

# Humanistic burden of COPD in Hungary

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F10: The burden of COPD in Central & Eastern Europe

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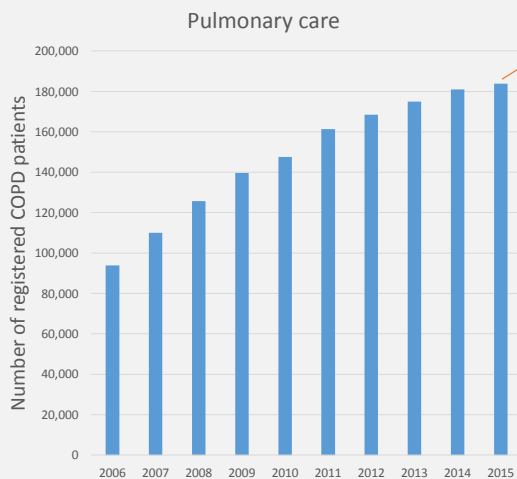
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## Clinical burden of COPD in Hungary



Eurostat, 2015



93,657 male + 90,143 female in a population of 10 million

The number of COPD patients could well be an under-estimate with the real number up to **THREE times higher!**

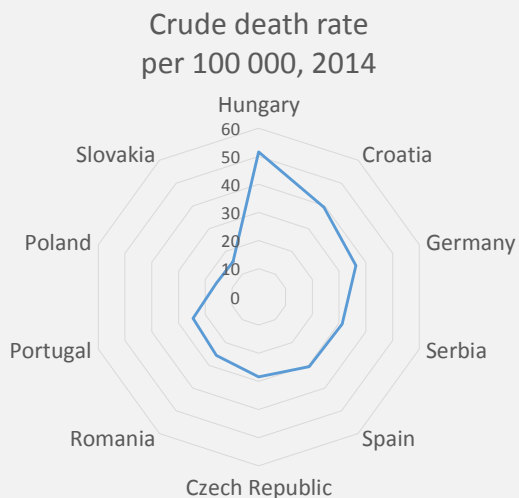
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## Mortality of COPD in Hungary

- Crude death rate per 100,000

- 2010: 44.62
  - 2014: 51.55
- 15% increase



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## Study on the humanistic burden of COPD

- Cross-sectional study

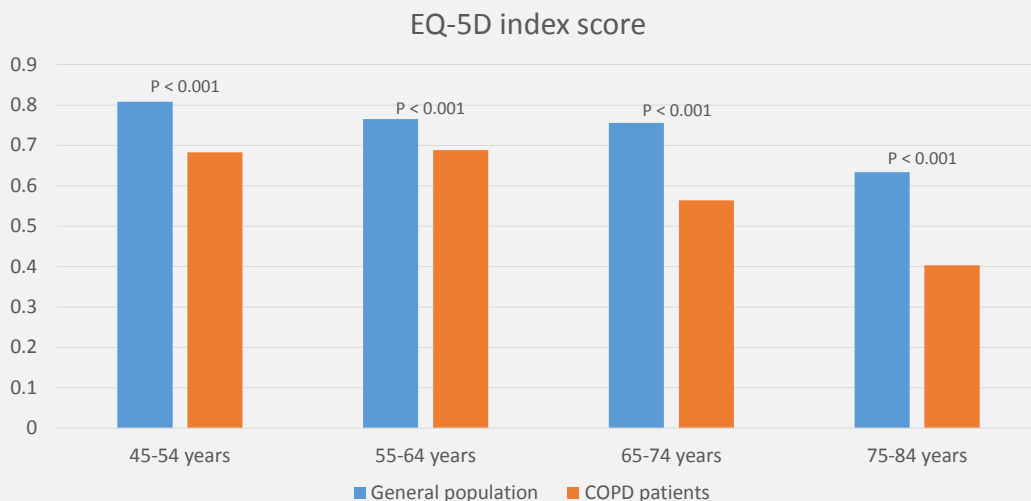
	COPD	
Study sample, n	214	
Age, mean (SD)	64,1 (10,8)	
Female, n (%)	113 (52,8)	
Disease severity, %	GOLD	
	Mild	5.6
	Moderate	24.3
	Severe	50.0
	Very severe	20.1

Inotai A, Ágh T, Mészáros Á. Quality of life, utility and health burden in asthma, chronic obstructive pulmonary disease and rheumatoid arthritis. IJPCM. 2012. 2(3): 505-510.

