

ASSESSING THE EFFECT OF INCLUDING SOCIAL COSTS IN ECONOMIC EVALUATIONS: A SYSTEMATIC REVIEW OF DIABETES-RELATED INTERVENTIONS

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OBJECTIVES: Although the economic burden of diabetes outside healthcare costs is well-known in the cost-of-illness literature, the inclusion of social costs in economic evaluations of diabetes-related interventions is much scarcer. The aim of this review was to analyze whether the inclusion of social costs in economic evaluation of diabetes-related interventions changes results and/or conclusions.

METHODS: A systematic review was designed and launched on Medline and the Cost-Effectiveness Analysis Registry from the University of Tufts, from the beginning of 2000 until November 2018. Included studies should meet the following criteria: i) being an original study published in a scientific journal, ii) being an economic evaluation of any diabetes-related intervention, iii) including social costs (productivity losses and/or informal care costs), iv) being written in English, v) using quality-adjusted life years as outcome, and vi) separating the results according to the perspective applied.

RESULTS: Social costs were included in 14% of the identified articles. 47 articles were selected, resulting in 110 economic evaluation estimations. Productivity losses were assessed in 104 estimations (73% used the human capital approach), whereas informal care costs were included in 36 calculations (54% applied the opportunity cost method). The inclusion of social costs changed the conclusions in 7.3% of the estimations, most of them switching from not cost-effective from the healthcare perspective to cost-effective or dominant from the societal perspective. Moreover, the inclusion of social costs altered the results from cost-effective to dominant in 8.2% of the estimations.

