

The Socio-Economic Burden of End-Stage Kidney Disease: Real-World Evidence from Bulgaria

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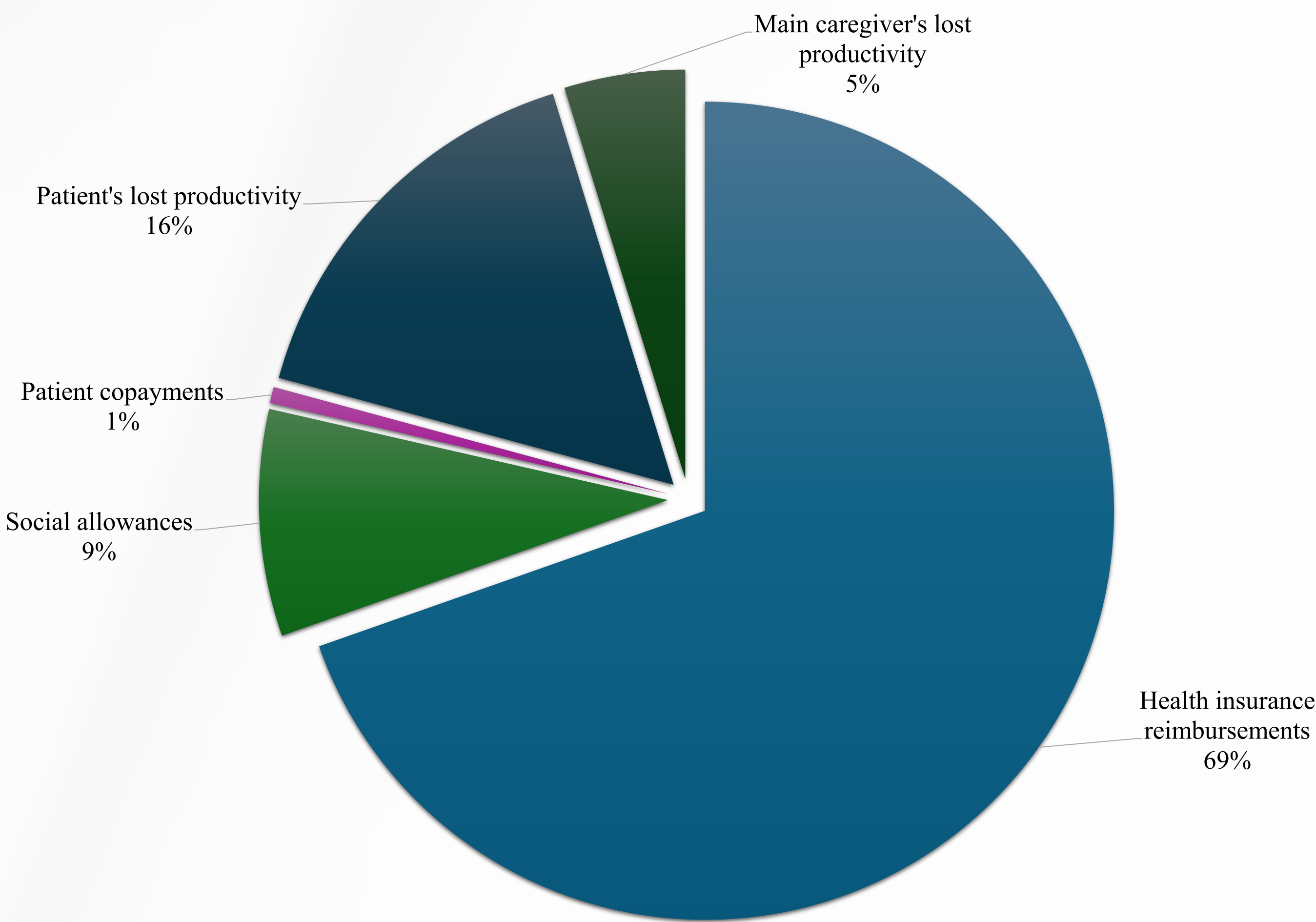
OBJECTIVES

OBJECTIVES: The objective of our study was to quantify the annual costs of end-stage kidney disease (ESKD) in Bulgaria from a societal perspective. The socioeconomic burden of ESKD included direct healthcare costs, direct non-healthcare costs, and labor productivity losses associated with ESKD patients and their caregivers.

