

HEALTHCARE PATHWAYS AND BURDEN OF DISEASE OF PATIENTS WITH PSORIASIS AND PSORIATHIC ARTHRITIS (PsA)

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Background and Aim

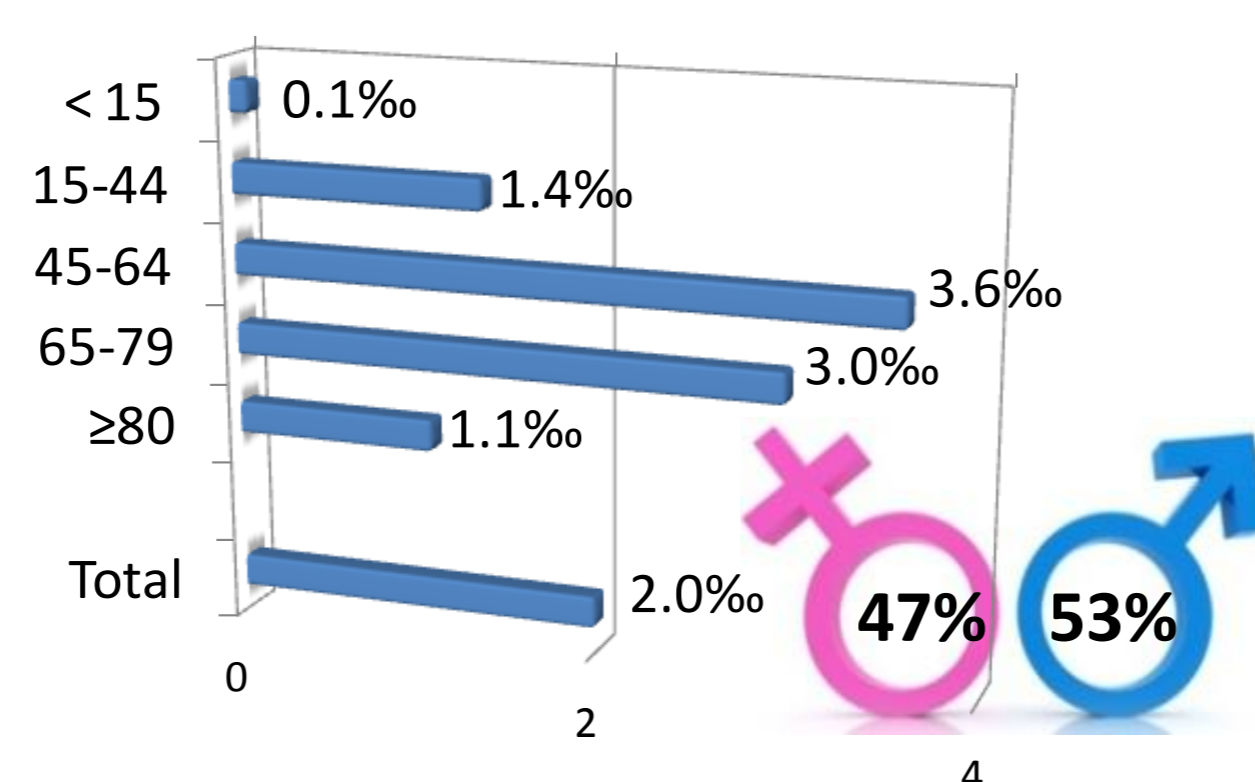
Psoriasis and Psoriatic Arthritis (PsA) are idiopathic, chronic and often immune-mediated autoinflammatory and concomitant diseases that are associated with a high degree of morbidity. They negatively impact on health-related quality of life and often require long-term systemic treatments. This study aimed to analyze the healthcare profile and the overall cost of patients with Psoriasis/PsA in the real clinical practice.

Methods

Starting from ARNO Observatory database (11 million citizens), a record linkage analysis of disease exemptions, specific drug prescriptions and specialist services (PUVA phototherapy) was carried out. A cohort of patients, who met two or more inclusion criteria, was selected from a subset of Local Health Units with available, complete and good quality data on pharmaceutical prescriptions, specialist/diagnostic procedures and hospital discharges. The accrual period lasted from January 1st 2009 to December 31st 2011. Every single patient was followed up to 2 years from the index date, to analyse specific treatments (Biological vs Non-biological DMARDs and topic drugs), therapy switches, community/hospital cares and their expenditure (drugs in charge to NHS - estimated on reimbursement prices, diagnostic procedures - estimated using reimbursement tariffs, hospitalizations - estimated using DRG).

