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CLINICAL RESEARCH

Prevalence and economic burden of cardiovascular diseases in France in 2013 according to the national health insurance scheme database



Prévalence des maladies cardiovasculaires prises en charge en France et montants remboursés (2013) : analyse de la base nationale de l'assurance maladie

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KEYWORDS

Cardiovascular diseases;
Prevalence;
Comorbidities;
Costs;
SNIIRAM

Summary

Background. — Cardiovascular diseases (CVDs) constitute the second leading cause of death in France. The *Système national d'information interrégimes de l'assurance maladie* (SNIIRAM; national health insurance information system) can be used to estimate the national medical and economic burden of CVDs.

Objectives. — To describe the rates, characteristics and expenditure of people reimbursed for CVDs in 2013.

Abbreviations: AD, significant associated diagnoses; CMU-C, *Couverture maladie universelle-complémentaire*; CVD, cardiovascular disease; HF, heart failure; ICD, International classification of diseases; LTD, long-term disease status; PAD, peripheral artery disease; PD, principal diagnosis; RD, related diagnosis; SNIIRAM, *Système national d'information inter-régimes de l'assurance maladie*.

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Methods. – Among 57 million general health scheme beneficiaries (86% of the French population), people managed for CVDs were identified using algorithms based on hospital diagnoses either during the current year (acute phase) or over the previous 5 years (chronic phase) and long-term diseases. The reimbursed costs attributable to CVDs were estimated.

Results. – A total of 3.5 million people (mean age, 71 years; 42% women) were reimbursed by the general health scheme for CVDs (standardized rate, 6.5%; coronary heart disease, 2.7%; arrhythmias/conduction disorders, 2.1%; stroke, 1.1%; heart failure, 1.1%). These frequencies increased with age and social deprivation, and were higher in Northern and Eastern France and Réunion Island. The total sum reimbursed by all schemes for CVDs was € 15.1 billion (50% for hospital care and 43% for outpatient care [including 15% for drugs and 12% for nurses/physiotherapists]); coronary heart disease accounted for € 4 billion, stroke for € 3.5 billion and heart failure for € 2.5 billion (i.e. 10% of the total expenditure reimbursed by all national health insurance schemes for all conditions).

Conclusion. – CVDs constitute the leading group in terms of numbers of patients reimbursed and total reimbursed expenditure, despite a probable underestimation of both numbers and expenditure.

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MOTS CLÉS

Maladies cardiovasculaires ;
Prévalence ;
Comorbidités ;
Coûts ;
Sniiram

Résumé

Contexte. – Les maladies cardiovasculaires (MCV) constituent la seconde cause de décès en France. Le Système national d'information inter-régime de l'assurance maladie (Sniiram) permet d'en estimer le poids médical et économique au niveau national.

Objectifs. – Décrire les taux, caractéristiques et dépenses des personnes prises en charge pour MCV en 2013.

Méthodes. – Parmi 57 millions d'assurés du régime général (86% de la population française), les personnes prises en charge pour les MCV ont été repérées à l'aide d'algorithmes basés sur les diagnostics hospitaliers soit sur l'année en cours (phase aiguë), soit sur les cinq dernières années (phase chronique) et les affections de longue durée. Les coûts remboursés attribuables aux MCV ont été estimés.

Résultats. – On dénombrait 3,5 millions de personnes (âge moyen, 71 ans ; femmes 42%) prises en charge par le régime général pour une ou des MCV (taux standardisé, 6,5% ; maladie coronarienne, 2,7% ; troubles du rythme/conduction, 2,1% ; AVC, 1,1% ; insuffisance cardiaque, 1,1%). Ces taux augmentaient avec l'âge et le désavantage social et étaient plus élevées dans le Nord et l'Est et aussi à la Réunion. Le montant remboursé tous régimes pour les MCV était de 15,1 milliards d'euros (hôpital 50%, soins de ville 43% dont médicaments 15% et infirmiers/kinésithérapeutes 12%) dont la maladie coronarienne : 4 milliards d'euros, AVC : 3,5 milliards, insuffisance cardiaque : 2,5 milliards, soit au total 10% des remboursements versés à toute la population.

Conclusion. – Les MCV constituent le premier groupe en termes d'effectifs de personnes prises en charge et de dépenses affectées, malgré une sous-estimation probable à la fois des effectifs et des dépenses.

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Background

Cardiovascular diseases (CVDs) constitute the second leading cause of death in France, accounting for 27% of the 535,000 deaths in 2011 (i.e. a standardized rate of 216/100,000) [1]. More precisely, ischaemic heart disease accounted for 7% of deaths (standardized death rate of 55/100,000) and cerebrovascular disease accounted for 6% of deaths (standardized death rate of 48/100,000); the male/female ratios for these last two causes of death were

2.4 and 1.3, respectively. However, age-standardized death rates decreased by one-half between 1990 and 2009: by 55% for ischaemic heart disease and by 48% for cerebrovascular disease [1]. In 2012, the crude hospitalization rates were 339/100,000 for ischaemic heart disease, 188/100,000 for acute coronary syndromes, 94/100,000 for myocardial infarction, 224/100,000 for cerebrovascular disease and 239/100,000 for heart failure (HF) [2]. Standardized hospitalization rates for each of these diseases also decreased between 2002 and 2012 for both sexes, but with different

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