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## Effect of COPD on quality of life



Inotai A, Ágh T, Mészáros Á. Quality of life, utility and health burden in asthma, chronic obstructive pulmonary disease and rheumatoid arthritis. *IJPCM*. 2012. 2(3): 505-510.

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## QALY loss due to COPD in Hungary (1)

- QALY loss = health loss (HL) + year of life lost (YLL)
  - HL (age/gender specific) =  
number of COPD patients x utility decrement due to COPD
  - YLL (age/gender specific) =  
number of COPD patients x mortality x life expectancy x utility

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## QALY loss due to COPD in Hungary (2)

COPD		
QALY loss due to QoL decrement	Male (45-84 years)	21,312
	Female (45-84 years)	18,473
QALY loss due to disease-specific mortality	Male (45-84 years)	16,193
	Female (45-84 years)	10,933
<b>Total annual QALY loss (45-84 years)</b>		<b>66,911</b>

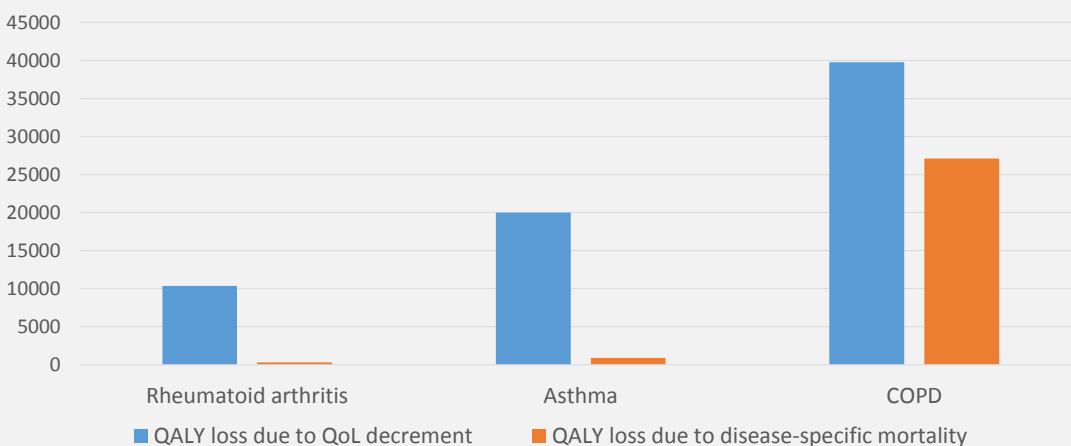
Inotai A, Ágh T, Mészáros Á. Quality of life, utility and health burden in asthma, chronic obstructive pulmonary disease and rheumatoid arthritis. *IJPCM*. 2012. 2(3): 505-510.

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## QALY loss due to COPD in Hungary (3)

QALY loss (45-84 years)



Inotai A, Ágh T, Mészáros Á. Quality of life, utility and health burden in asthma, chronic obstructive pulmonary disease and rheumatoid arthritis. *IJPCM*. 2012. 2(3): 505-510.

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## Conclusions

- Many COPD patients are undiagnosed until late in their disease course
- Early diagnosis of COPD is key -> may offer the best chance at mitigating the substantial morbidity and mortality associated with COPD
- Besides its significant clinical burden, COPD contributes a considerable health burden (QALY loss) to Hungarian society
- Facilitate multi-stakeholder collaboration (physicians, patients, pharma industry, and government) for improving the disease management both by optimising treatment and inducing preventive behavioral changes

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## Thank you for your attention



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