Cost benefits of low dose subcutaneous erythropoietin in patients with anaemia of end stage renal disease


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
Low dose subcutaneous recombinant human erythropoietin (75-95 units/kg/week).

Type of intervention
Treatment.

Economic study type
Cost-effectiveness analysis.

Study population
End stage renal disease patients.

Setting
The study was carried out in the United Kingdom.

Dates to which data relate
It seems that price related to 1989.

Source of effectiveness data
Single study.

Study sample
There is no evidence that the study sample is representative of the clinical study question. The number of patients overall was 60, with 60 in each of the intervention and control groups. No patients refused to participate.

Study design
Single centre, retrospective before-after study, with no blinding. The duration of follow-up of treatment cohort was 1 year post-, 1 year pre-intervention. Drop out were unknown.

Analysis of effectiveness
Analysis was based on intention to treat. Primary outcome was the maintenance of haemoglobin concentration. At analysis groups were not shown or adjusted to be comparable in age, sex or prognostic features.
**Direct costs**
Direct costs were to the health service and include: erythropoietin, iron infusions, blood transfusions, hospital admissions for anaemia. It seems that price information related to 1989.

**Indirect Costs**
Indirect costs such as complications of erythropoietin were considered.

**Currency**
UK pounds sterling (€).

**Sensitivity analysis**
No sensitivity analysis was carried out.

**Synthesis of costs and benefits**
Cost duration was 1 year. The incremental number of patients days per year in hospital saved by erythropoietin was 3.95.

**CRD Commentary**
(This commentary was not written by CRD, but by the authors of the DH Register.) 1) Health effects were not measured in terms of QALYs or life years; all patients in the treatment group reported increased well-being (but no details are given). 2) A suggestive C/Q value could be derived by attaching disutility to days in hospital.

**Bibliographic details**

**PubMedID**
1547417

**Indexing Status**
Subject indexing assigned by NLM

**MeSH**
Adult; Aged; Anemia, Hypochromic /drug therapy /economics /etiology; Blood Transfusion /economics; Cost-Benefit Analysis; Drug Costs; England; Erythropoietin /administration & dosage /therapeutic use; Female; Hemoglobins /analysis; Hospitalization /economics; Humans; Injections, Subcutaneous; Kidney Failure, Chronic /blood /complications; Male; Middle Aged; Recombinant Proteins; Retrospective Studies

**AccessionNumber**
21995005253

**Date bibliographic record published**
09/09/1996

**Date abstract record published**
09/09/1996