EE258

Healthcare Resource Utilisation and Economic Burden of Hidradenitis Suppurativa in German Patients with Hidradenitis Suppurativa

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Objective

To investigate the economic burden of hidradenitis suppurativa (HS) in Germany by evaluating healthcare resource utilisation (HCRU) and associated costs of insured patients with HS in Germany.

Background

- HS is a chronic inflammatory skin disease, characterised by painful and recurrent skin lesions.[1]
- Patients with HS require frequent healthcare encounters, including regular use of high-cost settings, such as emergency departments and inpatient care.[2]
- Patients with higher disease severity are hypothesised to have higher HCRU and therefore higher costs which increase with disease severity.
- Furthermore, patients with HS often present with comorbidities, including depression, the burden of which increases overtime.[3]
  - The occurrence of comorbidities such as depression may further increase HCRU and healthcare costs.
- Gaining a better understanding of the economic burden and HCRU associated with HS is important for patients, physicians and payers alike.

Methods

- This cohort study, using claims data from the German analysis database for evaluation and health services research (DADB; owned by Gesundheitsforen Leipzig GmbH), included statutory insured patients with HS (defined by ≥1 medical HS claim [ICD-10 L73.2]) between 1st August 2015 and 31st December 2016.
- All-cause and HS-related HCRU (% of patients) and related costs were described for the year 2017 in the overall HS cohort and stratified by comorbid depression, and potential predictors of greater disease severity: biologic medication use (≥1 biologic), and in/outpatient HS-specific surgery, in the 12 months prior to 1st January 2017 (baseline).

Results

- The prevalence of HS in this study, as calculated from the German analysis database, was 0.06%.
- 1,986 patients with HS were included (mean age: 41.2 years; 56.0% female); 2.7% and 28.1% had baseline biologic medication use and HS-specific surgery, respectively, and 23.8% had comorbid depression (**Table 1**).
- Overall, 44.1% and 6.2% of patients had HS-related outpatient and inpatient claims, respectively (**Table 2**).
  - 98.6% and 27.9% had all-cause outpatient and inpatient claims (**Table 2**).
- HS-related outpatient/inpatient claims covered 44.8%/22.2% of all-cause claims, respectively (**Figure 1**).
- HS-related surgery was reported in 16.1% of patients with HS.
- HS-related inpatient claims were reported in 15.2% of patients with baseline biologic use and 10.0% of patients with baseline surgery (**Figure 2**).
  - HS-related surgery was reported in 30.3% and 27.0% of patients, respectively.
- 57.5% of 1,919 patients used HS-related medication (including biologics [3.6%]).
  - HS-related medication claims covered 64.8% of all-cause medication claims and 74.8% of HS-related healthcare costs (**Figure 1** and **Figure 3**).
- Average HS-related healthcare costs were higher in patients predicted to have more severe HS (as predicted by prior biologic use [20,610 €] and history of surgery [1,618 €]) and those with comorbid depression (1,487 €).

Conclusions

Within the overall HS cohort, patients with predictors of more severe disease had higher HCRU, associated costs and overall economic burden versus the overall cohort. Medication represented most HS-related resource claims, with medications also accounting for the majority of HS-related healthcare costs. Recent guidelines for HS in Germany, published after this study, recommend earlier biologic use; therefore, current data may differ to these findings from 2017.

Summary

This observational study used data from the German analysis database for evaluation and health services research

Patients with predictors of disease severity had increased:

HS-related healthcare costs	HS-related medication use	HS-related inpatient claims

Both HS-related **medication** and **inpatient** claims were **higher** when stratified by disease severity indicators

Most resource utilisation and the highest proportion of healthcare costs occurred with **medication**.

