

# Household Costs for Home, Vehicle, and Medical Equipment Expenditures to Accommodate Functional Impairments for Individuals With Duchenne Muscular Dystrophy

Bryan Innis,<sup>1</sup> John Jarvis,<sup>2</sup> Taylor Renteria,<sup>2</sup> Shivangi Patel,<sup>1</sup> Ivana Audhya<sup>1</sup>

<sup>1</sup>Sarepta Therapeutics, Inc., Cambridge, MA; <sup>2</sup>Medicus Economics, Milton, MA

## Introduction

- Duchenne muscular dystrophy (DMD) is an X-linked neuromuscular disease characterized by progressive muscle damage and degeneration<sup>1,2</sup>
- Clinical manifestations of DMD include progressive muscle weakness, motor milestone delays, loss of ambulation, respiratory impairment, cardiomyopathy, and reduced life expectancy<sup>1–3</sup>
- Earlier studies have reported that families incur extensive costs to accommodate DMD-related functional impairments, including expenses for critical mobility aids and home modifications<sup>4–6</sup>

## Objective

This study quantified household costs in the US for home, vehicle, and medical equipment expenditures to accommodate functional impairments for individuals with DMD

## Methods

- A noninterventional, retrospective online survey was completed by caregivers of individuals with DMD, who provided information on financial, social, and other aspects of life influenced by DMD
- The survey collected de-identified information on DMD-related home, vehicle, and medical equipment costs incurred over the past 5 years that were not covered by insurance

### Study Inclusion Criteria

- Aged ≥18 years and read, understood, and spoke English
- Resided in the US for ≥12 months
- Provided care or support to individual(s) with DMD (≥2 years old) in their household for ≥12 months
- Could provide estimates of the household’s costs to support the individual(s) with DMD
- Home modification– or transportation-related expenses within the past 5 years (at least 1 expense was required)
  - Moved to or built new home
  - Modified home entrance (eg, ramp)
  - Modified bathroom, bedroom, or kitchen
  - Modified interior home doorway(s)
  - Installed elevator or lift
  - Purchased and/or modified a handicap-accessible vehicle
- The survey provided data for 2 other separate analyses

## Results

### Caregivers

- A total of 90 caregivers representing 106 individuals with DMD completed the survey
- 98.1% self-identified as the primary or co-primary caregiver
- 74 caregivers (82.2%) cared for 1 individual and 16 caregivers (17.8%) cared for ≥2 individuals with DMD
- Caregivers were mostly female (94.4%), predominantly White (90.0%), with a mean age of 45.6 years (SD: 8.4)
- Caregivers lived in the South (36.7%), Midwest (31.1%), Northeast (16.7%), or West (15.6%), in a town or suburban area outside of a city (57.8%), rural or countryside area (30.0%), or urban city (12.2%)

### Individuals With DMD

- Mean age across the 106 male individuals with DMD was 14.5 years (range: 2–35 years) (**Table 1**)
  - Age 2–5 years (3.8%), 6–12 years (33.0%), 13–17 years (38.7%), or 18+ years (24.5%)
- 59.4% used a wheelchair or scooter full-time

### Household Costs Over the Past 5 Years

- Average DMD-related household costs over the past 5 years totaled a mean (SD) of \$78,303 (\$78,411) for home and vehicle expenses
- The most common DMD-related expense was purchasing or modifying a handicap-accessible vehicle (64%; average cost, mean [SD]: \$30,932 [\$33,034])
- The most common DMD-related home modification expenses were home entrances (61%; average cost, mean [SD]: \$10,236 [\$23,697]), bathroom (46%; average cost, mean [SD]: \$6,155 [\$12,525]), and interior home doorways (37%; average cost, mean [SD]: \$991 [\$2,122]) (**Table 2**)

- Caregivers reported unaffordability as a reason for avoiding or deferring moving to or building a new home (30%), modifying a bathroom (29%), or purchasing and/or modifying a handicap-accessible vehicle (28%) in the past 5 years
- Average DMD-related medical equipment purchases totaled a mean (SD) of \$14,071 (\$27,427)

### Household Costs Over the Past 12 Months

- Out-of-pocket DMD-related expenses incurred over the past 12 months included health care visits and prescription drugs (54%; average cost, mean of \$8,184), supportive therapy (22%; average cost, mean of \$929), and in-home professional caregiving (16%; average cost, mean of \$4,529) (**Table 3**)
- Out-of-pocket DMD-related health care visits and prescription drug costs were highest for transitional individuals, and in-home professional caregiving costs were greatest for nonambulatory individuals

**Table 1** Demographics of Caregivers and Individuals With DMD

Demographic Information	Caregivers (N=90)	Individuals With DMD (N=106)
Age in years, mean (SD)	45.6 (8.4)	14.5 (5.3)
Age in years, n (%)		
<18	0 (0)	80 (75.5)
18+	89 (98.9)	26 (24.5)
Missing	1 (1.1)	0 (0)
Sex		
Male, n (%)	5 (5.6)	106 (100.0)
Female, n (%)	85 (94.4)	0 (0)
Race, n (%) <sup>a</sup>		
White	81 (90.0)	92 (86.8)
Hispanic or Latino	7 (7.8)	11 (10.4)
Other <sup>b</sup>	5 (5.6)	15 (14.2)

<sup>a</sup>Survey respondents could select multiple response categories. Therefore, percentages may sum to over 100%. <sup>b</sup>American Indian, Alaska Native, Asian, Black/African American, Other. DMD=Duchenne muscular dystrophy.

