



ORIGINAL ARTICLE

Use of health care resources and associated costs in non-institutionalized vulnerable elders with overactive bladder treated with antimuscarinic agents in the usual medical practice[☆]



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KEYWORDS

Overactive bladder;
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Resource use;
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Abstract

Objective: To evaluate the use of resources and health costs in vulnerable elderly institutionalized patients with overactive bladder (OAB) treated with fesoterodine, tolterodine or solifenacin in routine medical practice.

Material and methods: A multicenter retrospective study, from the records of patients treated during 2008–2010 in three geographical locations and starting treatment with antimuscarinic (fesoterodine, solifenacin and tolterodine) for OAB. The attribute of vulnerability was based on collecting at least 3 of the Vulnerable Elders Survey criteria-13, age > 75 years, poor/average age for health and difficulty in at least one daily physical activity. Main measures: morbidity, persistence and resource use and costs. Monitoring of patients was conducted over 52 weeks. A general linear model with covariates and bootstrapping (1000) at random was used to construct the 95% CI of the cost differences between drugs.

Results: Records of 552 patients (50.8% women, mean age: 80.2 years) were analyzed. Treated with fesoterodine ($N=58$), solifenacin ($N=252$) or tolterodine ($N=212$). The use of absorbent was 20.7%, 29.4% and 33.0% ($p=0.186$), respectively. Persistence to treatment was slightly greater with fesoterodine. The patient healthcare costs/year were lower with fesoterodine, €1775 (1550–2014) vs. solifenacin €2062 (1911–2223) and tolterodine €2149 (1978–2307), $p=0.042$, as a result of lower utilization visits and concomitant medication.

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PALABRAS CLAVE

Vejiga hiperactiva;
Antimuscarínicos;
Uso de recursos;
Costes;
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Conclusions: Despite the potential limitations of the study, the vulnerable elderly non institutionalized patients with OAB treated with fesoterodine, compared to solifenacin or tolterodine were associated with lower resource utilization and healthcare costs.

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Uso de recursos sanitarios y costes asociados en pacientes ancianos vulnerables no institucionalizados con vejiga hiperactiva tratados con antimuscarínicos en la práctica médica habitual

Resumen

Objetivo: Evaluar el uso de recursos y costes sanitarios en pacientes ancianos vulnerables no institucionalizados con vejiga hiperactiva (VH) tratados con fesoterodina, solifenacina o tolterodina en la práctica médica habitual.

Material y métodos: Estudio multicéntrico, retrospectivo, realizado a partir de los registros de pacientes atendidos durante 2008–2010 en 3 localidades geográficas y que iniciaron tratamiento con antimuscarínicos (fesoterodina, solifenacina y tolterodina) para la VH. El atributo de vulnerabilidad se basó en reunir, al menos, 3 de los criterios del *Vulnerable-Elders Survey-13*; edad > 75 años, salud pobre/normal para la edad y alguna dificultad en al menos una actividad física diaria. Principales medidas: comorbilidad, persistencia y uso de recursos y costes. El seguimiento de los pacientes se realizó durante 52 semanas. Se utilizó un modelo lineal general con covariables y remuestreo (1000) aleatorio para construir el IC 95% de las diferencias de costes entre fármacos.

Resultados: Se analizaron registros de 552 pacientes (50,8% mujeres, edad media: 80,2 años), tratados con fesoterodina ($n=58$), solifenacina ($n=252$) o tolterodina ($n=212$). El uso de absorbentes fue del 20,7, 29,4 y 33,0% ($p=0,186$), respectivamente. La persistencia al tratamiento fue ligeramente mayor con fesoterodina. Los costes sanitarios paciente/año fueron inferiores con fesoterodina, 1775€ (1550–2014) vs. solifenacina 2062€ (1911–2223) y tolterodina 2149€ (1978–2307), $p=0,042$, como consecuencia de una menor utilización de visitas y medicación concomitante.

Conclusiones: A pesar de las posibles limitaciones del estudio, los pacientes ancianos vulnerables no institucionalizados con VH tratados con fesoterodina, en comparación con solifenacina o tolterodina, se asociaron a una menor utilización de recursos y costes sanitarios.

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Introduction

Overactive bladder (OAB) is a syndrome characterized by showing symptoms of urgency, with or without urge incontinence, and usually with frequency and nocturia.¹ It consists of detrusor muscle overactivity and may be accompanied by neurological dysfunctions.² Its prevalence in adults ranges between 10 and 20%, increases with age, and is more common in elderly men.³ In our country, the results of the EPICC study show that the prevalence of OAB in ≥ 40 -year olds is 21.5%, and 38.5% among institutionalized adults older than 65 years.⁴

Pharmacological treatment is essentially based on blocking the involuntary contractions of the detrusor muscle with antimuscarinic drugs.^{5,6} In this regard, fesoterodine, tolterodine and solifenacin have shown their effectiveness and safety for the treatment of OAB,^{7–9} improving the health-related quality of life of these patients.¹⁰ Within this group of patients, the identification of vulnerable seniors (factors which affect the aging process) is of the utmost importance in order to establish certain intervention strategies in the management of the disease, since they are individuals with an increased risk of death and/or functional impairment (frail adults).¹¹ The identification of these

elders can be made using the *Vulnerable Elderly Survey* (VES-13) scale, establishing a scoring which enables the prediction of that risk.¹²

OAB is associated with high healthcare costs.^{13–15} Nevertheless, there are no available studies comparing antimuscarinics with respect to the use of resources and costs in this group of patients in our country. Therefore, the aim of our study was to evaluate the use of healthcare resources and costs in non-institutionalized vulnerable elderly patients on initial treatment with fesoterodine, tolterodine or solifenacin for OAB within the Spanish population scope.

Materials and methods

Design and study population

An observational (multicenter), post-authorization, longitudinal design was used and conducted from medical records of patients. The study population comprised individuals from 3 geographical areas of 2 autonomous communities (Catalonia [Badalona, Barcelona] and the Balearic Islands [Majorca]). 18 primary care (PC) centers, 7 in Badalona, 2 in Barcelona and 9 in Majorca, and their corresponding referral

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