



## ORIGINAL ARTICLE

# Costs of ulcerative colitis from a societal perspective in a regional health care area in Spain: A database study



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### KEYWORDS

Ulcerative colitis;  
Productivity loss;  
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### Abstract

**Objectives:** To estimate the management of UC associated costs from the societal perspective in Spain.

**Methods:** Observational, longitudinal study with retrospective data collection based on reviews of outpatient health records. Socio-demographic, clinical and sick leave information was gathered. Patients diagnosed of UC between 2002 and 2012, older than 18 years, followed-up by a minimum of 12 months post diagnosis, with at least two clinical and use of resources data recorded, were included.

**Results:** 285 UC patients [51.2% men; 44.5 (SD: 15.6) years old; 88.4% without family history of UC; 39.3% proctitis; 5.6 (2.5) years disease follow-up] participated. More than half (65.6%) were active workers, 75.9% were on sick leave for reasons different from UC [mean 0.66 (0.70) times per year] during (mean) 28.43 (34.45) days. Only 64 patients were on UC-related sick-leaves, lasting (mean) 26.17 (37.43) days. Absenteeism due to medical visits caused loss of 29.55 (21.38) working hours per year. Mean direct and indirect annual cost per UC patient were €1754.10 (95%CI: 1473.37–2034.83) and €399.32 (282.31–422.69), respectively. Absenteeism was estimated at €88.21 (32.72–50.06) per patient per year, in which sick-leaves were the main component of indirect costs (88.2%). Age, UC family history, diarrhea at diagnosis, blood and blood-forming organs diseases and psychological disorders were the main predictors of indirect costs.

**Conclusions:** UC is a costly disease for the society and the Spanish National Healthcare System. Indirect costs imply a major burden by affecting the most productive years of patients. Further research is needed considering all components of productivity loss, including presenteeism-associated costs.

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**PALABRAS CLAVE**

Colitis ulcerosa;  
Pérdida de  
productividad;  
Gastos indirectos

## Coste de la colitis ulcerosa desde una perspectiva social en el servicio de salud regional en España: un estudio de base de datos

**Resumen**

**Objetivos:** Evaluar la gestión de los gastos asociados a la CU desde la perspectiva social en España.

**Métodos:** Estudio observacional, longitudinal con recopilación de datos retrospectiva basado en reseñas de registros sanitarios ambulatorios. Se compiló información sociodemográfica, clínica y de bajas por enfermedad. Se incluyó a aquellos pacientes diagnosticados con CU entre 2002 y 2012, mayores de 18 años, con un seguimiento después del diagnóstico como mínimo a los 12 meses y con al menos 2 de los datos clínicos y de uso de recursos registrados.

**Resultados:** Participaron 285 pacientes con CU (51,2% hombres;  $44,5 \pm 15,6$  años); 88,4% sin antecedentes familiares de CU; 39,3% proctitis;  $5,6 \pm 2,5$  años de seguimiento de la enfermedad). Más de la mitad (65,6%) eran trabajadores en activo, un 75,9% estaban de baja por enfermedad por motivos ajenos a la CU (un promedio de  $0,66 [0,70]$  veces al año) durante (media  $\pm$  desviación estándar)  $28,43 \pm 34,45$  días. Solo 64 pacientes estuvieron de baja por enfermedad relacionada con la CU, con una duración (media) de  $26,17 \pm 37,43$  días. El absentismo ocasionado por las visitas al médico originó una pérdida de  $29,55 \pm 21,38$  hs de trabajo al año. El promedio directo e indirecto del coste anual por cada paciente con CU fue de 1.754,10 € (IC95%, 1.473,37-2.034,83) y de 399,32€ (282,31-422,69), respectivamente. El absentismo se calculó en 88,21€ (32,72-50,06) por paciente al año, donde las bajas médicas son el mayor componente de los gastos indirectos (88,3%). La edad, los antecedentes familiares, la diarrea en el momento de diagnóstico, las enfermedades sanguíneas o de los órganos hematopoyéticos y los trastornos psicológicos fueron los principales factores predisponentes de los gastos indirectos.

**Conclusiones:** La CU es una enfermedad costosa para la sociedad y el Sistema Nacional de Salud español. Los gastos indirectos suponen una gran carga, al afectar a los años más productivos de los pacientes. Se precisa una mayor investigación que tenga en cuenta todos los componentes de la pérdida de productividad, entre otros los gastos asociados al presentismo laboral.

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**Introduction**

Ulcerative colitis (UC) is a chronic inflammatory bowel disease (IBD) caused by the continued inflammation of the colon mucosa which affects the rectum and a variable extension of the colon. UC may also have extra-intestinal manifestations that usually involve the skin, joints, the liver and eyes in nearly half of the affected individuals.<sup>1,2</sup> Rectal bleeding is its cardinal symptom accompanied by diarrhea and rectal urgency. Fever, weight loss and abdominal pain are frequently present.<sup>3</sup> Its diagnosis is based on differential diagnosis and on the clinical history, laboratory tests, imaging and endoscopic procedures with no specific biological marker existing for UC. Following the criteria of Montreal, UC can be classified in proctitis, left-side colitis or extended colitis according to its extension.<sup>3,4</sup>

The highest incidence and prevalence of UC have been seen in North Europe and North America and the lowest in continental Asia.<sup>5</sup> UC etiology is unknown and has been linked to genetic, immunological and environmental factors.<sup>6</sup> In Western countries, the incidence and prevalence of UC has increased in the past decades up to 8–14/100,000 and 120–200/100,000 persons, respectively.<sup>7,8</sup> In Spain, incidence rates have increased over the past years, whose values are closer to those obtained in Northern Europe.<sup>7</sup>

Differences in Spanish incidence rates (from 2 to 9.6 per 100,000 inhabitants per year) are due to methodological differences between studies.<sup>7,9</sup>

UC is a chronic, incurable, lifelong disease that starts in young adulthood and continues throughout life. Regarding its social burden, most UC patients report frequent disturbing disease-related symptoms and have often visited their doctor or were absent from work due to UC problems over a year.<sup>10</sup> Five years and twenty years subsequent to diagnosis, 10% and 30% of patients require surgery, respectively.<sup>11</sup> An impaired Health Related Quality of Life (HRQoL) has been directly related to the number of physician visits, work absenteeism, and a higher amount of undergone procedures ( $p < 0.001$ ).<sup>12</sup>

Studies on the economic burden of the disease are scarce and its magnitude is little known in Spain. The extension of the disease critically determines the overall costs of its management while timely surgery seems to be associated with potential long term economic benefits.<sup>13</sup> A Spanish study on the social and economic costs of IBD found that a patient with this disease costs 1730 € per year.<sup>14</sup> While more detailed studies have been carried out on the direct costs of UC, and it has been shown that hospitalization, disease severity grade and disease extent correlate positively with the costs of illness, much less is known about the

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