severe IBD in the last five years (Rome III criteria). Moderate-to-severe IBS-C was defined as an IBS-Score Severity Score (IBS-SSS) ≥ 175. RESULTS: 112 patients were included (58% severe, mean age 54.7 ± 13.7 years, 86% female). Mean time since diagnosis: 2.3 ± 2.7 years; mean symptom duration: 9.6 ± 8.9 years. Diagnostic procedures were highly variable; the most common were blood tests (71%), colonscopy (56%) and abdominal ultrasound (54%). At inclusion the most prevalent symptoms were constipation (84%), abdominal pain (80%), abdominal distension (80%) and bloating (50%). 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 (for their IBS-C). The most common prescription drugs were plantago ovata (35%), oltionion bromide (22%), macrogl plus electrolytes (13%) and cinapride tartrate (10%). Likewise, common drug combinations were laxative monotherapy (21%), laxatives and antipsychotics (14%), and antispasmodic monotherapy (5%). In addition, 30% of patients received complementary therapies. Over all, marginal improvement was noted in symptom severity (IBS-SSS total score) between baseline (31±56) and the 6-month visit (234±58). 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 patients who were not referred to a gastroenterologist for diagnosis are high even though there is a high degree of prescription medication use.

PG146 REAL WORLD STUDIES USING JAPANESE ADMINISTRATIVE DATABASES: CHRONIC HEPATITIS C TREATMENT PATTERN 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