Burden of Illness of Lupus Nephritis in Patients With Systemic Lupus Erythematosus

Poster number: PO1768

Conclusions

In a real-world setting in the USA, all-cause HRU and healthcare costs were significantly higher for patients with LN than those without SLE and renal impairment, highlighting the substantial economic burden of LN.

Introduction

LN is a serious complication of SLE and is developed by approximately 40% of patients with SLE.1

LN is a major risk factor for renal failure, morbidity, and mortality in patients with SLE.1 This is a retrospective observational cohort study (GSK Study 213062) to identify the burden of LN among patients managed in routine clinical practices in the USA.

Objective

To compare HRU and costs of care of patients with LN with matched controls with no evidence of SLE and renal impairment.

Methods

Control cohort

- No medical claims with diagnosis codes for SLE or renal conditions on non-diagnostic outpatient visits or inpatient stays during identification period
- No medical claims with ≥2 diagnoses of renal conditions on non-diagnostic outpatient visits or inpatient stays during identification period

LN cohort

- ≥2 diagnoses of renal conditions on non-diagnostic outpatient visits or inpatient stays during identification period

Data analysis

- Wide range HRU and costs
- Censored at index date
- All variables were analyzed descriptively for 12 months post index (observation period)
- Continuous medical and pharmacy coverage in the 12 months before index date and after index

Results

Patient demographics

<table>
<thead>
<tr>
<th>LN cohort</th>
<th>Control cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD) age</td>
<td>60.1 (15.42) years</td>
</tr>
<tr>
<td>Age group</td>
<td></td>
</tr>
<tr>
<td>18-44 years</td>
<td>17.4% (n=156)</td>
</tr>
<tr>
<td>45-64 years</td>
<td>38.5% (n=349)</td>
</tr>
<tr>
<td>65+ years</td>
<td>44.1% (n=409)</td>
</tr>
<tr>
<td>Female</td>
<td>85.6% (n=772)</td>
</tr>
<tr>
<td>Region</td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>8.3% (n=102)</td>
</tr>
<tr>
<td>Midwest</td>
<td>22.2% (n=274)</td>
</tr>
<tr>
<td>West</td>
<td>58.1% (n=705)</td>
</tr>
<tr>
<td>Other</td>
<td>11.3% (n=131)</td>
</tr>
<tr>
<td>Insurance type</td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>33.7% (n=371)</td>
</tr>
<tr>
<td>Medicare</td>
<td>66.3% (n=723)</td>
</tr>
</tbody>
</table>

Data source

- Optum Research Database

- Includes claims data from insurance carriers, covering ~85% of patients with SLE in the USA

Abbreviations

HRU, healthcare resource utilization; LN, lupus nephritis; SLE, systemic lupus erythematosus; SELENA-SLEDAI, Safety of Estrogens in Lupus Erythematosus National Assessment - Systemic Lupus Erythematosus Disease Activity Index; SLEDAI, systemic lupus erythematosus disease activity index; USD, United States dollar; USD, United States dollar; USA, United States of America; USD, United States dollar.

References


Disclosures

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*At the time of the study.

Limitations

Administrative claims data are subject to a number of limitations, including (but not limited to): data coding error/misclassification, data entry error, and lack of patient-centric measures (eg, SELENA-SLEDAI, quality of life).

The study population included patients with commercial and Medicare Advantage insurance coverage, as such study results may not be generalizable (eg, mean age of population was ~60 years).

Data entry error, and lack of patient-centric measures (eg, SELENA-SLEDAI, quality of life).

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