The societal cost of Huntington’s disease
Jones, Carys; Busse, Monica; Quinn, Lori; Dawes, Helen; Drew, Cheney; Kelson, Mark; Hood, Kerenza; Rosser, Anne; Edwards, Rhiannon
European Journal of Neurology

DOI:
10.1111/ene.13107

Published: 01/10/2016

Publisher's PDF, also known as Version of record

Cyswllt i'r cyhoeddiad / Link to publication

Dyfyniad o'r fersiwn a gyhoeddwyd / Citation for published version (APA):

Hawliau Cyffredinol / General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

• Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
• You may not further distribute the material or use it for any profit-making activity or commercial gain
• You may freely distribute the URL identifying the publication in the public portal

Take down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.
The societal cost of Huntington’s disease: are we underestimating the burden?

C. Jones, M. Busse, L. Quinn, H. Dawes, C. Drew, M. Kelson, K. Hood, A. Rosser and R. T. Edwards

Centre for Health Economics and Medicines Evaluation, Bangor University, Bangor; South East Wales Trials Unit, Cardiff University, Cardiff; School of Healthcare Sciences, Cardiff University, Cardiff, UK; Department of Biobehavioral Sciences, Columbia University, New York, NY, USA; Oxford Institute of Nursing and Allied Health Research, Oxford Brookes University, Oxford; and Cardiff Brain Repair Group, Schools of Medicine and Biosciences, Cardiff University, Cardiff, UK

Keywords: cost, health economics, Huntington’s disease

Background and purpose: Approximately 9000 people in the UK are affected by Huntington’s disease (HD). People with HD require ongoing health and social care support. There is a knowledge gap about costs of health and social care use associated with HD in the UK. This paper estimates the economic cost in the UK.

Methods: Data on UK patients for the year 2013 were extracted from the European Huntington’s Disease Network REGISTRY study, a full clinical dataset, including the full medical history and medication history for patients with HD. National unit costs for the price year 2013 were applied to health and social care services.

Results: Data were available for 131 people. The mean annual cost per person with HD was £21,605. The largest proportion of this cost (65%) was due to informal care (£14,085).

Conclusions: Informal care was the largest driver of costs across all stages of HD; thus there is a need to also consider the needs of carers when planning services for people with HD.

Introduction

Huntington’s disease (HD) is an inherited neurological disease, characterized by a progressive deterioration of movement, cognition and behaviour. Approximately 12 in every 100 000 people in the UK are affected by HD [1]. Research has been conducted into the economic cost of other neurodegenerative conditions [2,3]. A European study of service use associated with HD has been undertaken [4], but costs were not estimated. One US study of the cost of HD was identified [5]. An estimate of the economic cost of HD in the UK is presented.

Methods

Data

The European Huntington’s Disease Network (EHDN) REGISTRY database [6] includes demographics, medical history and longitudinal information on patients with HD across Europe. Health and social care use is recorded using a Client Service Receipt Inventory. It contains information on hospital and residential services, primary and community care, diagnostic tests, informal care, aids and adaptations to the home.

Patients enrolled in the EHDN REGISTRY observational study provide informed, written consent for their anonymized data to be used for research purposes. Ethical approval was obtained from Bangor University School of Healthcare Sciences Ethics Committee (ref. 2015-15652). Data for UK patients from 1 January 2013 to 31 December 2013 were analysed. Patienes were categorized by total functional capacity (TFC) score. A TFC score of 11–13 is classified as stage I (earliest), 7–10 is stage II, 3–6 is stage III, 1–2 is stage IV and a score of 0 is stage V (latest).

Costing service use

National unit costs for the price year 2013 were applied to the service use data by multiplying the frequency of contacts by a unit cost [7–9]. The
REGISTRY database does not record the length of a contact; therefore a fixed length was assumed for each visit, e.g. 12 min for a general practitioner visit. Medication was costed by multiplying dose and duration of a medication course by its unit cost [9]. Informal care included personal care, help inside the home and help outside the home. The cost of informal care was estimated using the hourly rate of a home care worker as a replacement service (£24 per hour) [7]. Descriptive statistics are used to present the mean, standard deviation and median costs of service use, by TFC score.

