

Abstract

C型肝炎の経済面 — 血友病との密接な関係

The economic aspects of hepatitis C — implications for haemophilia

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本論文では、C型肝炎の臨床経過に関する文献をreviewし、血友病患者との密接な関係について考察した。まず、インターフェロン α によるC型肝炎治療の経済面を評価したモデルについて論じ、次にC

型肝炎に推奨される治療法の近年の変化について検討、最後に前述のモデルと血友病患者への適用について論じる。

Table 3. Total costs (direct medical costs, social costs and value of life) in £'000.

	Untreated costs	Treated cases	Savings
Undiscounted costs			
Low progression			
Low mortality	89 146	70 555	18 591
High mortality	13 854	107 602	30 943
High progression			
Low mortality	161 976	125 175	36 801
High mortality	255 617	195 407	60 210
Discounted costs			
Low progression			
Low mortality	33 936	28 530	5 405
High mortality	53 432	43 533	10 281
High progression			
Low mortality	60 608	48 533	12 075
High mortality	98 186	76 716	21 470

Source: Adapted from Dusheiko & Roberts [19].

Table 6. Impact of changes in assumptions upon the model.

Factors that would enhance cost effectiveness

- Inclusion of community costs and costs to cases and families
- Identifying nonresponders
- Reduction in time between treatment and benefits

Factors that would reduce cost effectiveness

- Any increase in costs that occur early for all those treated
- Length of therapy
- Dose
- Combination therapy
- Fall in costs later

Cost-effective therapies

- Increase costs of therapy proportional to increased response rates
- Reduction in response time
- Distinguish between responders and nonresponders
- Sensitive and specific tests should not increase costs more than benefits