**Table 2** Expenses Incurred Over the Past 5 Years to Accommodate Individual(s) With DMD

Expense Category	Total Households With Purchases/ Modifications (N=90), n (%)	Average Cost Among All Households, Mean (SD)
Home and vehicle purchases/modifications	90 (100)	\$78,303 (\$78,411)
Purchased and/or modified a handicap-accessible vehicle	58 (64)	\$30,932 (\$33,034)
Modified home entrances (eg, ramps)	55 (61)	\$10,236 (\$23,697)
Modified bathroom	41 (46)	\$6,155 (\$12,525)
Modified interior home doorway(s)	33 (37)	\$991 (\$2,122)
Moved to or built a new home	23 (26)	\$19,679 (\$47,344)
Modified bedroom	21 (23)	\$1,192 (\$4,155)
Installed elevator or lift	17 (19)	\$5,289 (\$18,270)
Modified kitchen	10 (11)	\$1,889 (\$6,961)
Other home or vehicle purchases/modifications	20 (22)	\$1,940 (\$6,062)
Medical equipment purchases <sup>a</sup>	75 (83)	\$14,071 (\$27,427)

<sup>a</sup>Survey respondents were asked to provide household costs not paid for by health insurance. Respondents were asked to not report the share of expenses paid by private health insurance. DMD=Duchenne muscular dystrophy.

**Table 3** Expenses Incurred Over the Past 12 Months to Accommodate Individual(s) With DMD<sup>a</sup>

Expense Category <sup>b</sup>	Total Households (N=90), n (%)	Average Cost Among All Households, Mean (SD)
Health care visits and prescription drugs <sup>c</sup>	49 (54)	\$8,184 (\$37,124)
Ambulatory <sup>d</sup>	7 (47)	\$3,401 (\$8,299)
Transitional <sup>e</sup>	8 (53)	\$35,132 (\$87,327)
Nonambulatory <sup>f</sup>	34 (57)	\$2,642 (\$5,598)
In-home professional caregiving <sup>c</sup>	14 (16)	\$4,529 (\$20,115)
Ambulatory <sup>d</sup>	1 (7)	\$1,941 (\$7,517)
Transitional <sup>e</sup>	3 (20)	\$1,300 (\$3,881)
Nonambulatory <sup>f</sup>	10 (17)	\$5,983 (\$24,225)
Supportive therapy <sup>c</sup>	20 (22)	\$929 (\$2,401)
Ambulatory <sup>d</sup>	2 (13)	\$312 (\$1,078)
Transitional <sup>e</sup>	2 (13)	\$133 (\$399)
Nonambulatory <sup>f</sup>	16 (30)	\$1,283 (\$2,828)
Other expenses	72 (80)	\$2,593 (\$4,144)
Ambulatory <sup>d</sup>	10 (73)	\$2,265 (\$3,986)
Transitional <sup>e</sup>	14 (93)	\$4,165 (\$7,470)
Nonambulatory <sup>f</sup>	48 (80)	\$2,282 (\$2,853)

<sup>a</sup>Survey respondents provided estimated expenses paid during the past 3 months. Results shown are annualized to 12-month expenses based on these data. <sup>b</sup>Average costs were stratified by the greatest ambulatory impairment experienced by a household member with DMD. <sup>c</sup>Survey respondents were asked to provide household costs not paid for by health insurance. Respondents were asked to not report the share of expenses paid by private health insurance. <sup>d</sup>N=15; <sup>e</sup>N=15; <sup>f</sup>N=60. DMD=Duchenne muscular dystrophy.



## Key Findings

Households caring for individuals with DMD face a significant financial burden as a result of high out-of-pocket costs, as well as financial barriers in making accommodations due to the progressive nature of DMD



## Conclusions

Average household costs over the past 5 years totaled \$78,303 for DMD-related home and vehicle expenses (76% out of pocket), and an additional \$14,071 for medical equipment purchases (69% out of pocket)

The most frequent expenses were purchasing or modifying a handicap-accessible vehicle and modifying home entrances, bathrooms, and interior doorways

Caregivers reported unaffordability as a reason for avoiding or deferring accommodations for DMD-related functional impairments in the past 5 years

This survey was also used in an analysis of education and employment (PCR118) and sources of financial support to households (podium presentation May 7; 1:45 PM), also presented at ISPOR 2024

## Acknowledgments & Disclosures

**Acknowledgements:** This study was sponsored by Sarepta Therapeutics, Inc. Editorial support was provided by Matthew Bidgood, PhD, of Eloquent Scientific Solutions and was funded by Sarepta Therapeutics, Inc.

