

# The economic cost of advanced liver disease

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Health care costs for hepatitis C patients with end-stage liver disease are nearly 2.5 times higher than those in the early stages, according to a Henry Ford Hospital study.

Although infection with the [hepatitis C virus](#) increases health care costs overall, the specific impact of the disease's progressive severity on health care costs has previously not been well studied.

"The severity of hepatitis C-related liver disease increases with age, and the aging [hepatitis C](#) population is likely to increase the economic burden of the infection on our health care system," says Stuart C. Gordon, M.D., director of Hepatology at Henry Ford Hospital and lead author of the study.

The results of the study will be presented at the 62nd Annual Meeting of the American Association for the Study of Liver Diseases in San Francisco this week.

It is estimated that the majority of the four million Americans with [chronic hepatitis C virus infection](#) remain undiagnosed and thus untreated. The increasing [disease prevalence](#) has created an aging population of patients with chronic hepatitis C infection and a resultant increase in the number of patients with cirrhosis, and, subsequently, the complications of cirrhosis (end-stage liver disease).

The Henry Ford study compared the economic burden for U.S. patients with chronic hepatitis C stratified by severity of liver disease in a large

[private health insurance](#) claims database from 2003 to 2010. The database included claims for all [prescription medications](#) and all medical services submitted for payment.

Researchers looked at 53,796 patients with chronic hepatitis C: 41,858 (78%) without cirrhosis, 3,718 (7%) with compensated cirrhosis, and 8,220 (15%) with end-stage liver disease. Mean age was 49 years, 51 years, and 52 years respectively.

Mean health care costs (per month) were 32% and 247% higher for patients with compensated cirrhosis (\$1,870) and end-stage liver disease (\$4,931), compared to those without cirrhosis (\$1,420) and these results were independent of age.

A similar trend is apparent for mean hepatitis C-related health care costs. Overall, 56% of total costs were hepatitis C-related and this proportion increased with disease severity (46%, 57%, and 71% for patients without cirrhosis, compensated cirrhosis, and end-stage liver disease, respectively).

Pharmacy, ambulatory, and inpatient care accounted for 90% of costs for hepatitis C patients without cirrhosis and 93% of the costs for those with compensated cirrhosis and end-stage liver disease.

The study estimated the annual [health care costs](#) to be \$24,176 for patients with chronic [hepatitis C infection](#). When looked at by disease stage, average annual costs were estimated to be \$17,277 among patients with no cirrhosis, \$22,752 among patients with compensated cirrhosis, and \$59,995 annually among patients with end-stage liver disease.

Dr. Gordon indicated that the primary drivers of higher health care expenses were found to be inpatient costs for patients with end-stage liver disease and pharmacy costs for patients with compensated cirrhosis.

"As we see patients with more advanced [liver disease](#), we see significantly more costs to the system. The key, therefore, is to treat and cure the infection early to prevent the consequences of more advanced disease and the associated economic burden," says Dr. Gordon.

Current treatment for hepatitis C involves a cocktail of three drugs taken for 24-48 weeks with viral clearance "cure" rates of 65-80 percent.

Most people who are infected with hepatitis C remain without symptoms for years. The infection may lead to scarring of the liver (cirrhosis), liver cancer, the need for liver transplant, and potentially death

Provided by Henry Ford Health System

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