Table 1 Baseline characteristics

	Total (N=1,986)
Age, years, mean (SD)	41.2 (12.9)
Female, n (%)	1,112 (56.0)
Region, n (%)	
Baden-Wuerttemberg	143 (7.2)
Bavaria	247 (12.4)
Hessen	185 (9.3)
Lower Saxony	236 (11.9)
North Rhine	158 (8.0)
Saxony-Anhalt	235 (11.8)
Schleswig-Holstein	198 (10.0)
Westphalia-Lippe	180 (9.1)
Other[b]	404 (20.3)
Follow-up, months, mean (SD)	11.9 (1.0)
Prior biologic use, n (%)	54 (2.7)
Prior HS-specific surgery, n (%)	559 (28.1)
Comorbid depression, n (%)	472 (23.8)

[a]Only regions with >5% of patients included, remaining regions combined in the 'Other' category. [b]One patient with health insurance in Germany but residence in Switzerland included.

Table 2 Average rate of HS-related and all-cause claims

Resource claim (Proportion of patients, %)	HS-related claims (N=1,919)	All-cause claims (N=1,919)
Outpatient	44.1	98.6
Dermatologist	16.5	37.0
Surgery	0.4	3.6
Inpatient	6.2	27.9
Medication[a]	57.5	88.8
Biologics	3.6	3.6
HS-related follow-up surgery	16.1	N/A

[a]Including biologics.

