

An Evaluation of the Cost of Treatment for Low-Back Pain among Patients Attending Public Healthcare Facilities in Nigeria

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Introduction

- Low-back pain (LBP) is a leading cause of disability worldwide, contributing substantially to economic and societal burden. In low- and middle-income countries (LMICs), where out-of-pocket expenditure dominates, direct and indirect costs associated with LBP are often borne by individuals.
- Evidence on the economic burden of LBP including its personal financial impact in Nigeria is limited.

Purpose

- This study aimed to estimate the direct and indirect costs of LBP among patients attending public healthcare facilities in Nigeria.

Methods

- Design: Cross-sectional cost-of-illness study
- Perspective: Societal (direct + indirect costs)
- Data collection: 171 LBP patients from six purposively selected tertiary public hospitals in South-West Nigeria
- Period: Costs calculated over a 3-month recall period, adjusted to 2021 Naira (₦)
- Cost categories:
 - Direct medical: consultation, prescribed/unprescribed medications, physiotherapy
 - Direct non-medical: transportation, meals, caregiver support
 - Indirect: productivity loss due to work absence (human capital approach)

Results

- Participants: 171 (40.9% male, 59.1% female); age 20–89 years
- Hospitalization: 20.5% admitted due to LBP
- Direct costs:
 - Prescribed medications: ₦2,617.83 ± ₦7,027.02 (US\$6.39 ± 17.13)/month
 - Unprescribed medications: ₦1,069.33 ± ₦7,058.00 (US\$2.61 ± 17.21)/month
 - Physiotherapy: ₦0–₦60,000 (US\$0–146.34) for 10 sessions
- Indirect costs:
 - Weekly caregiver costs: ₦29,250–₦58,500 (US\$71.34–142.68)
- Overall: LBP imposes a considerable economic burden at the individual and household levels in Nigeria.

Conclusion

- LBP significantly impacts individuals through both medical expenses and productivity loss.
- Highlights the need for policy interventions to reduce out-of-pocket payments and support cost-effective management in LMICs.
- Emphasises importance of accessible physiotherapy and early intervention strategies to mitigate economic burden.

Reference

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