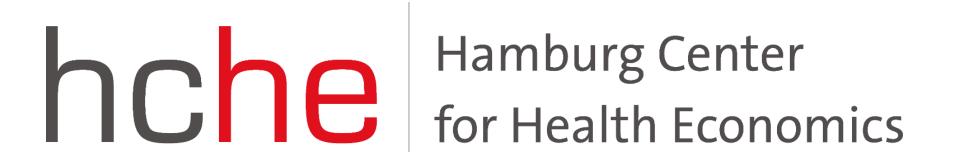
Center for Psychosocial Medicine

Institute for Health Services Research in Dermatology and Nursing (IVDP)







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Burden of disease in Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) – a scoping review

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INTRODUCTION

- ME/CFS is a severe and chronic multi-systemic disease
- Symptoms include post-exertional malaise, strong fatigue, cognitive impairments and pain
- Aetiology of the disease is still unknown, no therapy, no diagnostic biomarkers
- Prevalence is estimated at 0.17% to 0.37% in Germany and 0.42% in the USA, with women being affected three times as often as men
- Increasing prevalence as a result of the SARS-CoV-2 pandemic expected

METHODS

- Scoping review following the PRISMA-ScR guidelines
- **Research question**: What is the burden of disease of ME/CFS?
- Search Algorithm: ME/CFS AND burden of disease
- Inclusion criteria: any study design, only full-text & peer-reviewed publications
- Exclusion criteria: publications in languages other than German or English
- Databases: PubMed, Web of Science, Scopus, ABI Inform Complete, CINAHL, PsycInfo, supplemented by citation searching

RESULTS

- 20 studies published between 1996 to 2023 were included
- Studies from 6 different countries, but mainly US (n=10) and Europe (n=6)
- Reported indicators for burden were costs (n=16), disability-adjusted life years (DALYs) (n=3), employment rates (n=1) and school attendance (n=1)

Included studies Identification of studies via other methods Identification of studies via databases and registers Databases (n = 1796); ABI/INFORM Collection (n = Records removed before Records identified from: CINAHL (n = 140) Duplicate records removed citation searching (n = 2) APA PsycInfo (n = 189) (n = 964)PubMed (n = 387) Scopus (n = 612) Records excluded due to title & Records screened abstract information not meeting (n = 832)eligibility criteria (n = 717) Reports sought for retrieval Reports sought for retrieval Reports not retrieved Reports excluded (n = 115) Reports excluded: Reports assessed for eligibility Reports assessed for eligibility Reports not retrieved Wrong concept (individual (n = 114)burden) (n = 12)No investigation/analysis of disease burden or stigmatisation (n = 36) Wrong publication type Wrong population (n = 1) duplicates (n = 1) Burden-related studies included in review (n = 20)

Quality assessment

- No tool exists to assess all different study types included in this review
- Therefore, use of a modified version of the Mixed Methods Appraisal Tool (MMAT) supplemented with Section A of the Critical Appraisal Skills Programme (CASP) Systematic Review Checklist
- Overall moderate study quality
- Quality score ranging from 0% (n=1) to 100% (n=1) with an average quality of 63%

- DALYs for ME/CFS in the US population:
 - increased from 0.714M (2013) to 0.733M (2017) in people aged ≥ 13 years
 - increased from 0.921M (2020) to 5.77M (2022) in people aged ≥ 5 years with the last DALY based on a 10% after-COVID ME/CFS onset rate
- DALYs were **higher** than those of other diseases such as multiple sclerosis, autism, or HIV/AIDS

CONCLUSION

- ME/CFS imposes a substantial health, social and economic burden of disease
- Discrepancies in estimates are probably due to differences in study samples, methodologies, cost components, and health care systems
- Due to a lack of robust prevalence estimates and an assumed underdiagnosis of ME/CFS, the burden is likely still **underestimated**
- Future research is needed to reduce the burden and its impact and to improve the quality of care for individuals with ME/CFS.

Costs of ME/CFS

Fig. 1 PRISMA flow diagram

Authors	Close et al.	Zhao et al.	Araja et al.**	Araja et al.	McCrone et al.	Sabes-F	iguera Col	in et al. Rey	nolds et	Jason et al.**	'* Jason et a	l. ****	Jason & Mirin***	Jason &	Lin et al.	Jeffery et al.	Valdez et al.	Mirin et al.***	Mirin et al.****
						et al.		al.						Mirin****					
Country	Australia	Australia	Latvia	Latvia	UK	UK	UK	USA	\		USA		L	ISA	USA	USA	USA		USA
Year of study	2020	2023	2021	2021	2003	2010	201	1 200	4		2008		20	021	2011	2014	2019		2022
Year to which	2019	2021	2020	2020	2000	2006	201	0 200	2		2005		20	020	2005	2010	2016		2022
costs relate																			
Total costs p.p.*	42,439	34,256	2,498	2,916	43,796	21,806	119	,611 32,6	583	33,463	42,948		35,717	47,066	17,734	14,490	37,615	34,430	45,869
% Direct costs	30%	15%	100%	100%	6%	13%				10%	30%		12%	33%	28%	100%	100%	12%	34%
% Drug costs	S	9%	24%			5%	5%			4	49%	63%			44	.% 269	%		
% Outpatient	t 27	7%	32%			62%	75%				51%	37%			41	.%			
costs	S																		
% Inpatient costs	s 11	L%	4%			0%	7%								16	5%			
% Other costs	s 53	3%	41%			33%	13%												
% Indirect costs	70%	85%			94%	87%	100	% 100	%	90%	70%		88%	67%	72%			88%	66%
% Productivity	y 93	3%	87%			12%	70%	100%	100%	10	00%	100%	100%	5	100% 100)%			100%
losses	S																		
% Informal care	e 7	7%	13%			88%	30%												
costs	S																		
Total cost per	8,129	746 - 5,452	2	46	56,688		529	15		27,975	35,905		40,611	57,520	116,261	<i>760</i>	<i>65,383 - 130,765</i>	149,259 - 258,953	209,886 - 363,048
country* in M																			
Prevalence	0.76%	0.1% - 0.769	%	0.80%	2.60%		0.12	2% 0.24	1%		0.42%		0.42% (adults),	0.75% (childre	en) 2.50%	0.02%	0.519% - 1.038%	i	% (children); supplemented by
A	<u> </u>	>1 -	<u>:</u> :	17.01	1.0 7.5	16.75	10	10.4	70		<u> </u>		,		10.50	10.64	0.00	10% atter-	COVID ME/CFS onset rate
Age range		≥15	ا ا ماد ماد	17-81	16-75	16-75	18-0	•		•	≥18		•	≥5	18-59	18-64	0-89		≥5
*p.a., PPP & inflate	ed in 2022 US	ט	**included u	ndiagnosed pa	tients only	***com	imunity sar	nple ***	*tertiary sa	mple									

Table 1 Costs of ME/CFS by included study

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