BURDEN OF DISEASE IN PATIENTS WITH FABRY DISEASE: ECONOMIC BURDEN OF HEALTH CARE AND NONHEALTH CARE RESOURCES CONSUMPTION

Authors: Rafael Santamaria[1]; Joaquin De Juan-Ribera[2]; Felisa Martinez-Sanchez[3] ; Victoria Pendon-Ruiz De Mier[1] ; Carmen Gil-Garcia[2] ; M. Jose Lopez-Ruiz[3]; Araceli Casado[4]; Manuel Ordovas[5]; Mario Espinosa[1]; M. Dolores Del Pino[3]

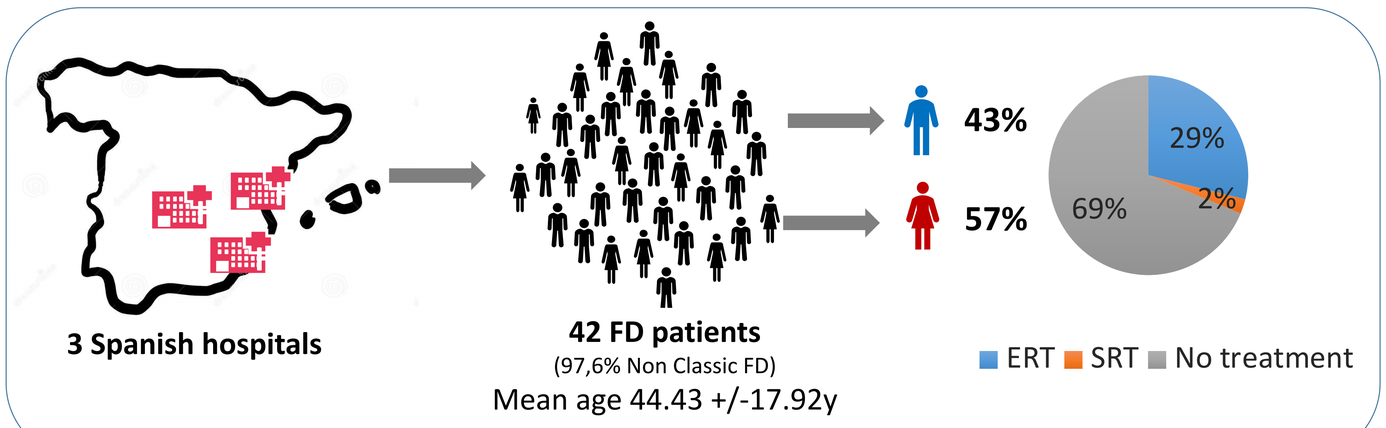
Hospitals: (1) Hospital Universitario Reina Sofia, CORDOBA, Spain; (2) Hospital General Universitario de Elda, Elda, Spain; (3) Hospital Torrecardenas, Almeria, Spain; (4) Realworld evidence, Pharmacoeconomics & Outcomes Research Iberia, Madrid, Spain, (5) Patientreported outcomes & biostatistics, Pharmacoeconomics & Outcomes Research Iberia, Madrid, Spain

INTRODUCTION: Multisystem involvement, including renal, cardiovascular and neurologic damage, that characterizes Fabry disease and the need for lifelong treatment impact on health care (HC) costs.
Expenditures derived from enzyme replacement therapy (ERT) have been described, but FD impact on other concepts of HC expenditure, global health expenditure and non HC and social costs derived from FD is poorly known..

OBJECTIVE: To describe the economic burden of FD, analyzing the consumption of HC and non-HC resources and associated expenditures in a year.

PATIENTS AND METHODS: A cross-sectional study was carried out in three Spanish Hospitals, and included patients from nephrology consultation, that were older than 14 years with genetic confirmation of FD. We excluded patients with renal replacement therapy, and organ transplantation. The study was approved for a local ethics committee, and all the patients, or legal representatives, agreed to sign the informed consent. Demographic data, clinical variables of target organ involvement, Mainz Severity Score Index (MSSI) were collected. Information was obtained on the consumption of HC resources (hospitalization and surgeries, visits to health professionals, diagnostic tests and treatments) and non HC resources (use of social services, home care, physical adaptations, loss of productivity (daily and work activities) and transportation expenses used for treatment administration in the previous year. A descriptive and comparative statistical analysis was performed according to the severity of the disease using parametric and nonparametric tests.

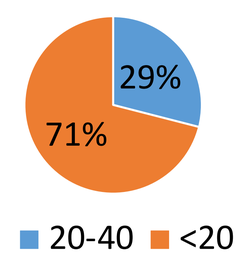
RESULTS:



