

EVIDENCE MAP OF ECONOMIC BURDEN STUDIES IN PANCREATITIS SINCE 1960

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Objectives

To create an evidence map of studies reporting the direct and indirect costs and resource use associated with different types of pancreatitis, and the geographical settings in which these studies were conducted.

Methods

We searched the heoro.com database (www.heoro.com) for costs and resource use studies in pancreatitis published between 1960 and 1st December 2016. We analysed the abstracts identified by the search to determine the different types of economic burden outcomes cited across the range of geographical locations, subtypes of pancreatitis and interventions. We presented the findings as an evidence map.

Results

Type of costs	Geographical jurisdiction											
	Australia	Austria	Bangladesh	Belgium	Brazil	Canada	China	Croatia	Estonia	Finland	France	Germany
Direct		1		1		4	11	1				3
Indirect										1		2
Resource use	2	1	1	1	1	2	21	1	1	2	4	9
No. of studies	2	1	1	1	1	4	21	1	1	2	4	11
Type of costs	Greece	Hungary	India	International or unknown	Israel	Italy	Japan	Korea	Netherlands	New Zealand	Norway	Pakistan
	Direct	1		6		3	4	1	6	1		1
Indirect		1				1			3			
Resource use	1	2	3	16	1	10	6	1	8	2	1	1
No. of studies	1	3	2	16	1	10	6	1	8	2	1	1
Type of costs	Poland	Portugal	Serbia	Singapore	Slovenia	Spain	Switzerland	Turkey	UK	US		
	Direct	1		1		3		1	9	36		
Indirect									2	1		
Resource use	1	1	1		1	5	1	2	15	56		
No. of studies	2	1	1	1	1	6	1	2	16	65		

No. of studies	Interventions								
	Antibiotics	Dialysis	ERCP	Fluids	Gabexate	Heparin	Imaging	Lithotripsy	Surveillance
	5	5	20	2	1	1	1	1	1
No. of studies	Nutrition	Octreotide	Pain relief	Pancreatin	Protease inhibitor	Radiotherapy	Surgery	Ultrasound	
	16	3	3	1	1	1	84	1	

No. of studies	Type of Pancreatitis					
	Acute pancreatitis	Acute severe necrotising pancreatitis	Chronic pancreatitis	Biliary pancreatitis	Alcoholic pancreatitis	Unclear
	75	49	33	48	19	52

No. of studies	Publication year				
	1960-1999	2000-2004	2005-2009	2010-2014	2015-2016
	30	39	39	67	24

Numbers refer to number of studies identified for each category. Where a study is set in two or three locations, these are all listed separately. Studies set in five or more jurisdictions, or systematic reviews are classified as International. Studies are mapped to all relevant subcategories. Number of studies in each subgroup may not add up to the total score because of double-counting.

Conclusions

As with many diseases, there is a relative lack of published data on indirect costs of pancreatitis. Two-thirds of studies reporting direct cost data were from four jurisdictions: the US, China, the UK and the Netherlands.