**Disclosures:** BI, SP, and IA are employees of Sarepta Therapeutics, Inc., and may own stock/options in the company. JJ and TR are employees of Medicus Economics, LLC, which received consulting fees from Sarepta Therapeutics, Inc.

## References

- Bushby K, et al. *Lancet Neurol.* 2010;9:77-93.
- Birnkrant DJ, et al. *Lancet Neurol.* 2018;17:251-267.
- Duan D, et al. *Nat Rev Dis Primers.* 2021;7:13.
- Landfeldt E, et al. *Neurology.* 2014;83:529-536.
- Larkindale J, et al. *Muscle Nerve.* 2014;49:431-438.
- Landfeldt E, et al. *J Neurol.* 2016;263:906-915.

### SCAN THE QR CODE

The QR code is intended to provide scientific information for individual reference, and the information should not be altered or reproduced in any way.

<https://www.sareptacongresshub.com/ISPOR2024/ispor2024/household-costs>



International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Annual Meeting; May 5–8, 2024; Atlanta, GA

# Household Costs for Home, Vehicle, and Medical Equipment Expenditures to Accommodate Functional Impairments for Individuals With Duchenne Muscular Dystrophy

Bryan Innis,<sup>1</sup> John Jarvis,<sup>2</sup>  
Taylor Renteria,<sup>2</sup> Shivangi Patel,<sup>1</sup>  
Ivana Audhya<sup>1</sup>

<sup>1</sup>Sarepta Therapeutics, Inc., Cambridge, MA; <sup>2</sup>Medicus Economics, Milton, MA

International Society for  
Pharmacoeconomics and Outcomes  
Research (ISPOR) Annual Meeting;  
May 5–8, 2024; Atlanta, GA

## Methods (cont)

### Recruitment and Screening

- Survey participants were recruited in collaboration with Rare Patient Voice, an organization with a panel of caregivers for individuals with DMD
- Rare Patient Voice encouraged and invited referrals to join the Rare Patient Voice panel and complete the survey
- Rare Patient Voice contacted panelists and caregiver members living in the US via email with an online link, which directed respondents to an online screening questionnaire
- A Rare Patient Voice screener reviewed the consent and screening sections of the questionnaire. Respondents who passed the screening questions were directed to complete the survey
- Medical records or other personal documents were not accessed or assessed to inform screening or recruitment

### Ambulatory Status

- Ambulatory, transitional, or nonambulatory status was determined based upon caregiver-reported scooter or wheelchair usage by individuals with DMD

### Statistical Analysis

- Primary analyses used the midpoint of cost ranges to estimate costs for each expense category

### Limitations

- Due to the retrospective nature of this study and reliance on self-reported data, there is a potential for recall bias to influence the results
- Findings may not be demographically representative of all US households caring for individuals with DMD and account for costs only within the past 5 years
- The outcomes should be viewed as indicating correlation rather than suggesting a causal relationship

## Results (cont)

- The most common DMD mobility-related medical equipment purchases over the past 5 years were powered wheelchair (43%; average cost, mean [SD]: \$15,718 [\$21,979]), foldable/travel wheelchair (34%; average cost, mean [SD]: \$2,084 [\$1,804]), and walker/leg braces (33%; average cost, mean [SD]: \$1,298 [\$1,830]) (**Table 4**)
- The most common DMD respiratory-related medical equipment purchases were cough assist machine (28%; average cost, mean [SD]: \$967 [\$1,332]) and BiPAP machine (9%; average cost, mean [SD]: \$437 [\$651]) (**Table 4**)

Table 4 Medical Equipment Expenses Incurred Over the Past 5 Years to Accommodate Individual(s) With DMD		
Medical Equipment Expense Category	Total Households With Purchases/Modifications, n (%) <sup>a</sup>	Average Cost Among All Households, <sup>b</sup> Mean (SD)
Medical equipment	75 (83)	\$16,885 (\$30,309)
Powered wheelchair	39 (43)	\$15,718 (\$21,979)
Foldable/travel wheelchair	31 (34)	\$2,084 (\$1,804)
Walker/leg braces (eg, ankle foot orthotics)	30 (33)	\$1,298 (\$1,830)
Cough assist machine	25 (28)	\$967 (\$1,332)
Manual wheelchair	25 (28)	\$3,837 (\$8,485)
Safety/hospital bed(s)	22 (24)	\$3,513 (\$4,431)
Scooter	18 (20)	\$3,110 (\$4,184)
BiPAP machine	8 (9)	\$437 (\$651)
Stroller	7 (8)	\$708 (\$813)
Other breathing assists	4 (4)	\$1,937 (\$2,563)
Other medical equipment	16 (18)	\$4,278 (\$7,741)
<sup>a</sup> Percentages reported across the entire population of survey respondents. <sup>b</sup> For each expense category, household costs were derived using the midpoint of the reported cost range. BiPAP=bilevel positive airway pressure; DMD=Duchenne muscular dystrophy.		