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بسم الله الرحمن الرحيم

مركز الشبكات وتكنولوجيا المعلومات

قسم التوثيق الإلكتروني



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

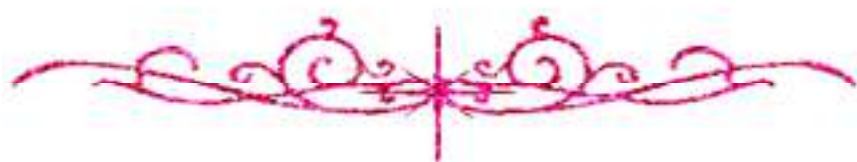
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**PHARMACOECONOMIC STUDY OF DRUG
UTILIZATION AND COST OF TREATMENT IN
PATIENTS HOSPITALIZED WITH CHEST DISEASES
(UPPER AND LOWER RESPIRATORY TRACT INFECTION)**

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(Pharmaceutics)

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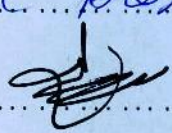
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CONTENT

ABSTRACT	i
INTRODUCTION	1
AIM OF THE WORK	29
CHAPTER 1:-	31
A PHARMACOECONOMIC STUDY OF BUDESONIDE AND BECLOMETHASONE DIPROPIONATE TREATMENTS COMPARED WITH FLUTICASONE DIPROPIONATE IN METER DOSE INHALER DEVICE USED IN TREATING MILD ASTHMATIC PATIENTS ATTENDING THE OUTPATIENT CHEST CLINIC.	
EXPERIMENTAL	45
RESULTS AND DISCUSSION	52
COMMENTARY AND CONCLUSION	76
CHAPTER 2:-	78
A PHARMACOECONOMIC STUDY TO COMPARE DIFFERENT DEVICES OF BUDESONIDE (AEROLIZER AND TURBUHALER) IN TREATMENT OF ASTHMATIC PATIENTS ATTENDING THE OUTPATIENT CHEST CLINIC.	
EXPERIMENTAL	81
RESULTS AND DISCUSSION	82
COMMENTARY AND CONCLUSION	108
APPENDIX	111
REFERENCE	114
ARABIC SUMMARY	122

List of Figures

Figure n#	Title	page
Figure 1	Algorithm for the choice of pharmacoeconomic methodology	19
Figure 2	Process incorporating pharmacoeconomic evaluations in formulary decisions	20
Figure 3	Spirometer	46
Figure 4	Meter Dose Inhalers (MDI)	52
Figure 5	Percent of groups who respond to pre intervention consultation to those who failed in MDI group.	57
Figure 6	Mean values for pulmonary function tests before and after beclomethasone dipropionate administration.	61
Figure 7	Mean values for pulmonary function tests before and after budesonide administration	66
Figure 8	Mean values for pulmonary function tests after intervention of beclomethasone, budesonide and fluticasone groups	69
Figure 9	Aerolizer inhaler device.	82
Figure 10	Patients response to educational sessions for optimal use of aerolizer inhaler.	87
Figure 11	Mean values for pulmonary function tests before and after using the aerolizer.	91
Figure 12	Turbuhaler device	93
Figure 13	Percent of groups who responded to the education sessions (successes obtain optimal score) to those who could not respond (fail obtain optimal score) in turbuhaler group	97
Figure 14	Mean values for pulmonary function tests before and after using the turbuhaler	101
Figure 15	Mean values for pulmonary function tests after intervention of aerolizer and turbuhaler groups.	103

List of Abbreviations

ANOVA	Analysis of Variance
CMA	Cost-Minimization Analysis
CEA	Cost-Effectiveness Analysis
CBA	Cost-Benefit Analysis
CUA	Cost-Utility Analysis
COI	Cost of Illness
CER	Cost Effectiveness Ratio
COPD	Chronic Obstructive Pulmonary Disease
CFC	Chlorofluorocarbon
FEV1	Forced Expiratory Volume in one second
FVC	Forced Vital Capacity
HRQOL	Health-Related Quality of Life
LSD	Least Significant Difference
ug	Micro Gram
MDI	Meter Dose Inhalers
MIR	Medical International Research
PEFR	Peak Expiratory Flow Rate
QALY	Quality Adjusted Life Year
SBN2	Single Breath Nitrogen Washout
SD	Standard Deviation

List of Tables

Table n#	Title	page
Table1	<i>The process used to identify situations when a pharmacoeconomic analysis is needed.</i>	6
Table 2	<i>Different types of costs and consequences.</i>	9
Table 3	<i>Recommended medications by level of severity for adults and children older than 5 years old.</i>	44
Table 4	<i>Scoring System for assessing inhaler technique for MDI</i>	53
Table 5	<i>Total score by patients using the MDI device before the sessions.</i>	54
Table 6	<i>Total score by patients using the MDI device after the sessions.</i>	54
Table 7	<i>Descriptive statistics of the patients scores before and after attending the sessions among the MDI group.</i>	55
Table 8	<i>Paired sample t-test to compare scoring of MDI group before and after the sessions.</i>	55
Table 9	<i>Chi square test to detect a statistical difference in response to consultation among the MDI groups.</i>	56
Table 10	<i>Classification of Beclomethasone group according to gender</i>	58
Table 11	<i>Descriptive statistics of different variables of Beclomethasone group.</i>	59
Table 12	<i>Paired sample t-test to compare different variable before and after intervention (Beclomethasone dipropionate group)</i>	60
Table 13	<i>Summary of the comparative data analyses for pulmonary function tests in patients taking the beclomethasone dipropionate before and after drug administration</i>	62
Table14	<i>Classification of Budesonide group according to gender</i>	63
Table 15	<i>Descriptive statistics of different variables of Budesonide group</i>	63
Table 16	<i>Paired sample t-test to compare different variable before and after Budesonide administration.</i>	64

