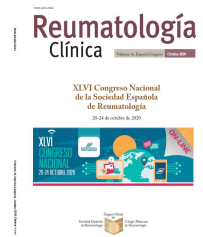




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P100 - ECONOMIC IMPACT ASSOCIATED WITH COMPLICATIONS OF WOMEN IN REPRODUCTIVE AGE LIVING WITH INFLAMMATORY IMMUNE-MEDIATED DISEASES (PSO, PsA, RA, axSpA) IN SPAIN

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Resumen

Introduction: Cost of the complications that may appear during reproductive age in women living with inflammatory immune-mediated diseases have scarcely been studied.

Objectives: To obtain an expert consensus in the use of resources associated to complications of women in reproductive age living with immune-mediated diseases: psoriasis (PSO), psoriatic arthritis (PsA), rheumatoid arthritis (RA) and axial spondyloarthritis (axSpA) and estimate an economic impact.

Methods: A cost-analysis was developed to estimate the impact associated with the complications of women of reproductive age with PSO, PsA, RA and axSpA. The analysis considered the complications during fertility and conception (preconception consultation and assisted reproduction), in pregnancy (miscarriage in the first trimester, late abortion in the second trimester, preeclampsia, delayed or restricted intrauterine growth and threat of premature delivery) and in the postpartum (admissions in neonatology of premature infants). An online questionnaire was designed for the validation of the inputs used in the cost-analysis. Subsequently, the questionnaire was sent to a multidisciplinary panel composed of, rheumatologist, gynecologists, neonatologists and dermatologist. A consensus meeting was carried out to validate and agree the parameters used in the analysis. Unitary cost for resources (€, 2019) were obtained from national local databases. The perspective of analysis was the National Healthcare System and the time horizon was one year.

Results: During fertility and conception, an annual cost per patient of € 229 was estimated for a preconception consultation in a patient with PSO, of € 3,642 for a preconception consultation in patients with PsA, RA and axSpA and € 4,339 for assisted reproduction. Women with complications in pregnancy had an annual cost per patient of € 1,214 for a miscarriage in the first trimester, € 4,419 for a late abortion in the second trimester, € 11,251 for preeclampsia € 3,183 for delayed or restricted intrauterine growth and € 12,122 for the threat of premature delivery. In the postpartum complications, an annual cost per patient of € 120,364, € 44,709 and € 5,507 were estimated associated with admissions in neonatology of premature infants of < 28 weeks, from 28 to 32 weeks and from 33 to 37 weeks, respectively.

Conclusions: This modeling provides insight on the economic burden of complications associated with women in reproductive age for immune-mediated diseases (PSO, PsA, RA, axSpA). Individualization of treatment, additional and close monitoring may reduce the risk and burden of these complications.

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