The economic burden attributable to atrial fibrillation in nine European countries: perspectives from the GARFIELD-AF registry


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BACKGROUND

Atrial fibrillation (AF) is a common disease, which is having an escalating impact on public health.

The rising global burden of AF is well-documented due to aging of population, an increased prevalence of chronic heart diseases and more frequent diagnosis.

Patients typically present with other cardiovascular comorbidities and have an elevated risk of cardiovascular and cerebrovascular events and mortality. Health care resource utilisation (HCRU) increases incrementally after diagnosis with a greater frequency of hospitalisations, medical consultations and prescriptions.2

PURPOSE

We evaluated the economic burden of AF in nine European countries (Belgium, France, Germany, Italy, Netherlands, Poland, Spain, Sweden and UK).

METHODS

Data were gathered from the Global Anticoagulant Registry in the FIELD–Atrial Fibrillation (GARFIELD-AF), a prospective, global registry of adults with newly (<6 weeks) diagnosed AF and chronic heart diseases and more frequent diagnosis.

Total annual direct costs due to AF were the sum costs of: medical visits, drug therapy, hospital admissions, and cerebrovascular events and mortality.1 Health care resource utilisation (HCRU) increases incrementally after diagnosis with a greater frequency of hospitalisations, medical consultations and prescriptions.2

RESULTS

Data were collated from 20,074 patients in GARFIELD-AF; median follow-up was 1.97 years, including 42,435 inpatient care representations. Inpatient care was the main cost in all countries, ranging between 48% of the total costs (France and Sweden) and 71% (Belgium and Germany).

Different treatment combinations are likely to be responsible for variations in drug treatment costs.

CONCLUSIONS

AF is gaining increasing importance as a public health problem.

The economic burden correlates with differences in management between countries.

Inpatient care represents the largest part of the total care costs in all countries.

Further stratification of patients (e.g. using risk scores) may improve our understanding of the healthcare expenditure associated with AF.

REFERENCES


ACKNOWLEDGEMENTS

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DECLARATION OF INTEREST

The GARFIELD-AF registry is funded by an unrestricted research grant from Bayer AG (Berlin, Germany). P.C.: none; L.G.M.: none.

Table 1. Country-specific mean cost per patient/year (£)

<table>
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<th>Country</th>
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<th>Mean Cost (£)</th>
<th>Std. Err.</th>
<th>95% CI</th>
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<td>2161</td>
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<td>UK</td>
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<td>2712</td>
<td>115</td>
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</tr>
</tbody>
</table>

Figure 1. Cost share observed by country

Figure 2. Mean cost per patient/year as percentage of country-specific healthcare expenditure per capita

www.garfieldregistry.org

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