Hungarian National Health Insurance suggesting that the burden of disease
Average annual indirect cost per patient was approximately.
Gabriel SE.

Cost from sick leave (4%) •

Patient demographics and disease characteristics

METHODS

BACKGROUND

Prague, Czech Republic

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R. Hegyi, Spondylitis in Hungary

Burden of Disease Analysis of Ankylosing

Healthware Consulting Ltd, Budapest, Hungary; UCB Pharma, Budapest, Hungary; UCB Pharma, Brussels, Belgium; UCB Pharma, Plague, Czech Republic.

METHODS

Data collection

• Between January and March 2014, a questionnaire survey was conducted among patients with AS.

• Questions addressed the disease burden of AS, such as sick leave, reduced working capacity, disability, non-reimbursed health services, need for assistance to perform daily activities, in addition to patient demographics and disease characteristics.

• Questionnaires were transmitted to patients by the relevant patient organizations of AS and were filled out voluntarily and anonymously.

• The responses were recorded on Medway's portal developed by Healthware Consulting Ltd., and R statistical software and Microsoft Excel were used for data processing and evaluation.

• The survey results are presented in aggregate form only.

Cost calculation

• During the analysis, the direct non-medical, indirect costs and the costs of non-reimbursed health services were determined. The determination of direct medical cost was not the subject of this study.

• The direct non-medical costs included the cost of traveling (ambulance transport, other traveling costs) and informal care (care within the family)

• The indirect costs included lost wages due to disability and reduced working capacity and disability pension.

• The unit costs of each examined cost type were derived from the Hungarian Central Statistical Office (KSH) and Evaluation and anonymously.

• An exchange rate of 5.25 to Hungarian Forint (HUF) per Euro (EUR) was used.

• Missing data were not imputed in the analysis. Considered patient number is presented alongside results if lower than total patient number.

RESULTS

Patient demographics and disease characteristics

• 135 patients completed the questionnaire, of which 57% were women. Mean age was 52 years (standard deviation 15 years) and average disease duration was 17 years (SD: 12 years).

• At primary diagnosis of AS, 80% of patients had a full-time job, 7% had a part-time job, and only 3% received disability pension (Figure 1).

• At time of survey, only 55% of patients worked full-time, 8% part-time, and the proportion of disability pensioners increased to 42%. (Figure 6)

• Nearly half of the respondents required assistance with everyday activities (i.e. housework, traveling, shopping, etc.), in 86% of cases, patients were supported by family members, relatives and friends, while paid nurses provided support in only 7%.

• Patients used health care services which were not financed by the health insurance system to improve or maintain their health status (private medical examination, physiotherapy, therapy sessions, natural medicines, etc.). Among these services, physiotherapy (45%), and medical spa (32%) were the most common.

Cost

• Average annual total cost was calculated by summing the direct non-medical, indirect and non-reimbursed services costs.

• Cost calculation results showed that the average annual total cost per AS patient was 5,104€ (SD: 5,193€). Within this:

<table>
<thead>
<tr>
<th>Direct non-medical costs</th>
<th>Indirect costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travelling (1%)</td>
<td>Cost from reduced working capacity (15%)</td>
</tr>
<tr>
<td>Home remodeling (13%)</td>
<td>Cost from sick leave (4%)</td>
</tr>
<tr>
<td>Informal care (92%)</td>
<td>Cost from disability pension (83%)</td>
</tr>
</tbody>
</table>

• Average annual direct non-medical cost was 5,104€ (SD: 5,193€; 135 patients).

• Average annual indirect cost per patient was approximately 1,031€ (SD: 4,458€; 144 patients).

• Average annual non-reimbursed health services cost was 624€ (SD: 445€; 130 patients).

• Limit was seen due to disability pension generated the highest average annual indirect cost per patient (1,326€; SD: 4,707€; 128 patients).

• The distribution of different types within direct non-medical and indirect costs are shown in Figure 2.

Subgroups

• In the working-age population (31 patients, 51–62 years) total average annual cost per patient was 6,104€. The highest cost was generated by changes in ability to work.

• Average costs were higher in cases of longer disease duration (Figure 3) suggesting that the burden of disease increases with worsening of the condition, consistent with more structural damage.

CONCLUSIONS

• AS is a progressive, chronic disease which leads to continuous deterioration of health status and permanent disability.

• During the average 37-year disease duration, one third of patients become disabled due to AS. Generalizing the results, this means that 0.2% of the Hungarian population develops 3% of the total disability pensioner population. Total number of non-medical disabilities was 635,000 (in June 2014).

• Higher average costs were associated with longer disease duration.

• Patients may already have dropped out from the employment market at their active ages because of the disease symptoms and disability leading to reduced social engagement.

References

1. Fund. Financial protocol of diagnosis and treatment of ankylosing spondylitis, 2010; Rheumatology and Physiotherapy’s clinical protocol, AS affects

Ankylosing spondylitis (AS) by definition is an idiopathic, inflammatory disorder of the sacroiliac joints and the axial skeleton. Without treatment it can cause increasing irreversible joint damage and rigidity of the spine, occasionally leading to joint deformities and consequently severe functional disorder, resulting in reduced working capacity.3

Like other autoimmune inflammatory diseases, the course of AS is variable and chronic. Disease activity was increased in men over 15 and 0.8% among women. In Hungary, the prevalence is 0.4–0.5% of the population. In Hungary, the prevalence is 0.4% of the population.

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3,117€ (SD: 4,466€; 145 patients).

3,004€; 152 patients).