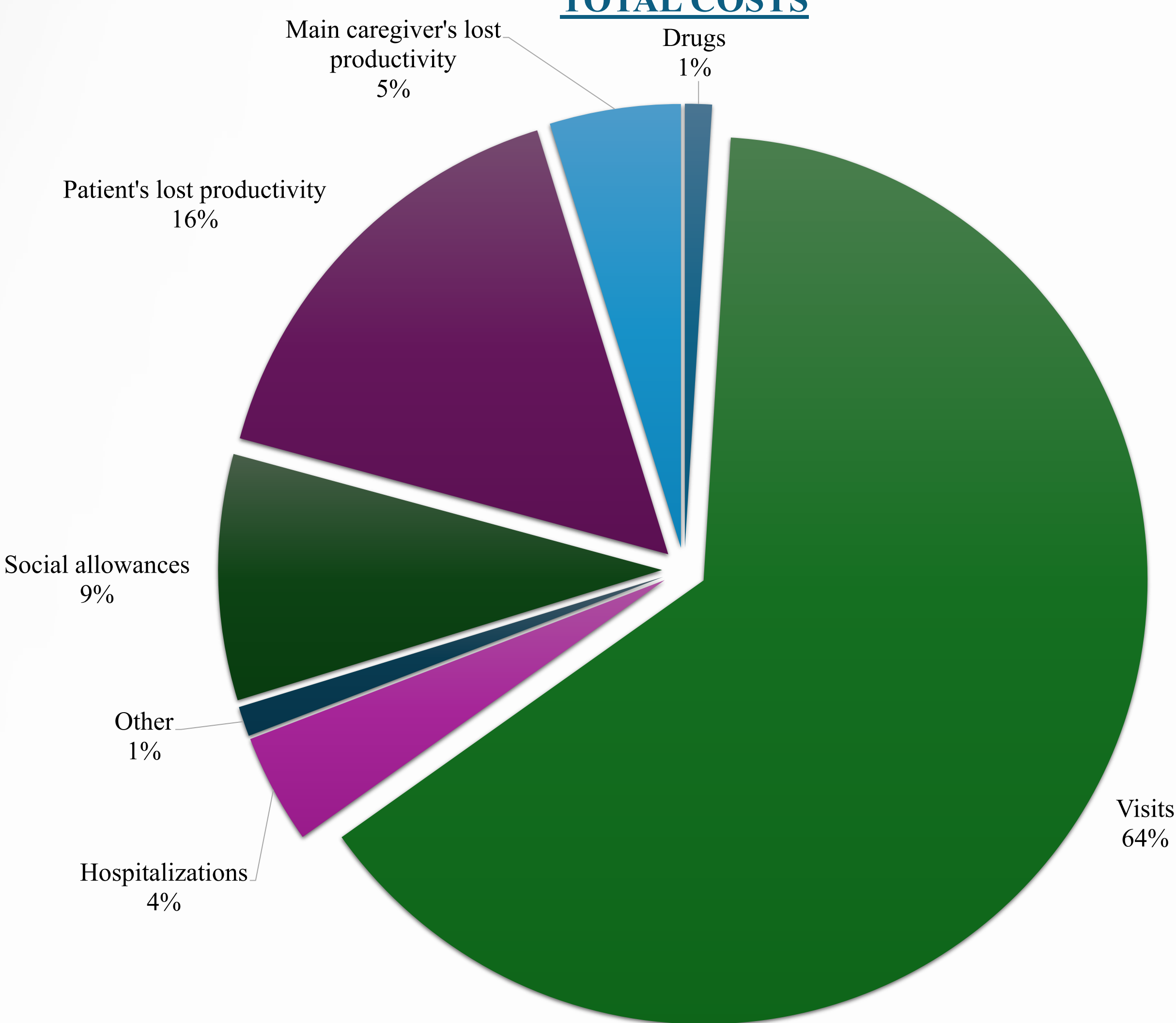
METHODS

METHODS: We conducted a single-center cost-of-illness study in adult ESKD patients undergoing in-center hemodialysis. A prevalence-based, bottom-up costing approach was applied to measure the socioeconomic burden of ESKD from a societal perspective. Patients were asked to report their real-world utilization of healthcare services, social support, formal and informal care in the community, and any work and productivity limitations. We compiled a catalog of unit costs for all goods, services, and resources. We then multiplied unit costs by the reported resource utilization to estimate the total annual costs per patient. The reference year was 2024.

