

Germany: compensated cirrhosis substantially increases comorbidities and healthcare costs

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An analysis of outcomes and costs for German patients with non-alcoholic fatty liver disease (NAFLD)/non-alcoholic steatohepatitis (NASH) who develop compensated cirrhosis was presented today at The International Liver Congress 2018 in Paris, France. Healthcare costs for this population spiked in the first year after compensated cirrhosis diagnosis. Comorbidities were common and one in five patients died within a year of cirrhosis diagnosis, highlighting the need for new treatment options to improve outcomes in these patients.

NAFLD is a major cause of [liver disease](#) worldwide with a global prevalence of 25% that is, alarmingly, thought to be rising, fueled by the global epidemic of obesity. The progression from NAFLD to NASH to advanced fibrosis is well established. For patients with NAFLD/NASH, increased morbidity and mortality is associated with increasing fibrosis.

'We know that compensated [cirrhosis](#) is often caused by NASH, but data on the associated morbidity, mortality, healthcare utilization and costs within the population of Germany are lacking', explained Dr. Ali Canbay from the University of Magdeburg Medical School in Germany, and lead author of the study. 'We were able to extract these data from a large, anonymized billing database'.

The study presented by Dr. Canbay obtained retrospective claims data for adult patients with a NAFLD/NASH [diagnosis](#) between 2011 and

2016 using the InGef FDB database (which contains anonymized billing data for about 6.3 million persons in about 60 health insurances in Germany). A total of 800 patients who had a subsequent diagnosis of compensated cirrhosis were included in the analysis. Of these, 245 (30.6%) individuals progressed to end-stage liver diseases (ESLDs) (progressors) and 555 (69.4%) remained cirrhotic (non-progressors) within 1 year of follow-up after their cirrhosis index diagnosis.

Comorbidities, all-cause mortality within 1 year of the cirrhosis index diagnosis, annual [healthcare utilization](#), annual mean costs (1 year pre-index to 1 year post-index period) and cumulative mean costs (1 year to maximum 5 years pre-index and post-index period) were presented.

In the 1-year pre-index period, the most prevalent comorbidities were hypertension (78.8 %), type-2 diabetes mellitus (52.6%), cardiovascular diseases (48.8%) and hyperlipidaemia (47.5%). In the first year of the post-index period, 19.4% of the patients died. This percentage was significantly higher for progressors (46.1%) than non-progressors (7.6%) (p

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