COST OF ILLNESS IN PATIENTS WITH CHRONIC HAND ECZEMA:
RESULTS FROM A MULTI-CENTRE STUDY IN GERMANY
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OBJECTIVES: It is assumed broadly that the costs caused by chronic hand eczema (CHE) are high. However, there is a lack of cost-of-illness studies on CHE. The objective of this study is, therefore, to determine the direct and indirect costs of chronic hand eczema under routine conditions overall and in different treatment stages in Germany.
METHODS: The survey was conducted in 24 outpatient practices and clinics across 5 German regions. Patients with CHE refractory to topical treatments and insured by statutory health insurances were eligible. Patient characteristics and resource use were directly gathered from patients and physicians. Costs were evaluated from the societal perspective. Four treatment stages were defined: only topical treatments (stage I), additionally phototherapy (II), systemic therapy (III) and inpatient treatment (IV). Bivariate associations between costs and treatment stage were assessed.
RESULTS: A total of 223 CHE patients enrolled in the study. The yearly direct and indirect costs per patient are €1742 (SE: €139) and €386 (€83), respectively. A total of 63.2% of patients were treated only with topical treatments; additionally 15.7% with phototherapy and 11.7% with systemic treatments. A total 9.4% of all patients were admitted to hospitals. The total costs increase with treatment stage I-IV (P < 0.001): €1044 (881), €2107 (€145), €2697 (€461) and €8407 (€991), respectively. Accordingly, costs also correlated with clinical severity. CONCLUSIONS: CHE patients refractory to topical steroids incur marked costs to the society. The costs are increasing disproportionately with escalating treatment stages, especially in patients admitted to hospitals. Hence, new and innovative treatments may help to reduce the societal costs of CHE.

COST OF GLAUCOMA IN THE UNITED KINGDOM ACCORDING TO THE UK GPRD
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OBJECTIVES: The objective of this analysis was to estimate the total budget dedicated to glaucoma care according to the UK GPRD and to identify factors associated with high costs. METHODS: Data were extracted on patients treated on the National Health Service with a diagnosis of ocular hypertension or glaucoma, or treated with topical intraocular lowering treatment, surgery or laser for glaucoma. The budget was estimated from resources consumed in 2008 and included glaucoma drugs, laser surgery, hospitalization, specialist and general practitioner (GP) visits. In-patient resources were estimated from the Hospital Episode Statistics. Results were expressed in GBP 2008. Factors associated with high cost were identified using linear stepwise regression. National extrapolation was performed according to the relative size of the GPRD to the UK general populations. RESULTS: Details of 33,441 patients were extracted, which suggests that about 510,000 patients were treated in the NHS in UK in 2008. The Mean age was 74.2 years, and 47.3% were male. The initial diagnosis was made at 67.8 years. Older patients, longer time since diagnosis, a higher number of previous treatments, a higher number of treatment switches in the previous one year period and use of laser/surgery were associated with a higher annual cost. Spend- ing varied little between regions. Annual drug spending was £91.2 million on in-patient care, £4.4 million on drug prescription renewal (not specific to the glaucoma drug). Visits to the GP cost £34.8 million and visits to the eye speciality was >£54.0 million although the latter figure is likely to be an under estimate (GPRD underestimates eye speciality costs). CONCLUSIONS: The 2008 expenditures to care for glaucoma were £6185 million with no regional differences. Three factors were strongly associated with high costs: time since diagnosis, treatment changes, and rescue treat- ment. This analysis suggests that longer treatment persistence is likely to be associated with cost saving.

