PSY21
COST STUDY OF HAEMOPHILIA IN MOROCCO
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OBJECTIVES: To estimate the cost of treating patients with haemophilia and inhibitors in Morocco. METHODS: A systematic literature research was performed to identify data on the epidemiology and cost of haemophilia. In order to collect information about the characteristics of patients, treatment options available and prescribed, and the use of health care resources, a structured questionnaire was developed and sent to Moroccan key opinion leaders in haemophilia. Data were collected from the completed questionnaires and validated in a consensus meeting. A decision analytic model was developed to estimate the average direct medical costs per patient per year from the Moroccan NHS perspective. A sensitivity analysis was conducted, also considering values from the literature about other countries. RESULTS: Information about the characteristics and the management of Moroccan patients with haemophilia and inhibitors is scarce in the literature. Parameters from international literature and parameters from the Moroccan NHS perspective were estimated. CONCLUSIONS: ITI costs and success rates are driven in part by the ITI dosage and the patient’s risk profile. Ensuring that patients initiate ITI with the best possible profile and on the most appropriate regimen has important implications in terms of costs and clinical outcomes.

PSY22
COST OF OBESITY TREATMENT IN POLAND
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OBJECTIVES: To assess the cost-consequences of chronic Neuropathic Pain (NeP) patients care comparing management in General Clinics (GC) versus Specialized Pain Clinics (SPC) in Neurology settings in Spain. METHODS: A 6-month retrospective observational non-interventional study was designed. Adults, both genders patients with chronic NeP were included in the analysis. Patients were allocated to two type of health care model according to usual administrative procedures in each participating centre without assigning patients. Main outcomes were, respectively, 3.3 (p = 0.040), the average interdependence of pain on daily activities versus 2.3 in subjects at SPC versus 2.5 (p = 0.249). Patients managed at SPC had more visits to the hospital (2.6 versus 2.3 per month). Mean pain severity at the time of evaluation was 3.8 versus 3.6 in SPC versus GC, respectively. CONCLUSIONS: More than 12% of adult population in Poland (4 million people) are obese (BMI > 30), with approximately 400 thousand being extremely obese (BMI > 40). In Western Europe up to 4% of total expenditures on health are spent on managing obesity and obesity dependent chronic diseases including diabetes, cardiovascular diseases and cancer. The aim of this study was to estimate direct cost of managing obesity in Poland. METHODS: Direct costs of obesity treatment were measured from both public payer’s (National Health Fund, NHF) and patients perspective. Data regarding standard obesity care were prospectively collected in a population of 72 obese patients, treated in National Food and Nutrition Institute in Warsaw. Data regarding bariatric surgery were provided by experts. Cost data were calculated based either on NHF data (public payer perspective) or current market prices (patients perspective). Values are presented in Euro (exchange rate: 1 Euro = 4.50 PLN). RESULTS: We estimate annual cost of obesity care at 325 Euro per patient, with more than 63% representing direct medical costs. Based on number and sort of bariatric surgery performed in 2008 in Poland we estimate total cost of surgical treatment for more than 2.2 mln (all covered by public payer). Based on NHF data, we estimate less than 30 thousand obese patients being covered with specialized medical care. Given that, total annual cost of obesity treatment in Poland would be as low as 12 mln, representing about 2% of total expenditures on health in 2008. Direct medical cost covered by public payer were estimated at 4 mln Euro representing less than 0.05% of NHF expenditures in 2008. Approximately two-thirds of obesity therapy costs are covered by patients. CONCLUSIONS: Regarding annual cost of managing obesity dependent diseases estimated at €350 mln, obesity therapy expenditures seems to be rather low in Poland.