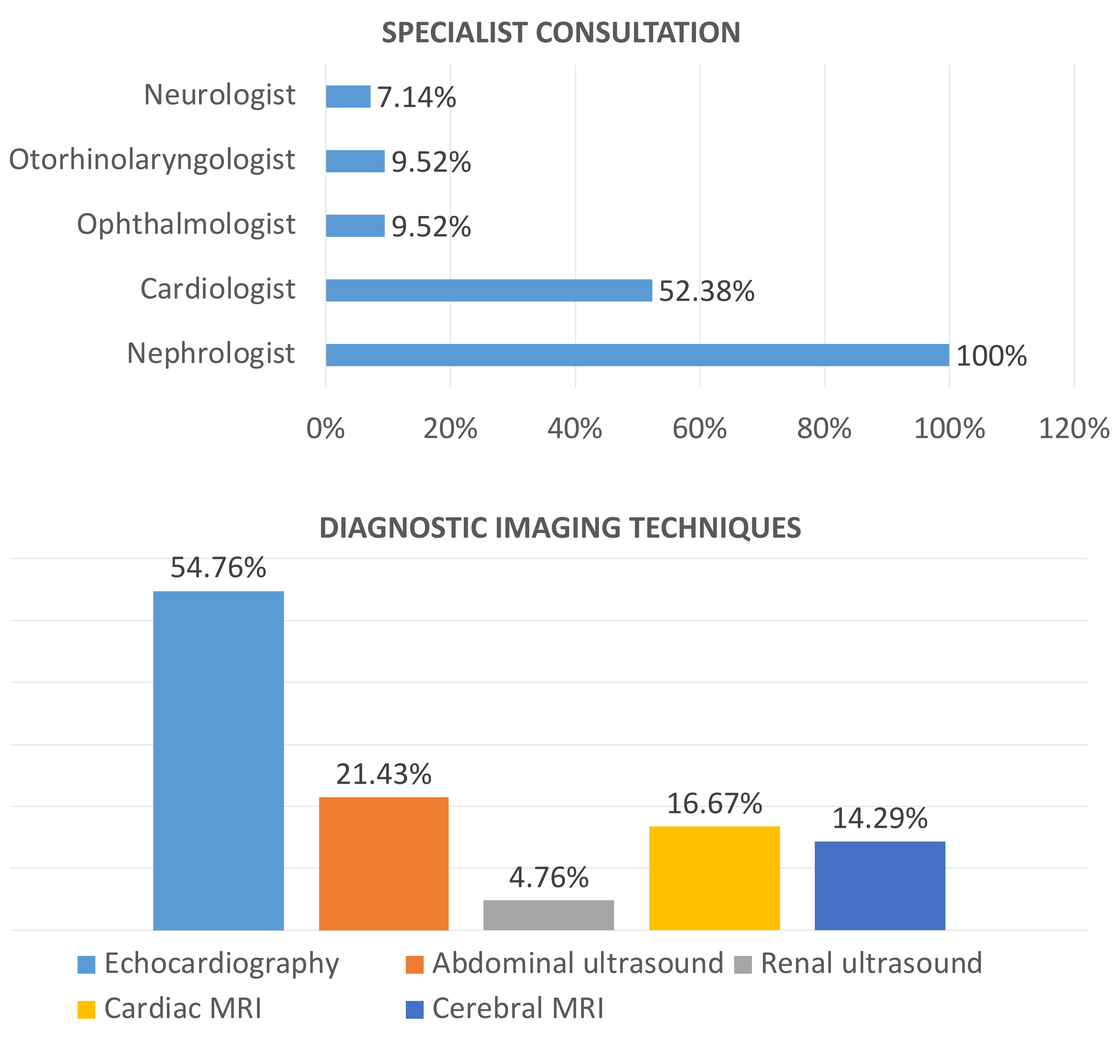
Mainz Severity Score Index (MSSI). M: 11.93 +/- 11.06

Table1. Patients classification MSSI Score

	Adult patients	Pediatric patients	TOTAL
Mild	27	3	30
Moderated	12	0	12
TOTAL	39	3	42



CONSUMPTION OF HC RESOURCES



CONSUMPTION OF NON-HC COSTS

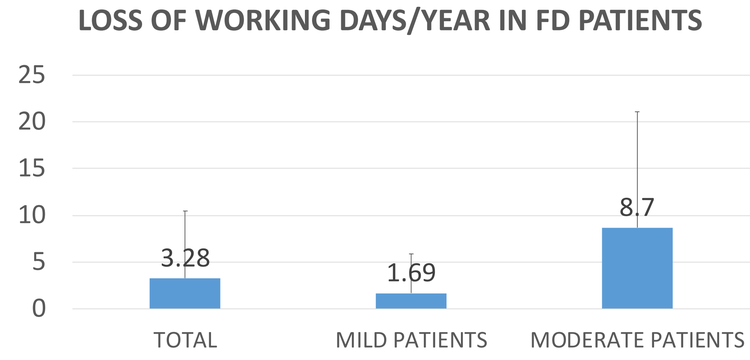


Table 1. Summary of annual expenditures in Euros. Mean (SD)

	TOTAL n=42	MILD (<20) N=30	MODERATE (20-40) n=12
Total nonmedical/ nonpharmacological expenditure	293,69 (989,85)	326,58 (1.147,82)	326,58 (410,19)
Total hospital expenditure	3.236,49 (5.618,3)	1.750.14 (1.724,49)	1.750.14 (9.419,35)
Pharmacological expenditure	47.461,28 (81.685,85)	33.107,81 (72.895,93)	33.107,81 (94.312,23)
Total expenditure	50.991,45 (82.012)	35.184,53 (73.168,06)	90.508,75 (92.577,32)

CONCLUSIONS:

- In our series of patients, FD has an impact on work activity and represents a notable consumption of hospital and pharmacological resources. This impact is more evident in patients with higher MSSI.
- This information is necessary for proper planning of the care of patients with FD.

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