

Costs and Healthcare Resource Utilization Associated with Inpatient and Day Hospitalizations of Patients with Lupus and Psychiatric Manifestations in France

Context and objectives

Lupus, a rare chronic autoimmune disorder, severely impacts patients' quality of life, productivity, and survival, also placing a heavy burden on the healthcare system. Up to 40% of patients experience depression, and 80% face cognitive dysfunction [1]. These neuropsychiatric symptoms may appear before a formal diagnosis of lupus is established and are independent of lupus disease activity. Depression worsens medication adherence and outcomes [2].

This study evaluates the inpatient and day hospital prevalence, healthcare resource use and costs associated with neuropsychiatric manifestations of patients with lupus between 2018 and 2022 in France.

Methodology

Retrospective analyses were conducted using the French national hospital claims database (PMSI, Medical surgical and obstetrics (MSO)[3]).

Patients hospitalized in Primary Diagnosis (PD), Related Diagnosis (RD) or Associated Diagnosis (AD) for Systemic Lupus Erythematosus (SLE; ICD10 M32.X) and/or Lupus Erythematosus (LE; ICD10 L93.X) and psychiatric manifestation(s) (fatigue, major depressive disorder, or other mood disorders) in PD or RD between January 2018 and December 2021 were and followed-up until their death or end of study (December 2022). The follow-up period corresponds to the time interval between the patient's first hospitalization for lupus and the end of their follow-up.

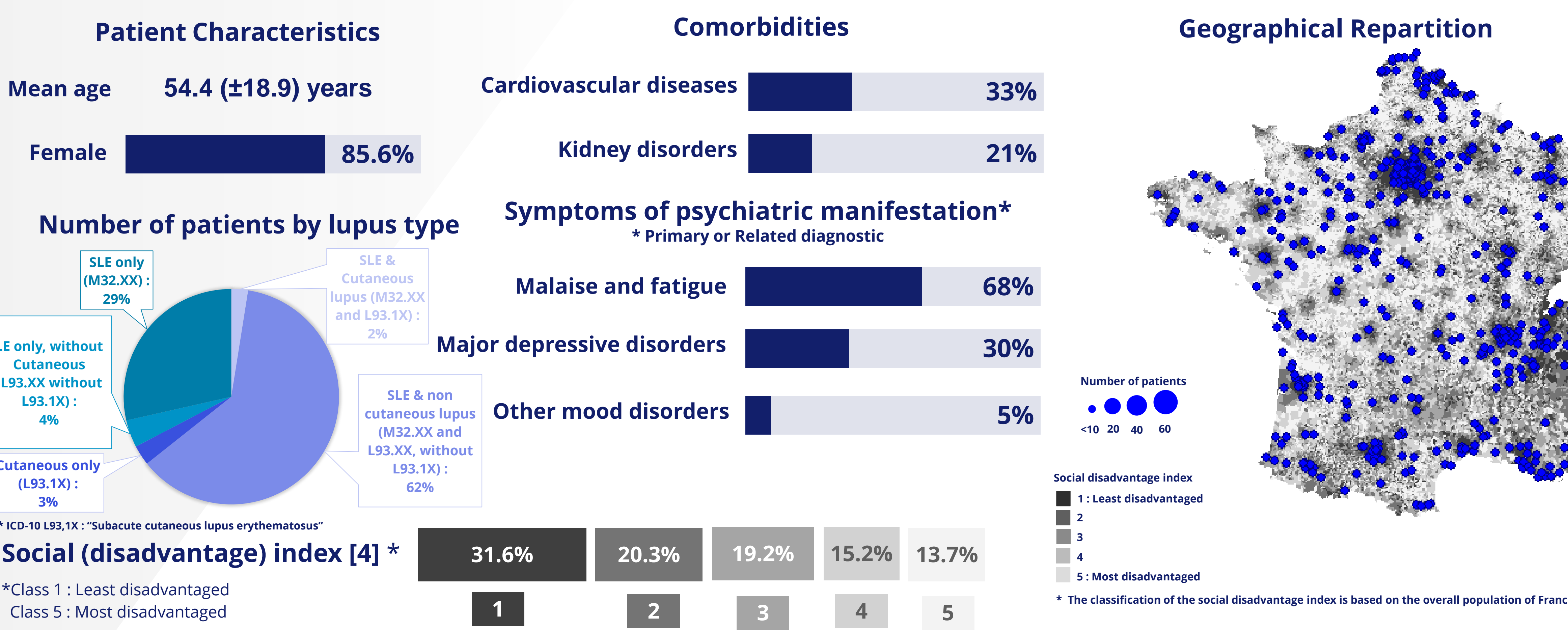
The occurrence of all-cause hospitalization, for lupus, psychiatric manifestation, dialysis and renal disorders during follow-up period was identified. Hospital costs were estimated using the health insurance perspective, with costs calculated per patient-year.

