A cost-of-illness study of psoriatic arthritis in Spain

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Introduction

Psoriatic arthritis is a chronic autoimmune disease characterized by inflammatory arthritis in association with skin psoriasis.

Psoriatic arthritis has a profound impact on patient wellbeing and on society in terms of medical costs and work disability (Ashorn 2008; Oliver 2009; Salluh 2009).

Tumour necrosis factor (TNF) antagonists (biological therapies) have revolutionized the treatment of psoriatic arthritis. These drugs reduce signs and symptoms of inflammation, improve quality of life and functional status and inhibit the progression of structural damage in peripheral joints (Masse 2004; Masse 2005; Kavanaugh 2006; Wolsacco 2006).

Relatively little information is available in the literature concerning the cost of psoriatic arthritis in Spain.

Objective

To estimate the annual direct and indirect costs of psoriatic arthritis patients in Spain, and to identify key cost drivers.

Methods

Study design

Cross-sectional, observational and retrospective study undertaken at 18 Spanish centres.

Psoriatic arthritis-related resources measured directly from patient notebooks.

Cost estimation

Cost evaluation (€, 2008 values) included direct medical costs, non medical costs and indirect costs.

Unit cost data were collected from:

- The Spanish Database of Health Costs SORICOS (Gilbert 2005)
- The Spanish Catalogue of Medicinal Products (Consejo General de Colegios de Farmacéuticos 2008)

Data collection

Demographical and clinical data

Direct medical resources: hospitalisations, treatments and procedures other than hospitalisations (e.g. radiology, laboratory tests, hospital and non-hospital prescription drugs, non-prescription drugs paid by the patients, hospital day-care facilities for the administration of biological therapies and phototherapy sessions)

Direct non medical resources: out-of-pocket expenses paid directly by patients (disease-related investments), formal caregivers (paid by patients) and social assistance visits (paid by Public Health Authorities)

Indirect resources: productivity losses (hours / days missed through patient notebooks).

Table 1. Demographical and clinical data

<table>
<thead>
<tr>
<th>Age, years</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>52.40 (9.62)</td>
</tr>
<tr>
<td>Range</td>
<td>0-51</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mean age, years</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>55.7</td>
</tr>
<tr>
<td>Patients receiving biologic therapy during the study period</td>
<td>24.7</td>
</tr>
</tbody>
</table>

Average annual per patient costs to severe psoriasis is € 6,914.

Table 2: Annual consumption of resources per patient with psoriatic arthritis.

Units, mean values and 95% confidence interval lower limit (CI 95% LL) and upper limit (CI 95% UL).

Table 3 Total estimated annual cost per patient with psoriatic arthritis (€, 2008). Mean values, 95% confidence interval lower limit (CI 95% LL) and upper limit (CI 95% UL).

Conclusions

Psoriatic arthritis is associated with a remarkable burden of illness in Spain, resulting in significant direct and indirect costs.

The mean annual cost per patient with psoriatic arthritis is € 6,914.

Direct costs and indirect cost (loss of productivity) represent 84% and 16% of total costs, respectively.

References