Cost-effectiveness of a new treatment for somatized mental disorder taught to GPs

Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
General Practitioner (GP) somatized mental disorder training package.

Type of intervention
Diagnosis.

Economic study type
Cost-effectiveness analysis.

Study population
The study population consisted of patients with mental disorder presenting at GP surgeries with medically unexplained symptoms (somatized mental disorder).

Setting
The practice setting was primary care. The economic analysis was carried out at the University of Manchester, England.

Dates to which data relate
It was not clear when the effectiveness data were collected. All resource data were obtained for 1st September 1995.

Source of effectiveness data
The estimates for final outcomes were derived from a single study.

Link between effectiveness and cost data
Prospective costing appears to have been undertaken on the effectiveness study sample.

Study sample
The GPs in the study had a mean age of 42 years (range: 34 - 45) with a mean length of clinical practice of 13 years (range: 6 - 18). There were 7 practices involved (3 inner-city practices, 3 urban and 2 rural/semi-rural practices). 103 subjects were recruited before training and 112 after. Pre-training baseline demographic information (post-training data are contained in parentheses) was as follows: age = 44.9 years (48); female = 80 (82); married/cohabiting = 63 (71); retired invalidity = 42 (44); duration of main symptom > 12 months = 36 (63); presence of mild physical organic pathology = 72 (76).

Study design
This was a before-and-after study. Follow-up assessments were conducted at 1 and 3 months after baseline.
assessments. 45 (30%) of the initial pre-training cohort of 150 subjects refused to be interviewed. 35 (23%) of this initial post-training group (155) also declined an interview.

**Analysis of effectiveness**
The basis for the analysis of the clinical study (intention to treat or treatment completers only) was not stated. The primary health outcome was the number of successfully treated patients in terms of a self-rated psychiatric symptom questionnaire (GHQ-12).

**Effectiveness results**
After training, an extra 17 (33 in the pre-training phase and 50 in the post-training phase) patients were treated (no longer GHQ-12 cases).

**Measure of benefits used in the economic analysis**
The number of patients classified as GHQ-12 and resource usage were the measures of benefit used in the economic analysis.

**Direct costs**
Direct costings included GP practice visits, physical and psychiatric drugs, inpatient stays, outpatient visited, GP training, etc (1995 prices). A health service perspective was adopted.

**Statistical analysis of costs**
Mann-Whitney U tests for not normally distributed quantitative data were utilised.

**Currency**
UK pounds sterling (). 

**Sensitivity analysis**
No sensitivity analysis was performed.

**Estimated benefits used in the economic analysis**
After training, an extra 17 (33 in the pre-training phase and 50 in the post-training phase) patients were treated (no longer GHQ-12 cases).

**Cost results**
Total costs pre-training were 34,134.36 and post-training were 28,912.44.

**Synthesis of costs and benefits**
The measure of benefit adopted was the cost per successfully treated patient. Average cost-effectiveness was 1034.36 pre-training and 578.25 post-training, resulting in a marginal cost-effectiveness ratio of 324.83.

**Authors’ conclusions**
The process of training GPs with the reattribution package appears to be cost-effective.
CRD COMMENTARY - Selection of comparators
The selection of pre- and post-intervention subject groups was justified.

Validity of estimate of measure of benefit
The benefit measure was expressed in terms of the number of successfully treated cases in accordance with GHQ-12 status. A potential selection bias occurred in the recruitment process which may have influenced the validity of comparability of the before and after samples (duration of main symptom > 12 months was statistically higher in the after training group).

Validity of estimate of costs
Adequate details of costs were provided by the authors.

Other issues
When using before-and-after studies it is difficult to draw conclusions, as it is not always possible to attribute a change to the intervention due to spontaneous changes in the condition or other changes that may have occurred over the period concerned (a fact which the authors themselves acknowledged).

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