In-hospital survival was estimated using Kaplan-Meier curve.

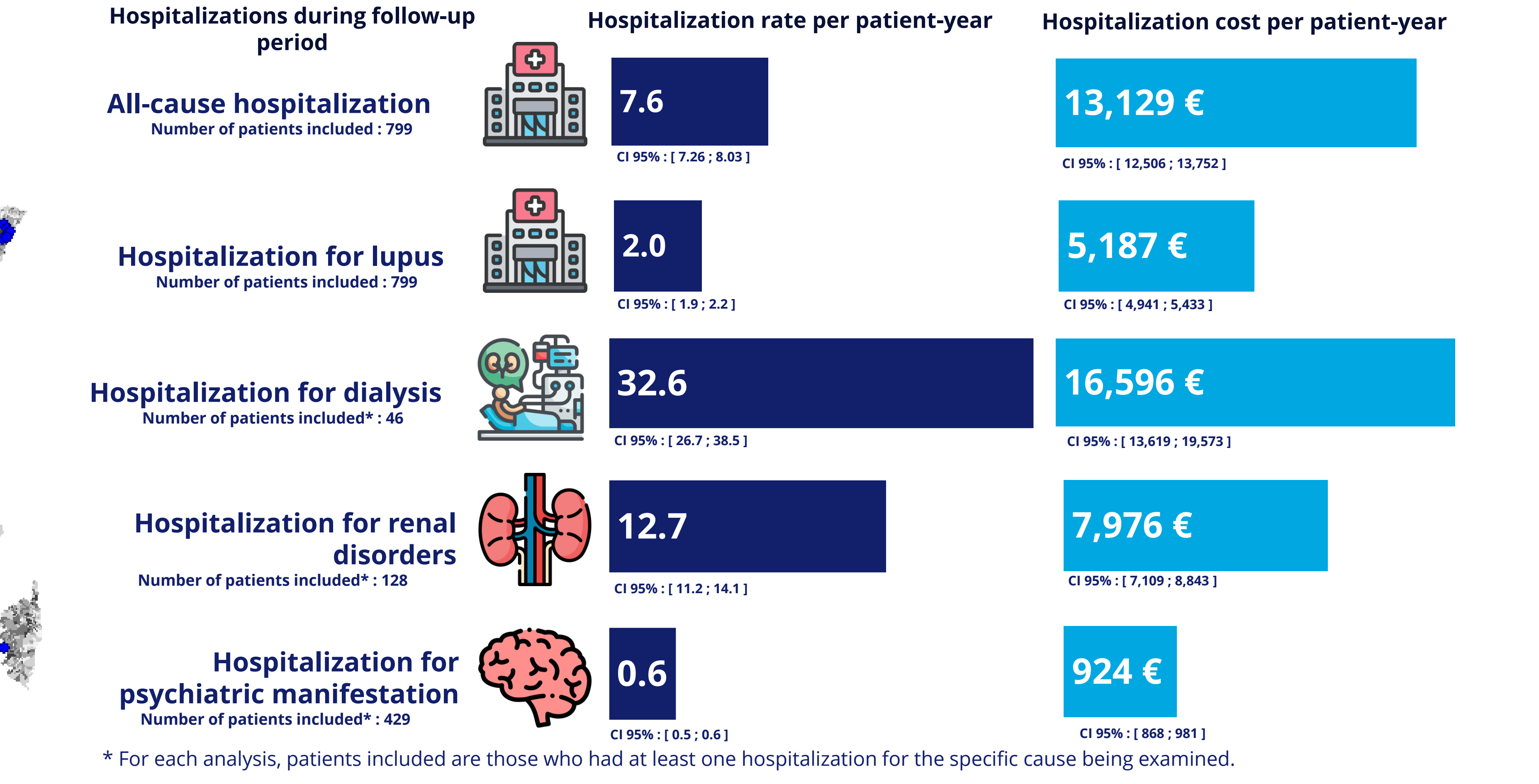


Out of **27,243 patients** identified with any record of lupus hospitalization between 2018 and 2021, **799 (3%)** had a diagnosis of psychiatric manifestation(s)

