

Treatment Patterns and
Healthcare Resource Utilization
in Patients Diagnosed with
CRSwNP in HMO from Colombia:

A Real Word
Evidence Study

| AUTHORS:

J. Bolaños-Lopez,
L. E. Perez,
FJ.González-Patiño,
C. Bello-Gándara

Centro de Bociencias,
SURA, Colombia

| ABSTRACT:



Objectives:

To describe the treatment patterns and healthcare attention of patients diagnosed with chronic hinosinusitis with nasal polyps (CRSwNP) between 2013 to 2021 in one Health Management Organization (HMO) in Colombia.



Methods:

This was a non-interventional, retrospective, descriptive study. Patients over 18 years of age with record of any of the International Classification of Diseases codes (ICD-10) J31, J32, J33, J34 and diagnostic confirmation of nasal polyps issued by otorhinolaryngologist or allergist between January 2013 and December 2021 were included. First registered ICD-10 code was defined as index date. Follow-up limit was established until December 2023. Medical records and administrative databases from the HMO were used to determine the clinical characteristics and healthcare services. The frequency of use of each resource was calculated as the number of services per patient/year.



Results:

6,300 patients were included (mean age: 42.87 years, 51.92% women). Mean follow-up time was 78.02 months (SD: 28.29). Initial diagnosis was mainly made by otorhinolaryngologists (63.68%) and general practitioners (31.16%). The most common pharmacotherapy was intranasal beclomethasone (71.86%) and loratadine (70.26%). 46.58% had intranasal corticosteroids for more than 1 year and 77.45% used oral corticosteroids for up to 6 months. Low prescription of biologics was observed, mainly using dupilumab (1.77%). 24.03% of subjects underwent surgery and 1.62% had 2 or more interventions. Median of the time from the index date to first surgery was 21.7 months estimated by Kaplan-Meier. The most common surgery type was transnasal endoscopic incision of paranasal sinuses (58.59%). The most frequent utilization of healthcare resources were medicines supply and specialized medical consultation, with annual mean of 6.31 (SD: 7.68) and 1.65 (SD: 1.68) services per patient, respectively.



Conclusion

Most CRSwNP patients were diagnosed and managed by specialist with a low frequency of visits. Corticosteroids, antihistamines and surgery were the main treatments choices while biologics use is still limited.

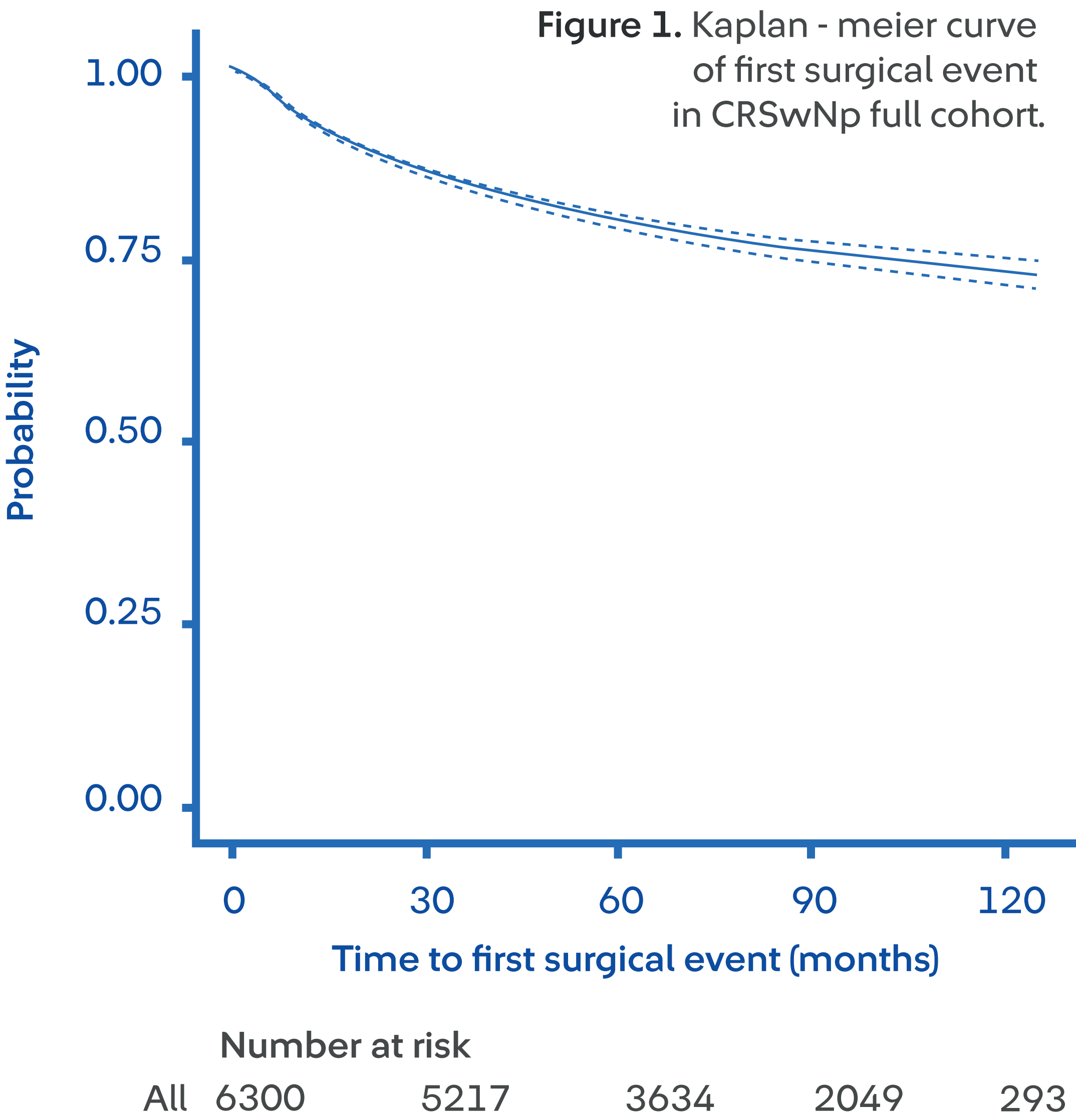


Table 1. Type of interventions in the first surgical event

Type, n (%)	Total N=1514
Incision of multiple paranasal sinuses (endoscopic transnasal route)	887 (58.59)
Ethmoidectomy*	397 (26.22)
Septectomy / septoplasty	188 (12.42)
Maxillary antrostomy	145 (9.58)
Turbinectomy / turbinoplasty	130 (8.59)
Frontal sinusotomy / frontal sinusectomy	70 (4.62)
Sphenoidotomy	25 (1.65)
Other**	132 (8.72)

Note: Patients may have more than one type of intervention in first surgical event.

*Includes frontoethmoidectomy and maxilloethmoidectomy.
**Includes resections of benign lesions/tumors and other surgical drainage procedures for paranasal sinuses.