Table 17	<i>Summary of the comparative data analyses for pulmonary function tests in patients taking the budesonide before and after drug administration.</i>	67
Table 18	<i>ANOVA-test to compare different variables of Beclomethasone, Budesonide and Fluticasone groups before and after intervention.</i>	70
Table 19	<i>LSD test to detect exact site of difference among significant variables</i>	71
Table 20	<i>concentrations, numbers and costs of different treatments</i>	74
Table 21	<i>Scoring System for assessing aerolizer inhaler technique.</i>	83
Table 22	<i>Total score by patients using the aerolizer inhaler device before an education session.</i>	84
Table 23	<i>Total score by patients using the aerolizer inhaler device after an education session.</i>	85
Table 24	<i>Descriptive statistics of Scoring before and after consultation among the aerolizer group</i>	86
Table 25	<i>Paired sample t-test to compare scoring of aerolizer group before and after consultation</i>	86
Table 26	<i>Chi square test to test if there is a statistical difference in response to consultation among the aerolizer group.</i>	88
Table 27	<i>Classification of aerolizer group according to gender</i>	88
Table 28	<i>Descriptive statistics of different variables of aerolizer group</i>	89
Table 29	<i>Paired sample t-test to compare different variable before and after intervention (aerolizer group)</i>	90
Table 30	<i>Summary of the comparative data analyses for pulmonary function tests in patients using the aerolizer inhaler before and after drug administration.</i>	92
Table 31	<i>Scoring System for assessing the turbuhaler technique.</i>	93
Table 32	<i>Total score by patients using the turbuhaler device before an educational session.</i>	94
Table 33	<i>Total score by patients using the turbuhaler device after an educational session</i>	95
Table 34	<i>Descriptive statistics of Scoring before and after consultation among the turbuhaler group.</i>	95

Table 35	<i>Paired sample t-test to compare scoring of turbuhaler group before and after consultation</i>	96
Table 36	<i>Chi square test to detect a statistical difference in response to consultation among the group who used the turbuhaler</i>	96
Table 37	<i>Classification of Turbuhaler group according to gender.</i>	98
Table 38	<i>Descriptive statistics of different variables of turbuhaler group</i>	99
Table 39	<i>Paired sample t-test to compare different variable before and after intervention in the Turbuhaler group</i>	100
Table 40	<i>Summary of the comparative data analyses for pulmonary function tests in patients using the turbuhaler before and after drug administration</i>	100
Table 41	<i>Results of Independent sample T-test to compare different variables of aerolizer and turbuhaler groups before and after intervention</i>	102
Table 42	<i>Number, daily dose, cost of different devices of budesonide.</i>	107

ABSTRACT

ABSTRACT

The rapid growth of healthcare expenditures has led to an increased interest in the economic evaluation of health care interventions and programs especially pharmaceuticals.

Pharmacoeconomics, as well as outcomes research, have become part of the background and expertise of many health care professionals, including pharmacists.

The recent definition is assessing the implications of projected outcomes and costs of Pharmaceutical products for the decision whether to continue or stop development of a drug and for global pricing strategy.

Pharmacoeconomic is a tool of management which should be applied to strategic and operational decisions about pharmaceutical development, production or consumption.

The costs are broadly classified as direct, indirect and intangible costs.

Direct costs are further classified into medical and non-medical costs.

The Economic Evaluation is classified into four types

1. Cost-minimization Analysis (CMA)

It is used to define the most economical treatment among different alternatives with equal efficacy/effectiveness.

The ideal situation for a CMA is the comparison of a brand and equivalent generic drug.

2. Cost-effectiveness Analysis (CEA)

It compares treatment alternatives with different effectiveness and safety profiles.

While costs are calculated in monetary value, outcomes are valued in clinical terms (e.g., drop in blood pressure, number of cases cured).

3. Cost-benefit Analysis (CBA)

Both costs and benefits of a treatment are measured in monetary values. CBA are not that common in Pharmacoeconomics. Although considered the best economic analysis, its application in general is limited, due to the difficulties in assigning a monetary value to health outcomes and a patient's life.

4. Cost-utility Analysis (CUA)

In CUA, benefits are calculated using parameters that take into account the quality of life of the patient.

Cost is measured in monetary value and outcomes in clinical terms incorporating patient preferences (e.g., quality of life measures).

Pharmacoeconomics and respiratory disease:

Chronic obstructive pulmonary disease (COPD) and asthma are the two major airway diseases most amenable to pharmacoeconomic evaluation.

Where asthma prevalence and mortality has continued to increase in the 1990s despite dramatic advance in the diagnosis and treatment of the disease.

Health providers and managers view respiratory disease as a *ripe area for pharmacoeconomic evaluation* for several reasons as the high cost of the disease, for so many years, ambulatory pharmaceutical therapy has been viewed as a cost-effective alternative to hospitalization and finally, improper administration of therapeutic agents, missed doses, and poor timing of doses, result in worse health- related and economic outcomes.