COST OF ILLNESS OF PSORIASIS—A 1-MONTH PROSPECTIVE STUDY IN SOUTHERN SWEDEN
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OBJECTIVES: Published cost-of-illness studies of psoriasis in Sweden are not available. This study estimates the societal cost of psoriasis care in a defined Swedish patient population. METHODS: A prevalence-based prospective recruitment of patients visiting two dermatology clinics in Sweden between September and December 2009 was performed. Patients collected resource utilization of health care contacts, treatment, travel, productivity loss (human costs approach) for 1 month (Swedish unit prices, 2009). RESULTS: A total of 164 patients (49% males) were included; average age 52, 76% plaque psoriasis with PASI 5.7, DLQI 7.7 and EQ-SD utility weight 0.71. The mean total cost per patient-month was €694. Main cost drivers were outpatient visits (OP) and light therapy (4%), biological drugs (20%) and productivity loss (22%). When patients were stratified according to treat- ment strategy, total costs (fraction of patients) for topical treatment only (TT; 34%) was €368, light therapy (LT; 24%) €127, traditional systemic treatment (TST; 26%) €1085 and biological systemic treatment (BST; 16%) €709 per patient-month. Main cost drivers in each treatment strategy were: OP (56%) in TT, OP (75%) in LT, productivity loss (40%) in TST and biological drugs (71%) in BST. There was no clear relationship between clinical (PASI) or subjective (DLQI) severity estimations and cost. CONCLUSIONS: In this study the cost-of-illness for a psoriasis patient amounts to almost €1000/month, with great variation depending on treatment strat- egy. Despite the 1200 difference in drug cost for TST vs. BST, total cost per month differed by €600 because of offsets from improved productivity and reductions in OP and topical treatment. As expected, biologically treated patients had higher costs but low productivity probably due to the treatment effectiveness. The relationship between costs and severity is complex, probably due to the selected study period and differences in effect between strategies.

THE ECONOMIC COST OF TREATING PATIENTS WITH AGE-RELATED MACULAR DEGENERATION IN SPAIN
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OBJECTIVES: Wet macular degeneration associated with age (w-AMD) is the leading cause of legal blindness in people in over 55. The aim of this study is to determine health care resource utilization and mean costs per patient with w-AMD costs. METHODS: A micro-costing approach was performed. Direct medical costs of patients with w-AMD. Patient level data was obtained from differ- ent public hospitals in Spain and ophthalmologists were surveyed with a semi-structured questionnaire to obtain treatment patterns. Inpatient costs were considered from the perspective of the public health care system. Treatments under study were pegap- tanib, verteporfin, ranibizumab and bevazcizumab. Although bevazcizumab in Spain is not approved for wet-AMD, it was used off-label in the hospital. Direct medical costs considered were drug costs, administration cost, doctors’ visits, nurse time, ophthal- mologist time, anesthetics, ambulant hospital care, external consultation, surgery and treatment of adverse effects. All costs are referred to 2009. RESULTS: Mean cost per patient treated with wet-AMD represented the following cost for the public health care system: €7290 for pegaptanib, €8310 for verteporfin, €8650 for ranibizumab and €1010 for bevazcizumab. We estimated that in Spain also the people for w-AMD years have wet-AMD in 2009. CONCLUSIONS: Pharmacological treatments for wet-AMD are photo dynamic therapy with verteporfin, pegaptanib, ranibizumab and bevazcizumab, with the last one having the highest medical costs. The agin of the population and development of new drugs will probably increase the future economic impact of AMD, which remains a major health care burden.

PREDICTIVE FACTORS OF GLAUCOMA TREATMENT COST IN GERMANY
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OBJECTIVES: To describe total costs and factors predicting cost in Germany for glaucoma disease states: ocular hypertension (OHT), and early (EARLY), moderate (MOD) and advanced (ADV) glaucoma. METHODS: A 5-year retrospective analysis collected health care utilization, clinical parameters, treatment(s) used and reasons for treatment change. Disease states defined by the European Glaucoma Society were applied. Costs for health care resources were based upon the German BKB/OPS code for ambulatory visits/procedures, diagnosis-related groups for hospital procedures and the G-Liste for medication. Factors predicting cost were identified using stepwise backward multiple linear regression, entry criterion = a < 0.2. RESULTS: A total of 154 patients (27 OHT, 43 EARLY, 35 MOD, 49 ADV) were enrolled from 15 centers across 5 German regions. Average age was 67 ± 11 and 57% were female. Number of years since diagnosis was 9.0 ± 5.7, 8.7 ± 4.6, 8.7 ± 4.1 and 13.2 ± 8.3 years for OHT, EARLY, MOD and ADV, respectively. Total costs, for patients with OHT, EARLY, MOD or ADV, were €226 ± 117, €421 ± 647, €493 ± 385, and €808 ± 877, respectively. Most costs were due to medication (€212 ± 99, €217 ± 150, €243 ± 161, €340 ± 193) and hospital interventions (€32 ± 101, €155 ± 338, €154 ± 285, €637 ± 207).