Results

From a population of 2,988,195 citizens, a cohort of 6,030 (2.0‰) patients with Psoriasis/PsA, mostly men and mean aged 54±15 years, was selected. **Fig. 1** shows *prevalence rate by age groups and gender*.



2.783 (46%) patients received *“other drugs”* prescriptions, mostly NSAIDs, Corticosteroids (systemic and topic), Proton Pump Inhibitors, Penicillins and Quinolone antibacterials.

During the 2-year follow-up, *Non-bio and Bio DMARDs were prescribed* respectively to 2.738 (45%) and to 902 (15%) patients – **Fig. 2. Prevalence of Bio DMARDs use by age groups** (% on the total cohort) is shown in the **blue box**.

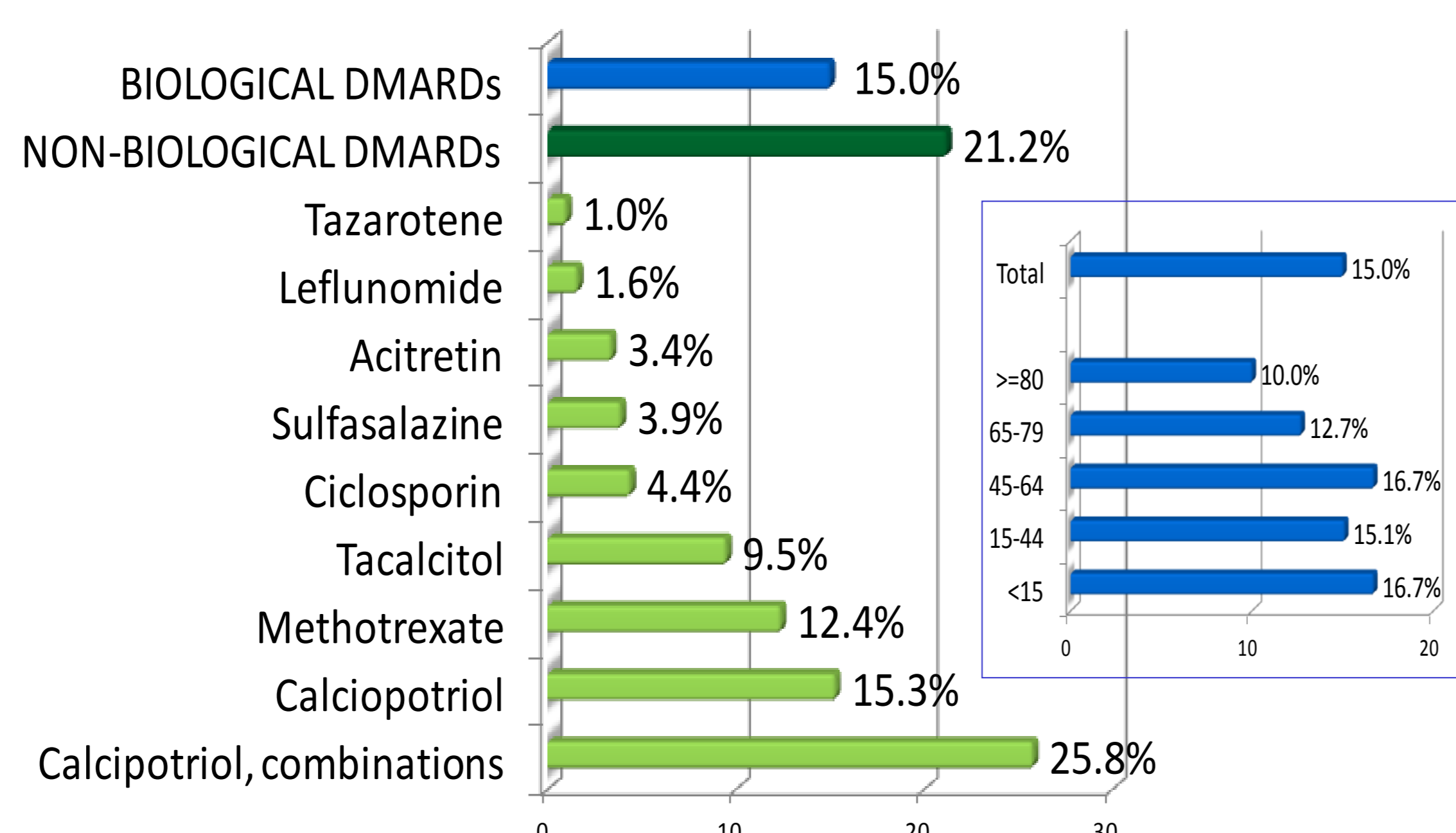


Fig. 4 shows how the two cohorts accounted for *integrated costs on total cohort*. Patients treated with Biological drugs resulted the most expensive for all healthcare assistance: 7.978€/patient/year of follow-up.

