Development of a cost-effectiveness model for optimisation of the screening interval in diabetic retinopathy screening


Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
To determine whether personalised screening intervals are cost-effective.

Authors' conclusions
The study found that annual screening of all patients for STDR was not cost-effective. Screening this entire cohort every 3 years was most likely to be cost-effective. When personalised intervals are applied, screening those in our low-risk groups every 5 years was found to be cost-effective. Screening high-risk groups every 2 years further improved the cost-effectiveness of the programme. There was considerable uncertainty in the estimated incremental costs and in the incremental QALYs, particularly with regard to implications of an increasing proportion of maculopathy cases receiving intravitreal injection rather than laser treatment. Future work should focus on improving the understanding of risk, validating in further populations and investigating quality issues in imaging and assessment including the potential for automated image grading.

Project page URL
http://www.nets.nihr.ac.uk/projects/hta/106601

Final publication URL
http://www.journalslibrary.nihr.ac.uk/hta/hta19740/#/abstract

Indexing Status
Subject indexing assigned by CRD

MeSH
Diabetic Retinopathy; Diagnostic Techniques, Ophthalmologicals; Mass Screening; Costs and Cost Analysis

Language Published
English

Country of organisation
England

English summary
An English language summary is available.

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AccessionNumber

32012000329

Date abstract record published
08/08/2012