**Results**

Client Service Receipt Inventory data were available for 131 people (10% of REGISTRY patients in 2013). Our sample contained similar proportions of patients in each TFC stage compared to the larger REGISTRY sample; however, our sample had no stage V patients (3% of the REGISTRY sample were stage V). The mean age was 50 years (range 18–78). The sample contained 72 females and 59 males.

**Health and social care costs**

Mean annual costs per person in stage I were £22,505, rising to £89,760 in stage IV. The average cost across all stages was £21,605 (2013 pounds) in late stage Medicaid patients to £37,495 (2013 pounds) per person with HD in the early stage rising to £22,582 (2013 pounds) per person in the earliest stage of HD and £89,760 in stage IV. The average cost across all stages was £21,605 (2013 pounds) in the earliest stage of HD and £89,760 in stage IV. The average cost across all stages was £21,605 (2013 pounds) per person in stage I, £24,367.66 in stage II, £24,763.76 in stage III, £24,273.15 in stage IV.

**Discussion**

Average US costs have been estimated to be $4947 (£3150 in 2013 pounds) per person with HD in the early stage rising to $22,582 (£14,378 in 2013 pounds) in the late stage for commercial patients, and from $32,575 (£2074 in 2013 pounds) in early stage Medicaid patients to $37,495 (£23,873 in 2013 pounds) in late stage Medicaid patients [5]. In the US study more Medicaid patients were in long-term care compared to commercial patients, thus driving the cost differences; the authors noted that this may be due to Medicaid patients being at a later disease stage or because data on long-term care for the commercial patients is less complete [5]. In our study, the average annual cost per person was £21,605, which is comparable to the cost of dementia in the UK (£32,242 per person) [10]. Looking at disease severity, our range was greater than in Divino et al. [5], at £22,582 per person in the earliest stage of HD and £89,760 in the later stages. However, there are substantial differences between the US and UK healthcare systems and the categories of costs included in the respective studies; therefore our findings are only applicable to UK patients.

<table>
<thead>
<tr>
<th>Category</th>
<th>All stages (n = 131)</th>
<th>Stage I (n = 13)</th>
<th>Stage II (n = 37)</th>
<th>Stage III (n = 38)</th>
<th>Stage IV (n = 13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary/</td>
<td>Mean SD Median Mean SD Median Mean SD Median Mean SD Median</td>
<td>Mean SD Median Mean SD Median Mean SD Median Mean SD Median</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1: Mean (SD) and median annual costs.

© 2016 The Authors. European Journal of Neurology published by John Wiley & Sons Ltd on behalf of European Academy of Neurology.
As would be expected with a degenerative condition, costs increased by disease severity, presenting the case for investing in care and support for people in the earlier stages to keep them functioning well. The appropriate time to introduce and subsequently increase social care packages to support people with HD and their informal carers is likely to vary between individuals, but our study has identified that increased social care support is likely to be needed during stages III and IV of HD. Informal care was the largest driver of costs; thus there is a need to consider the needs of carers as well as people with HD. While the study population was representative of the larger REGISTRY sample in terms of TFC stratification, it is not possible to say whether service use data were missing at random, and therefore whether there is inherent bias in our cost estimates due to under-reporting of service use. In particular, our study had no people in stage V. REGISTRY data are collected by interviews in outpatient visits, which may lead to under-representation of people living in long-term care. As such, the estimated costs of HD presented here may be even higher in practice.

Acknowledgements
The South East Wales Trials Unit (SEWTU) is funded by the Wales Assembly Government through Health and Care Research Wales. Julia Townson, Rob Trubey and Vince Poile are acknowledged as members of the ENGAGE-HD trial management team. Additionally, we thank all EHDN REGISTRY Study Group investigators for collecting the data and all participating REGISTRY patients for their time and effort. The investigators of the EHDN are listed in full in Data S1.

This research was carried out as part of ENGAGE-HD: Supporting activity engagement in people with Huntington’s disease, which is funded by the National Institute for Health and Social Care Research (UK) (grant reference NIHR FS 2012 – Busse-Morris).

Disclosure of conflicts of interest
The authors declare no financial or other conflicts of interest.

Supporting Information
Additional Supporting Information may be found in the online version of this article:

Data S1. List of EHDN investigators.

References