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ECONOMIC BURDEN IN STUDIES PUBLISHED IN 2014: WHICH DISEASE AREAS HAVE BEEN THE MAIN FOCUS OF CLINICAL RESEARCH?

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Objectives

To determine the disease focus of all papers indexed in the PubMed database that reported costs or resource use as an outcome and were published in 2014.

Methods

An evidence surveillance process was established based on a systematic search of PubMed, using key words relevant to the costs or resource use associated with healthcare or disease and limited to studies published in English, in humans, with abstracts, and either clinical trials or observational, comparative or multicentre studies. The surveillance incorporated all studies published from 2010 and was updated weekly.

Abstracts identified by the search that reported data on economic burden outcomes were indexed according to disease area, using the chapter categorisation from ICD-10 as a framework.

Articles were included if they reported results from a primary research study or were a systematic review. To account for the delay in indexing of publications, we included all studies with a publication date of 2014 that were indexed in PubMed up to 1 June 2015.

Search strategy

(cost[tiab] OR "resource use"[tiab] OR "economic burden"[tiab] OR costs[tiab] OR "financial burden"[tiab])

OR

((direct[tiab] OR indirect[tiab] OR informal[tiab] OR production[tiab] OR employment[tiab] OR productivity [tiab] OR hospital[tiab] OR community[tiab] OR "primary care"[tiab] OR "secondary care"[tiab] OR "social care"[tiab] OR "tertiary care"[tiab]) **AND** (cost[tiab] OR resource[tiab] OR expenditure[tiab] OR price[tiab] OR dollar[tiab] OR economic[tiab])

Limits

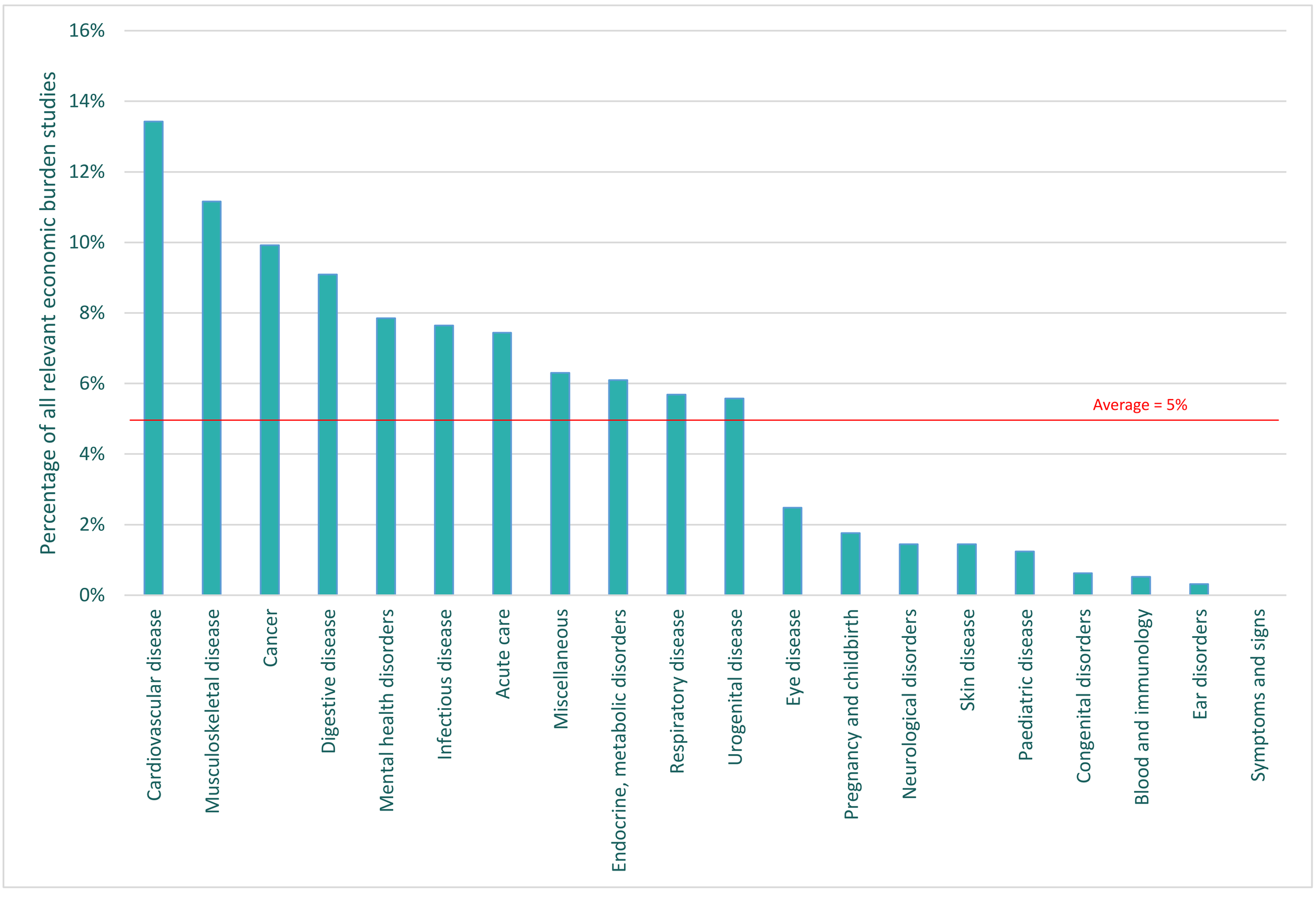
The search was limited to studies indexed in the PubMed database, in humans, with abstract, published in English in the previous 5 years before the search date of 1 June 2015; study methodology was limited to clinical trial, comparative study, controlled clinical trial, RCT, observational study or multicentre study.

Results

The search identified 1,870 articles published in 2014. Of these, 975 met the inclusion criteria and were subcategorised according to topic.

The greatest number of studies, accounting for 13% of relevant abstracts, were conducted in patients with cardiovascular diseases, with 11% in musculoskeletal disorders, 10% each in cancer and digestive disorders, 8% in mental health disorders, 7% each in infective disease or acute care, and 6% each in respiratory, endocrine and urogenital disorders, and in general populations or specific healthcare settings. All other disease areas were relatively under-represented, accounting for 2% or fewer of the relevant abstracts.

Distribution of abstracts published in 2014 that reported costs or resource use, by disease category



Conclusions

Despite product pipelines being weighted towards new cancer drugs and the challenges in demonstrating their cost-effectiveness, cancers are relatively under-represented in recent studies assessing economic burden. The reasons why costs may be less important an outcome in cancer than in cardiovascular or musculoskeletal diseases are unclear, but may reflect a more established, often generic or surgical, therapeutic portfolio for non-malignant disease, with different products seeking ways to differentiate themselves in the market other than comparative efficacy and safety.

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