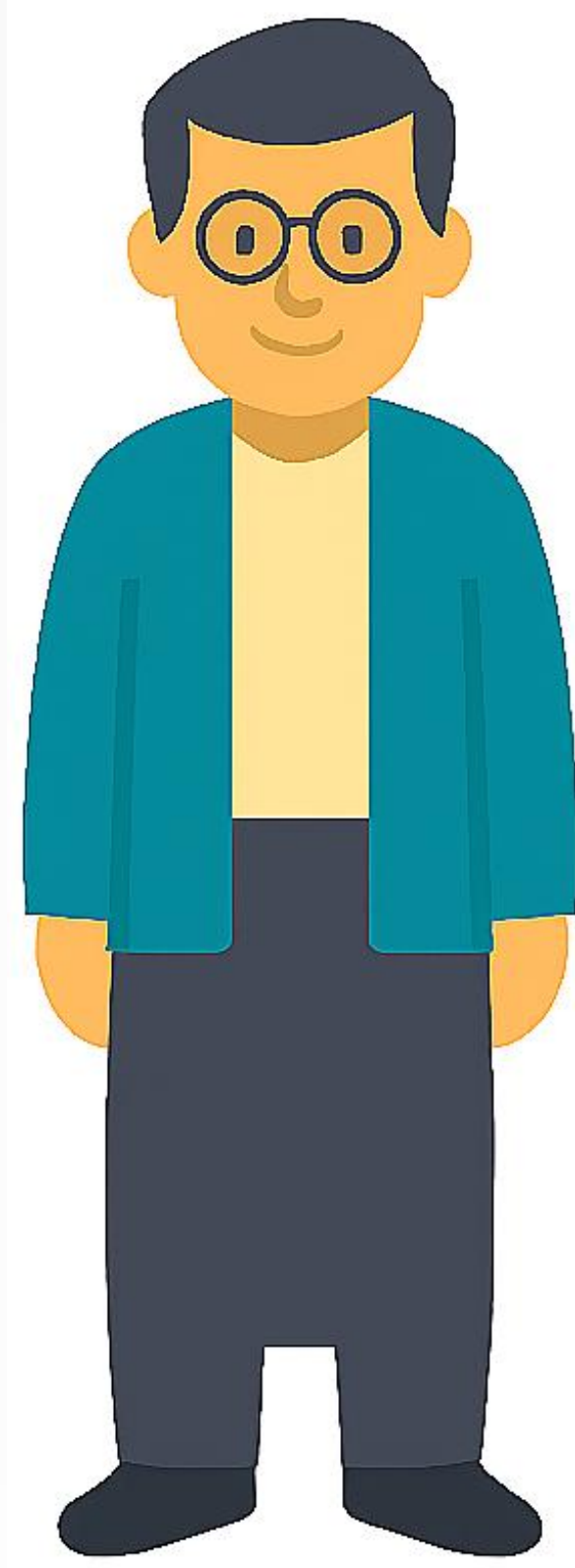
IMPACT OF COPAYMENTS AND PRODUCTIVITY LOSSES