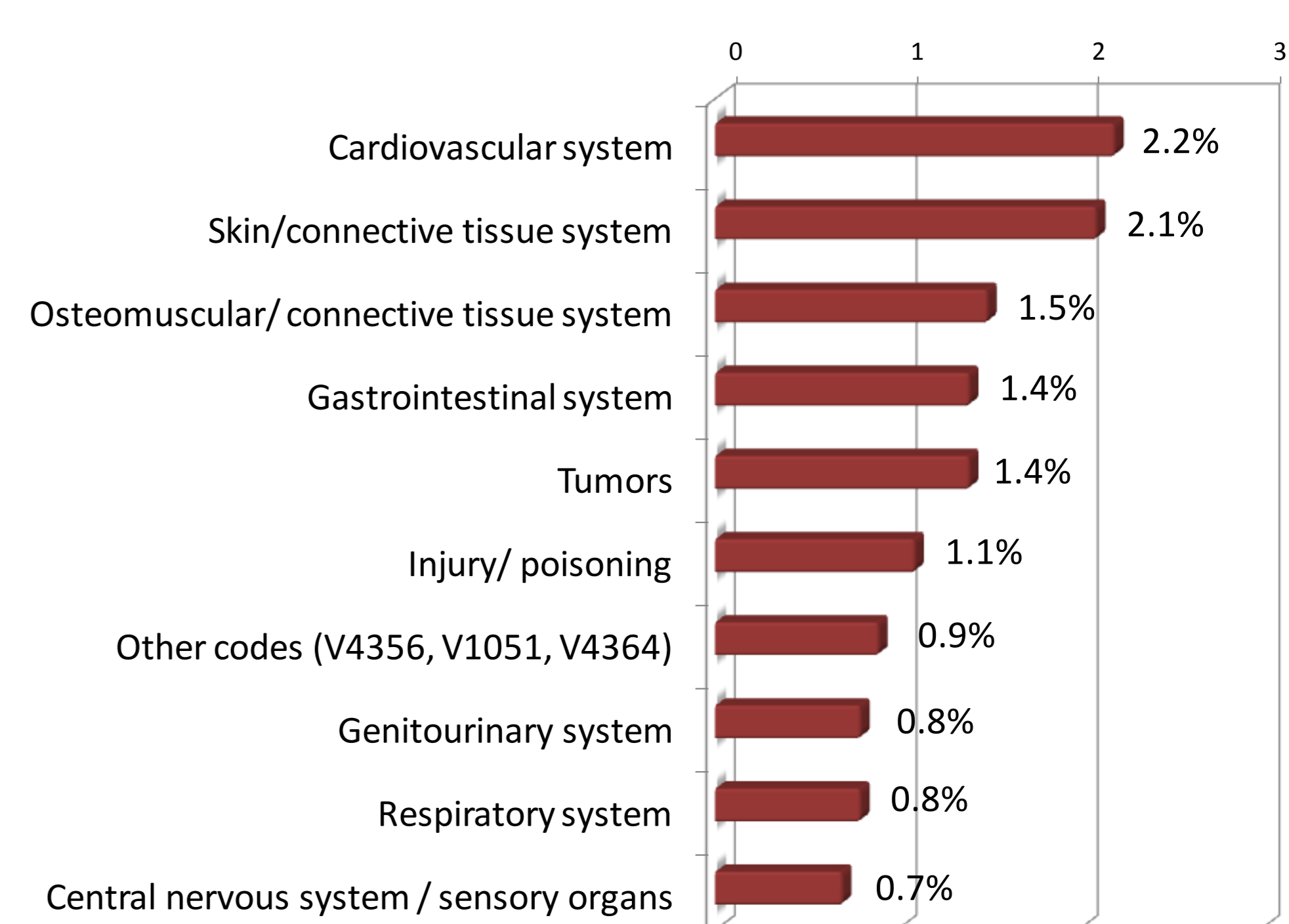
Conclusions

The assessment of healthcare profiles of patients with Psoriasis/PsA in real in-hospital and community Italian settings provided evidence that patients treated with biological therapies are those with a more compromised health. This induces high costs on all aspects of their care, especially in pharmaceutical one.