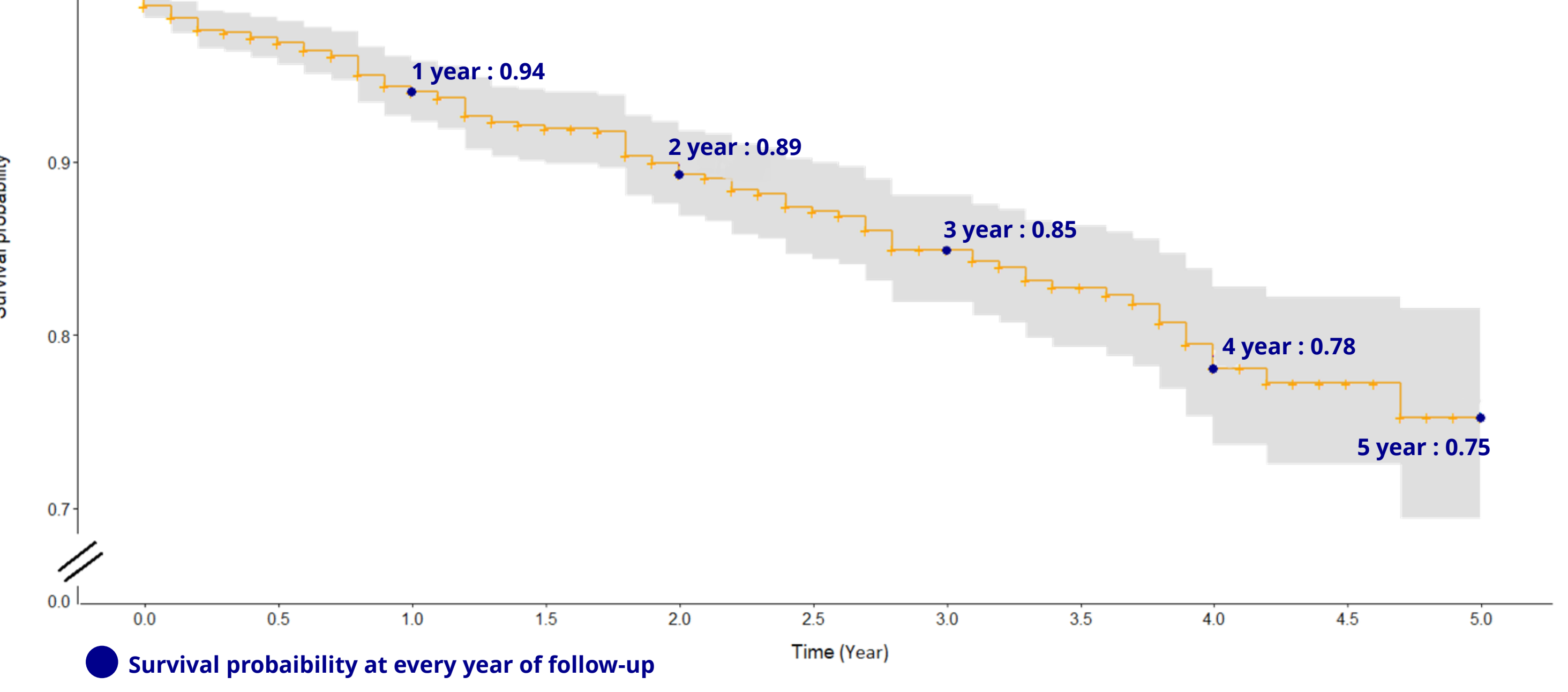
Patient Characteristics (N = 799)