TOTAL COSTS



SOCIO-DEMOGRAPHIC PROFILE



Median age
59 years



Men **51,1%**



Married **61,7%**



Retired **34%**



Need for carer
66%



Use of paid carer
6,4%



Median age at
diagnosis
56 years



Median disease duration
4 years



Included in transplant list
12,8%

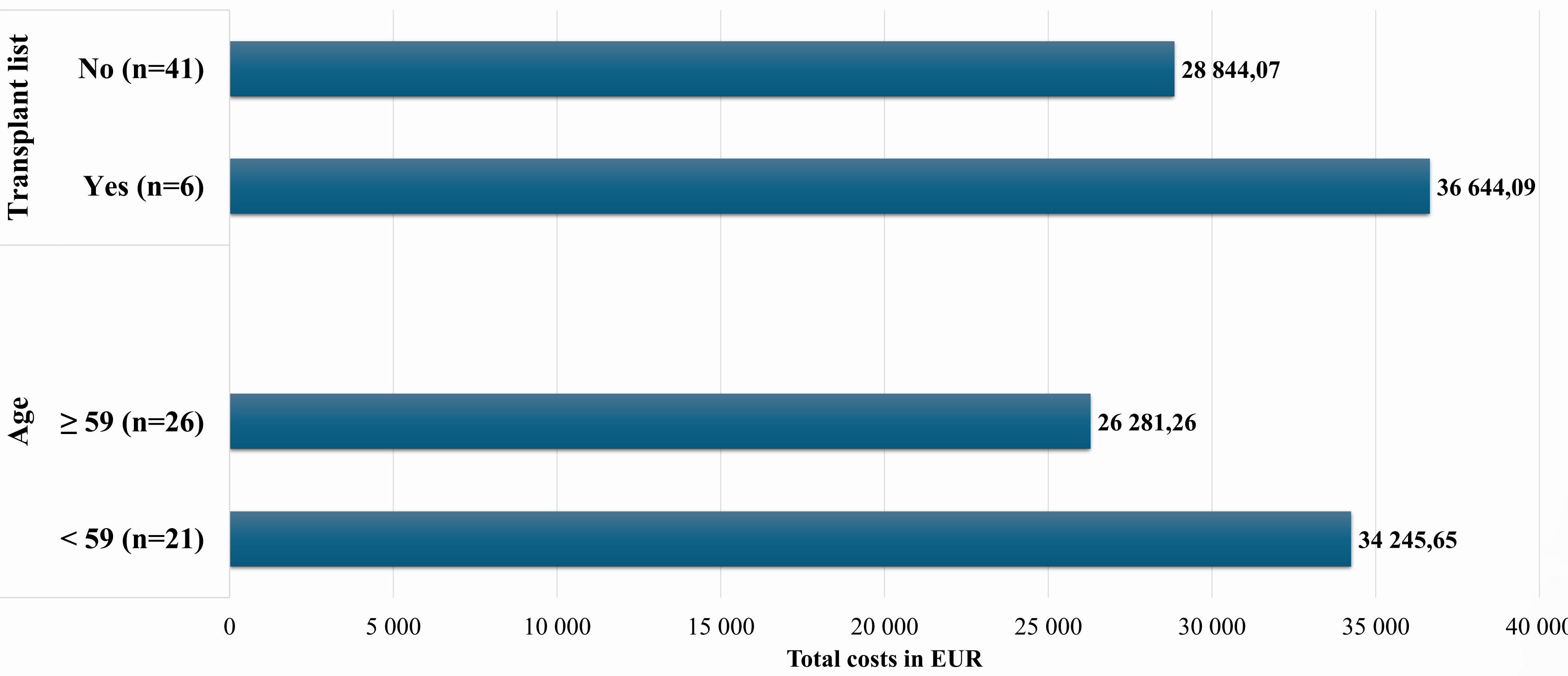


Family history of ESKD
17%



Comorbidities **89,4%**

IMPACT OF AGE AND INCLUSION IN TRANSPLANT LIST



RESULTS

RESULTS: Forty-seven ESKD patients completed the survey, with a median time on hemodialysis of four years. Six respondents (12,8%) were on the transplant waiting list. The median annual socioeconomic burden was €30 746,43 per patient. In-center hemodialysis treatment was the largest cost driver, followed by patient productivity loss and social allowances. Private expenses accounted for approximately one-fifth of the overall socioeconomic burden of ESKD. A younger age at the onset of hemodialysis treatment, the need for a caregiver, and inclusion on the transplant waiting list were associated with a significantly greater burden.

CONCLUSIONS

CONCLUSIONS: We collected the first real-world evidence on the socioeconomic burden of ESKD in Bulgaria. Integrated measures, including access to novel therapeutic options to prevent or delay renal failure, as well as social services to support ESKD patients and their caregivers, are necessary to address the burden of this chronic condition in Bulgaria.