

Cost of illness in patients with psoriasis and psoriatic arthritis. COEPSO Study.

Santos Castañeda^{*1}, Esther Vicente², Mar Llamas Velasco³, Javier Sanchez Perez³, José Pardo⁴, Rita Cabeza-Martínez⁵, Mercedes Miranda-Fontes⁶, Juan Márquez⁷, Jaime Calvo⁸, Susana Armesto⁹, Isabel Belinchón¹⁰, Alejandro Gómez¹¹, María Dolores Miranda¹², Silvia Martínez Pardo¹³, Leticia Merino-Meléndez¹⁴, Miguel Angel Casado¹⁵, María Yébenes¹⁵, Araceli Casado¹⁵

¹H.U. de la Princesa, IIS-Princesa, Cátedra UAM-ROCHE, EPID-Future, Rheumatology, Madrid, Spain, ²H.U. de la Princesa, IIS-Princesa, Rheumatology, Madrid, Spain, ³H.U. de la Princesa, IIS-Princesa, Dermatology, Madrid, Spain, ⁴H.G.U. Santa Lucía, Cartagena, Spain, ⁵H.U. Puerta de Hierro Majadahonda, Madrid, Spain, ⁶H.U. Río Hortega, Valladolid, Spain, ⁷H.G. Jerez de la Frontera, Cádiz, Spain, ⁸H.U. Araba, Vitoria, Spain, ⁹H.U. Marqués de Valdecilla, Santander, Spain, ¹⁰H.G.U. Alicante, Alicante, Spain, ¹¹H.U. Infanta Sofía, Madrid, Spain, ¹²H.G. San Agustín de Linares, Jaen, Spain, ¹³H. Mutua de Terrassa, Barcelona, Spain, ¹⁴H. San Pedro, Logroño, Spain, ¹⁵Pharmacoeconomics & Outcomes Research Iberia (PORIB), Madrid, Spain

Background:

Psoriasis (Ps) and psoriatic arthritis (PsA) have a major impact on patients' health-related quality of life. Cost of illness of patients with Ps, PsA and both diseases (PsA+Ps) is an important subject as they are associated with a substantial economic impact, with implications from a health management perspective.

Objectives:

To describe the economic burden of direct non-healthcare and indirect resources of patients with Ps, PsA and PsA+Ps in Spain.

Methods:

COEPSO ("Evaluation of Costs in patients with Psoriatic Disease") was an observational, retrospective, cross-sectional study performed in 22 Spanish centers (17 Dermatology and 14 Rheumatology Services), from February 2017 to February 2018, including moderate to severe Ps and PsA patients (with or without Ps), naive to biologics. Direct non-healthcare (social services, home care, physical adaptations, private health and non-health professionals, non-reimbursed and non-pharmaceutical therapies), indirect (loss of productivity) and total costs (direct non-healthcare and indirect costs) related to the disease during the previous year to the study were obtained. Unitary costs (€, 2018) were calculated: out-of-pocket costs were specified directly by patients and loss of productivity costs by means of average salaries based on occupation specified by patients. The information was collected through a case report form filled out by the investigators and a telephone survey administered to the patients.

Results:

A total of 318 patients were included (196 Ps; 43 PsA and 79 PsA+Ps), mean age 48.7 years and 51.3% males. Metabolic syndrome was the most frequent comorbidity in all groups. The

average annual total cost per patient was 1,042.71€ (SD 3,817.55), 1,137.84€ (SD 3,070.39) and 1,830.26€ (SD 5,835.81) for Ps, PsA and PsA+Ps, respectively. The average annual direct non-healthcare cost per patient was 749.57€ (SD 2,393.77), 750.50€ (SD 1,641.82) and 1,247.56€ (SD 4,467.19) for Ps, PsA and PsA+Ps, respectively. The average annual indirect cost per patient was 293.14€ (SD 2,855.27), 387.35€ (SD 2,409.63) and 582.71€ (SD 3,842.12) for Ps, PsA and PsA+Ps, respectively.

Patients with combined PsA+Ps had higher annual total cost (direct non-healthcare and indirect costs) than patients with only one of these manifestations separately (75.5% and 60.9% above patients with Ps and PsA, respectively). Total costs in patients with Ps and PsA were similar. Direct non-healthcare costs represent between 66.0% (patients with PsA) to 71.9% (patients with Ps) of total cost. Indirect costs represent between 28.1% (patients with Ps) to 34.0% (patients with PsA) of total cost.

Conclusion:

PsA and Ps have proved to be diseases with a high economic burden, and the total costs were mainly driven by direct non-healthcare costs. Moreover, although annual total costs in patients with PsA were similar to those of Ps patients, the combination of both manifestations yielded the highest costs suggesting the importance of the increased disease load.

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