

COSTS ANALYSIS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE TREATMENT - PILOT STUDY

R. M. Mroz^{1,2}, A. Milewska², E. Rysiak³, A. Kwolek⁴, P. Szepiel⁴, E. Chyczewska¹ and J.J. Braszko⁴, A. Holownia⁴.

¹Department of Chest Diseases and Tuberculosis, Zurawia 14, Bialystok, Poland,

²Centre of Respiratory Medicine, Piasta 9A, Bialystok, Poland,

³Department of Medicinal Chemistry, ul. Mickiewicza 2D, Bialystok, Poland,

⁴Department of Clinical Pharmacology, Medical University of Bialystok, Waszyngtona 15a, Bialystok, Poland, robmroz@wp.pl.

The aim of this study was to evaluate the relationship between severity of the disease and frequency of exacerbations and costs of therapy. Sixty patients with moderate and severe COPD were included into the study. The average cost was taken from patients history and was also assessed from a social perspective. The direct cost included the price of drugs, the cost of diagnostic tests, and outpatient care with unit costs derived from the National Health Fund the Ministry of Health. The characteristics of the study population was developed using descriptive statistics. Results were presented as average costs per patient per year. The largest group (about 42%) of patients were in group D according to GOLD, while groups B and C were 27% and 23%, respectively, patients of group A were about 8%. Approximately 65% had 2-3 degrees of dyspnea according to the mMRC scale. In the study group about 60% of patients had between 2 and 3 exacerbations per year and one to two co-morbidities. Treatment costs almost doubled with disease progression but mainly due to exacerbations. In patients in C and D group with exacerbations the direct costs were several times higher than in group A or B and the difference increased with progression of the disease. In group A and B, the cost of treatment in stable disease or with exacerbation were comparable. We conclude that cost of treatment of COPD patients were highest in advanced disease and were strongly related to COPD exacerbations.