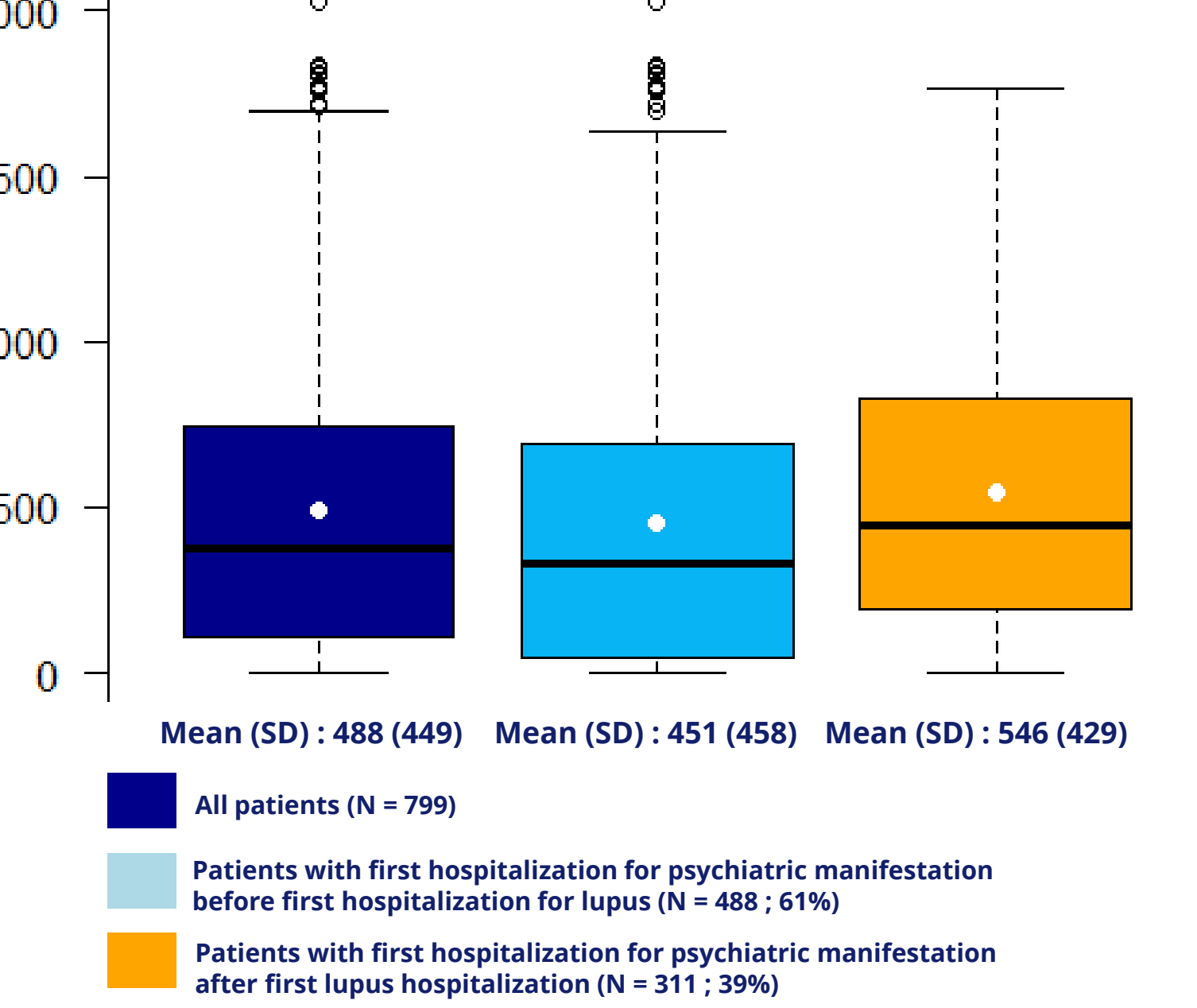
Healthcare Resource Use and Costs (N = 799)



In-hospital Survival of Lupus Patients with psychiatric manifestation(s) (N = 799)



Time between First Hospitalization for Lupus and First hospitalization for psychiatric manifestation(s)



Conclusion

- This nationwide study brings new evidence on the impact of lupus and the neuropsychiatric manifestations of lupus on the French healthcare system.
- Additional research is needed to further characterize the impact of psychiatric manifestation management, healthcare resource use and associated costs in patients with lupus and psychiatric manifestations in France.
- A more targeted study specifically focusing on psychiatric manifestation(s) related to major depressive disorder would be particularly relevant, given that the majority of patients in this study exhibited symptoms of malaise and fatigue.

Limitation

- The healthcare resource outcomes estimates based on hospital claims do not include psychiatric manifestation treated outside the hospital and/or in psychiatric centers in France.
- The costs of psychiatric hospitalizations outside MSO fields (specifically RIM-P) and related out-of-hospital care have not been considered.

References

- Meszaros ZS,JCP 2012 ; 2. Julian LJ, Arthritis Rheum. 2009 ; 3. ATI, Methodological guide MSO 2023 ; 4. INSERM CépiDc - France - Répartition de l'indice de défavorisation sociale FDep15 à l'échelle communale - 2015