591 patients were treated both with Non-bio and Bio DMARDs. *The rate and the time of switch from a Non-bio to a Bio therapy* is shown **Tab. 1** (on average, after 7±6 months).

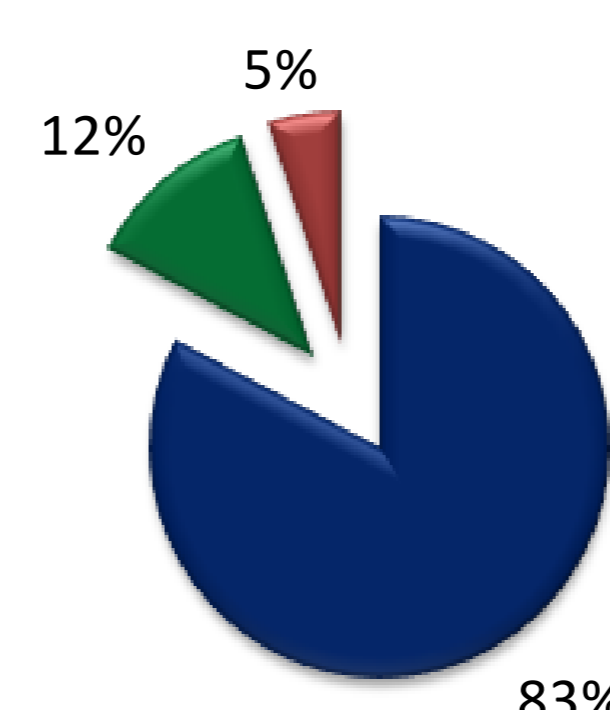
| Time to switch | % patients (N=390) |
|-----------------|--------------------|
| ≤ 6 months | 56.0 |
| 7 to 12 months | 24.8 |
| 13 to 24 months | 19.3 |

950 patients (16%) were discharged after ordinary (70%) and/or daily (47%) *re-hospitalizations*. The first 10 diagnosis of ordinary admissions are shown in **Fig. 3**: cardiovascular diseases and tumors (8,195€/patient/2-year follow-up) were between the most expensive causes of ordinary admissions, while psychiatric disorders caused the longest in-hospital stay (33,5 mean days/patient).

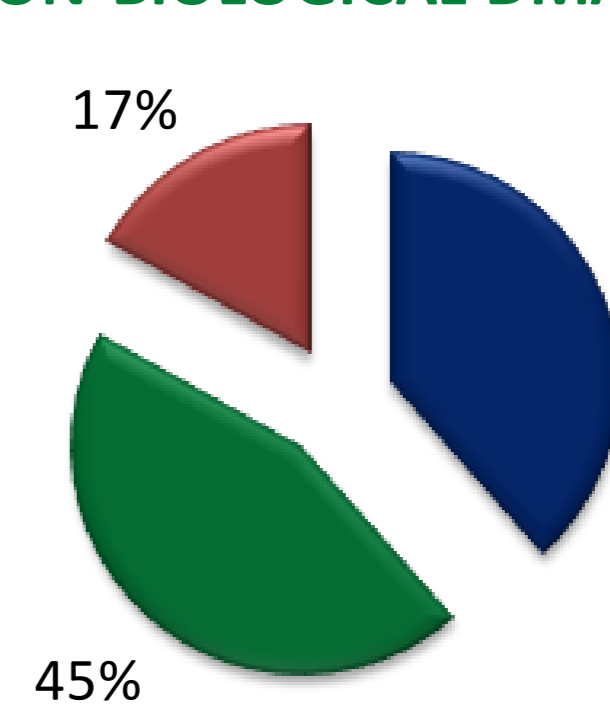


51,5% of patients received *specialist healthcare services* (blood count and liver enzymes).

% costs for patients treated with BIOLOGICAL DMARDs



% costs for patients treated with NON-BIOLOGICAL DMARDs



■ Pharmaceuticals
■ Hospitalizations
■ Specialist/diagnostic procedures