Figure 1 Proportion of all-cause claims covered by HS-related claims

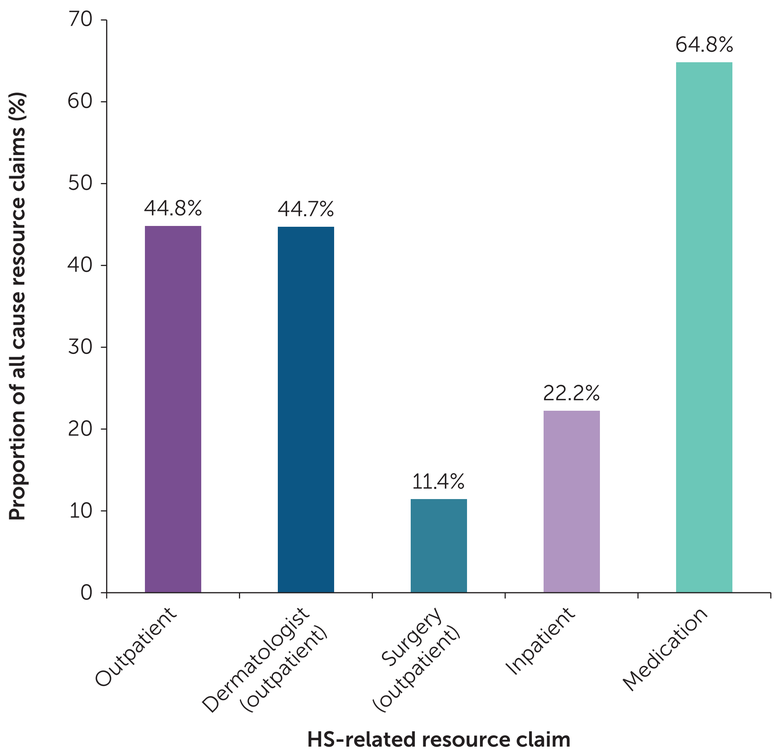
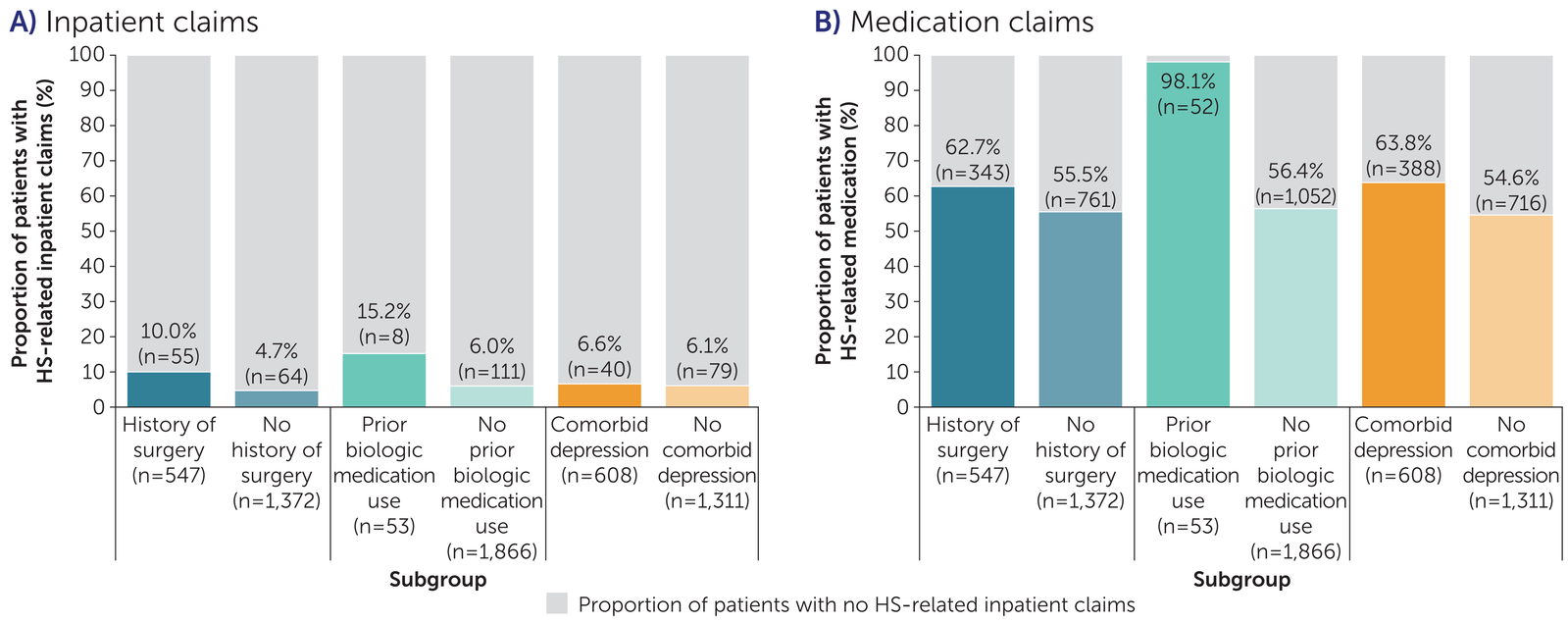
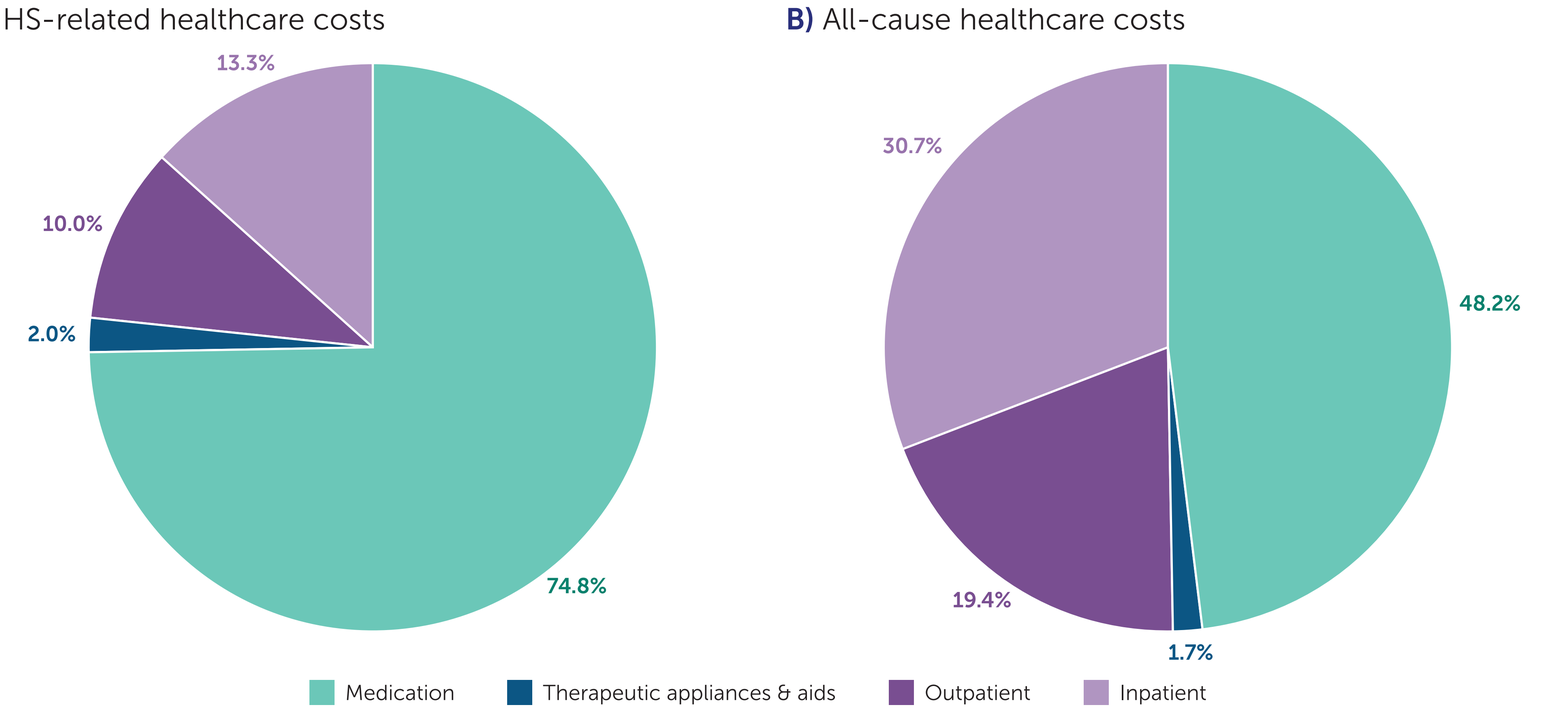