Figure 1: Flowchart of study identification and selection criteria

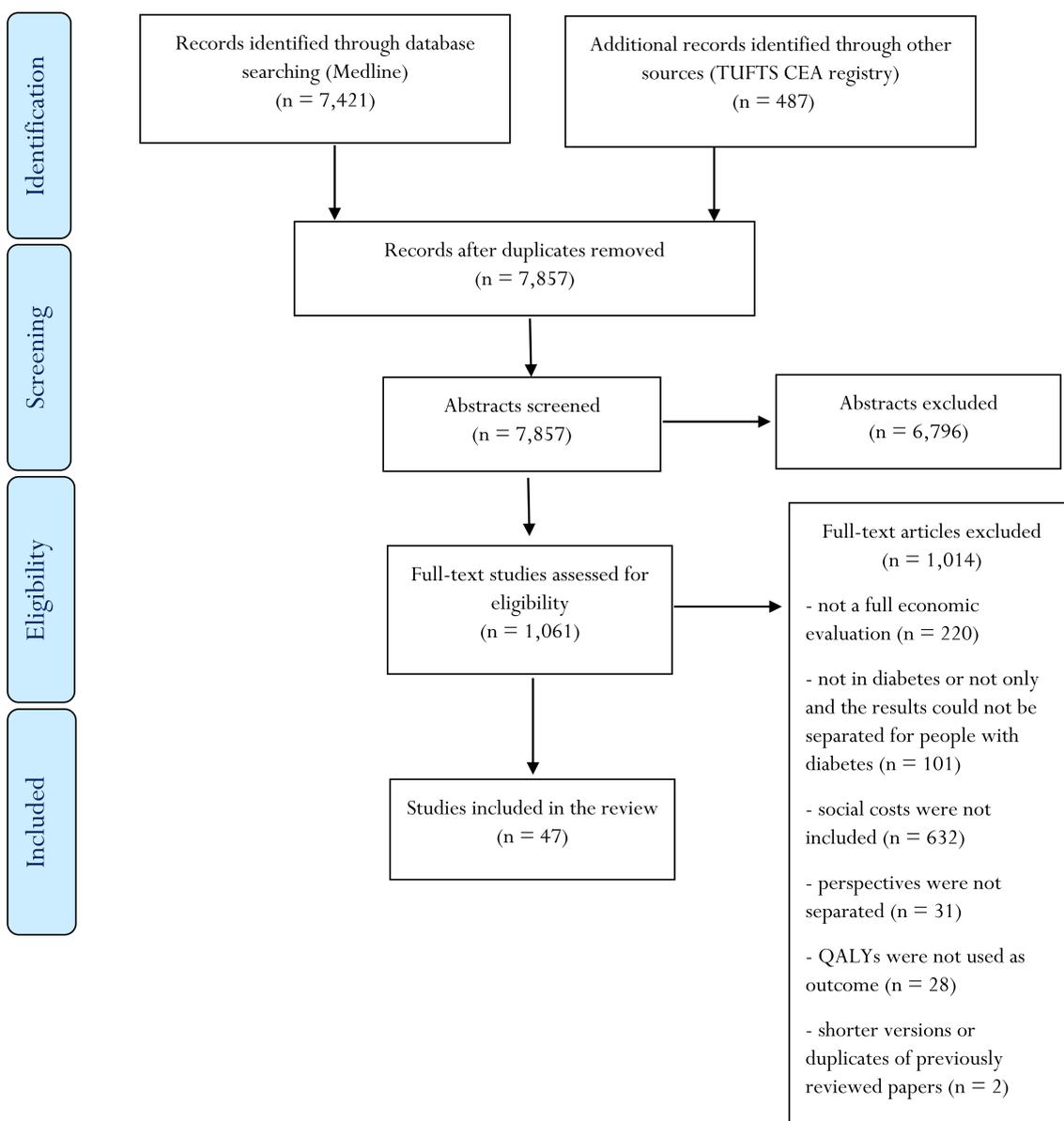


Figure 2: Incremental Cost-Utility Ratios (ICUR) in Diabetes Mellitus from the healthcare perspective.

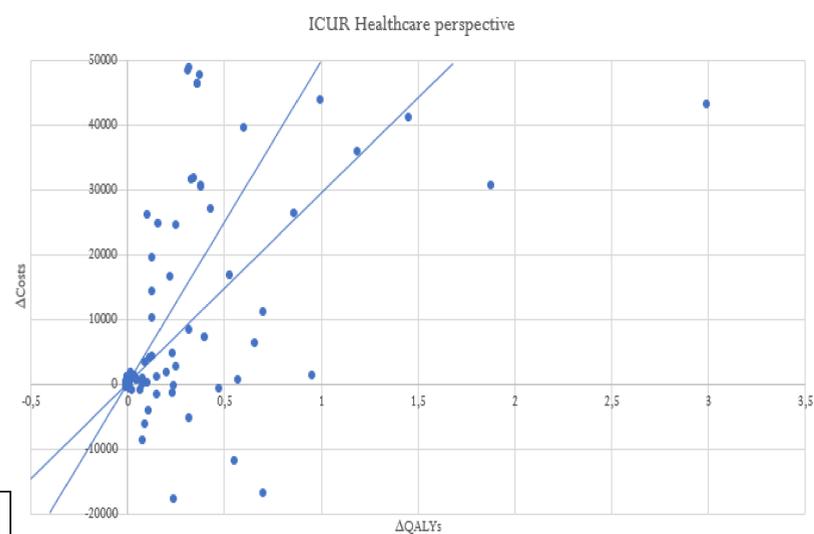
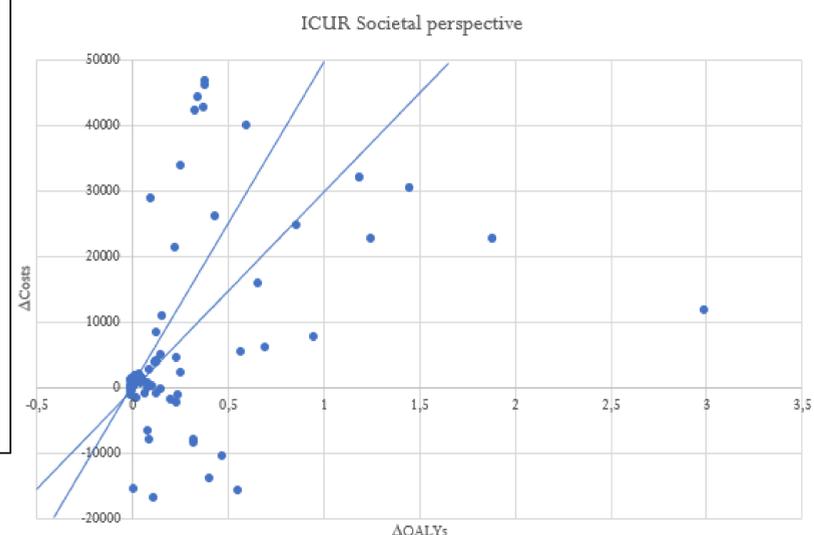


Figure 3: Incremental Cost-Utility Ratios (ICUR) in Diabetes Mellitus from the societal perspective.



CONCLUSIONS: Very few studies consider social costs in their economic evaluations of diabetes-related interventions. However, results and conclusions can be altered if they are included. Wide methodological variations have been observed, which limit the comparability of studies, pointing towards the need to increase the inclusion of a double perspective in economic evaluations and to foster methodological guidelines referring to social costs.