Whetten-Goldstein K, et al.

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Objectives: The primary aim of the study was to estimate walking impairment-related healthcare resource utilization before and after D-ER initiation, compared to a cohort of similar patients who did not initiated D-ER.

Methods

Data Source, Study Definitions, and Patient Identification

This was a retrospective cohort study of commercially insured patients with MS and medical claims data from the HealthCore Integrated Research Database (HCIRD). The HCIRD contains data on more than 30 million commercially insured from a geographically diverse US population. This study did not warrant review by an Institutional Review Board as it used an existing, deidentified data set.

The study period was from 01/01/2009 to 02/28/2013.

To ensure ≥12 months continuous enrollment during the baseline period. Comorbidity burden was assessed via the Quan-Charlson comorbidity index (QCI).6 Individual comorbid conditions and presence of symptoms commonly associated with MS were assessed using codes based on ICD-9-CM codes.

Table 1. Baseline Demographics for Matched Treatment and Control Cohorts

Baseline Characteristics

Data for each variable were compared between the treatment and control cohorts using chi-square tests or Fisher exact tests, as appropriate tests for all variables.

Table 2. Baseline Clinical Characteristics for Matched Treatment and Control Cohorts

Clinical Characteristics

Table 2. Changes in Walking Impairment-Related Healthcare Resource Utilization Among Patients with Multiple Sclerosis: A Retrospective Claims Database Analysis

Conclusion

This is analysis is one of the first to evaluate resource utilization of patients newly initiated on D-ER from a large, real-world population of patients with MS in the US.

Changes in walking impairment-related healthcare utilization were found to be statistically lower in treatment patients compared to control, as monitored by inpatient hospitalizations, emergency room visits, physician office, and other outpatient visits.

Disclosures

This study was supported by Teva Neurosciences Inc. Editorial assistance in preparation of the paper was provided by Teva Neurosciences Inc. The sponsor had full access to all of the data during preparation of the paper. Contributions to this work are acknowledged in the acknowledgments section. The sponsor was involved in study design, data collection, data analysis, and results interpretation. Academy Health, Inc. was involved in the study design, and the data and study results were controlled by Teva Neurosciences Inc. The authors report no conflicts of interest. Viewpoints expressed in this article are those of the authors and do not necessarily reflect endorsement by Teva Neurosciences Inc.

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