Treatment for chronic sinus infection that may help maintain productivity

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Patients with chronic rhinosinusitis (sinus infection) who decided to continue medical therapy rather than undergo surgery had little change in productivity, with results suggesting that medical therapy may help these patients maintain their level of productivity, according to a study published online by *JAMA Otolaryngology-Head & Neck Surgery*.

Chronic rhinosinusitis (CRS) significantly reduces daily productivity, and the degree of lost work is associated with the severity of quality-of-life (QOL) impairment. It is estimated that lost productivity related to CRS costs society in excess of $13 billion per year in the United States. Although endoscopic sinus surgery (ESS) is an effective intervention for select patients with CRS, some patients make a preference-sensitive decision to continue with medical therapy as opposed to undergoing surgery. Given that continued medical therapy is a viable treatment option for refractory (difficult to treat) CRS, it is important to define the effect on productivity level to inform patients of expected outcomes, according to background information in the article.

Luke Rudmik, M.D., M.Sc., of the University of Calgary, Canada, and colleagues examined the change in productivity costs in patients with refractory CRS whose initial appropriate medical therapy failed and selected to continue medical therapy rather than have surgery. Absenteeism, presenteeism, and lost leisure time were quantified to define annual lost productive time, which was measured at enrollment (baseline) and at a minimum of 6 months after treatment.

Thirty-eight patients with refractory CRS who selected continued medical therapy had an average baseline annual productivity cost of $3,464 per patient. After continued medical therapy for an average of 12.8 months, productivity costs were $2,730 (before vs after continued medical therapy productivity cost). Average annual absenteeism was reduced from 5 days to 2 days. Average annual presenteeism (17 days reduced to 15 days) and average annual household days lost (7 days reduced to 6) were maintained at baseline levels.

"Patients with refractory CRS often make treatment decisions based on their degree of QOL and productivity impairment," the authors write. "This prospective study evaluated the productivity outcomes in a select group of patients with refractory CRS who made a decision to continue medical therapy rather than undergoing ESS. Patients who continued medical therapy had mild reductions in their baseline productivity (92 percent). Although the results need to be validated with a larger sample, outcomes from this study suggest that continued medical therapy can maintain baseline productivity level in this select cohort of patients with CRS. These outcomes may be used to improve patient-centered care for CRS by informing the appropriate patients of their expected outcomes from continued medical therapy."

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