Figure 2 Percentage of HS-related claims stratified by disease severity indicators and comorbid depression



Data show the proportion of patients with/without prior biologic medication/surgery/comorbid depression with HS-related inpatient (A) and medication (B) claims.

Figure 3 Percentage of HS-related and all-cause healthcare costs by event type



Due to rounding, percentages may not add to 100%.

HCRU: healthcare resource utilisation; **HS:** hidradenitis suppurativa; **N/A:** not applicable; **SD:** standard deviation.

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References: [1]Ingram JR et al. J Eur Acad Dermatol Venereol. 2022;36:1597–605; [2]Kirby JS et al. JAMA Dermatol. 2014;150:937–44; [3]Garg A et al. Am J of Clin Dermatol. 2023;24:977–90. **Author Contributions:** Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **FGB**, **TT**, **UP**, **SK**, **RB**, **CG** and **SM**; Drafting of the publication, or reviewing it critically for important intellectual content: **FGB**, **TT**, **UP**, **SK**, **RB**, **CG** and **SM**; Final approval of the publication: **FGB**, **TT**, **UP**, **SK**, **RB**, **CG** and **SM**. **Author Disclosures: FGB:** Received honoraria for consulting, presentations and sponsoring for scientific projects and/or clinical studies from AbbVie, AbbVie Deutschland GmbH & Co, KG, Beiersdorf, Boehringer Ingelheim Pharma GmbH & Co. KG, Dr. Wolff, Incyte, Janssen-Cilag GmbH, MoonLake Immunotherapeutics, Mölnlycke, Novartis Pharma GmbH and UCB Pharma. **TT**, **SK** and **RB:** Employee and shareholder of UCB Pharma. **UP:** Employee of UCB Pharma. **CG**, **SM:** Employee of Gesundheitsforen Leipzig GmbH. **Acknowledgements:** This study was funded by UCB Pharma. We thank the patients and their caregivers in addition to the investigators and their teams who contributed to this study. The authors acknowledge Susanne Wiegratz, MSc, UCB Pharma, Monheim, Germany for publication coordination, Sana Yaar, PhD, Costello Medical, Manchester, UK for medical writing and editorial assistance and the Creative team at Costello Medical for graphic design assistance. All costs associated with development of this poster were funded by UCB Pharma.

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Poster ID: EE258
Link expiration: 29 November 2023

Presented at ISPOR Europe 2023 | Copenhagen, Denmark | 12–15 November 2023