

Erasmus MC

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Cost-effectiveness of fatigue management in Crohn's disease patients

Eight Annual Broad Medical Research Program Investigator Meeting

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19 February 2010

Background I – Quality of life

Crohn's disease (CD) patients suffer from disabling chronic disease:

- to adapt to the disease may cause psychological symptoms
- negatively influences health related quality of life (HRQoL)

Reduced HRQoL results in:

- increased medical consumption
- higher medical costs
- increased work absenteeism

Background II - Fatigue

Fatigue is a common symptom in CD patients:

- has a high impact on the HRQoL
- high disability rates
- overall 68% of the patients experienced fatigue
 - 87% of the patients not in remission
 - 54% of the patients in remission

Background III – Determinants of fatigue

	Fatigue patients	Non – fatigue patients	
Depression (%)	25	2	$p = 0.0001$
Anxiety (%)	30	7	$p = 0.0001$
Sex (female) (%)	74	26	$p = 0.005$
Side - effects of corticosteroids (%)	64	35	$p = 0.003$
Harvey – Bradshaw (no remission) (%)	53	17	$p = 0.0001$

Cost-effectiveness of fatigue management in Crohn's disease patients

Hypothesis:

- Psychological intervention reduces fatigue and thereby improves HRQoL

Aim:

- To assess the feasibility of fatigue coping courses
- To reduce fatigue
- To assess cost-effectiveness

Methods I – outcome measurements

- Fatigue: Checklist individual strength (CIS)
- HRQoL: Inflammatory bowel disease questionnaire (IBDQ), EQ-5D
- Disease activity: Crohn's disease activity index (CDAI)

Methods II – inclusion criteria

Inclusion criteria:

- age \geq 18 yr
- remission (CDAI $<$ 150)
- CIS \geq 35

Exclusion criteria:

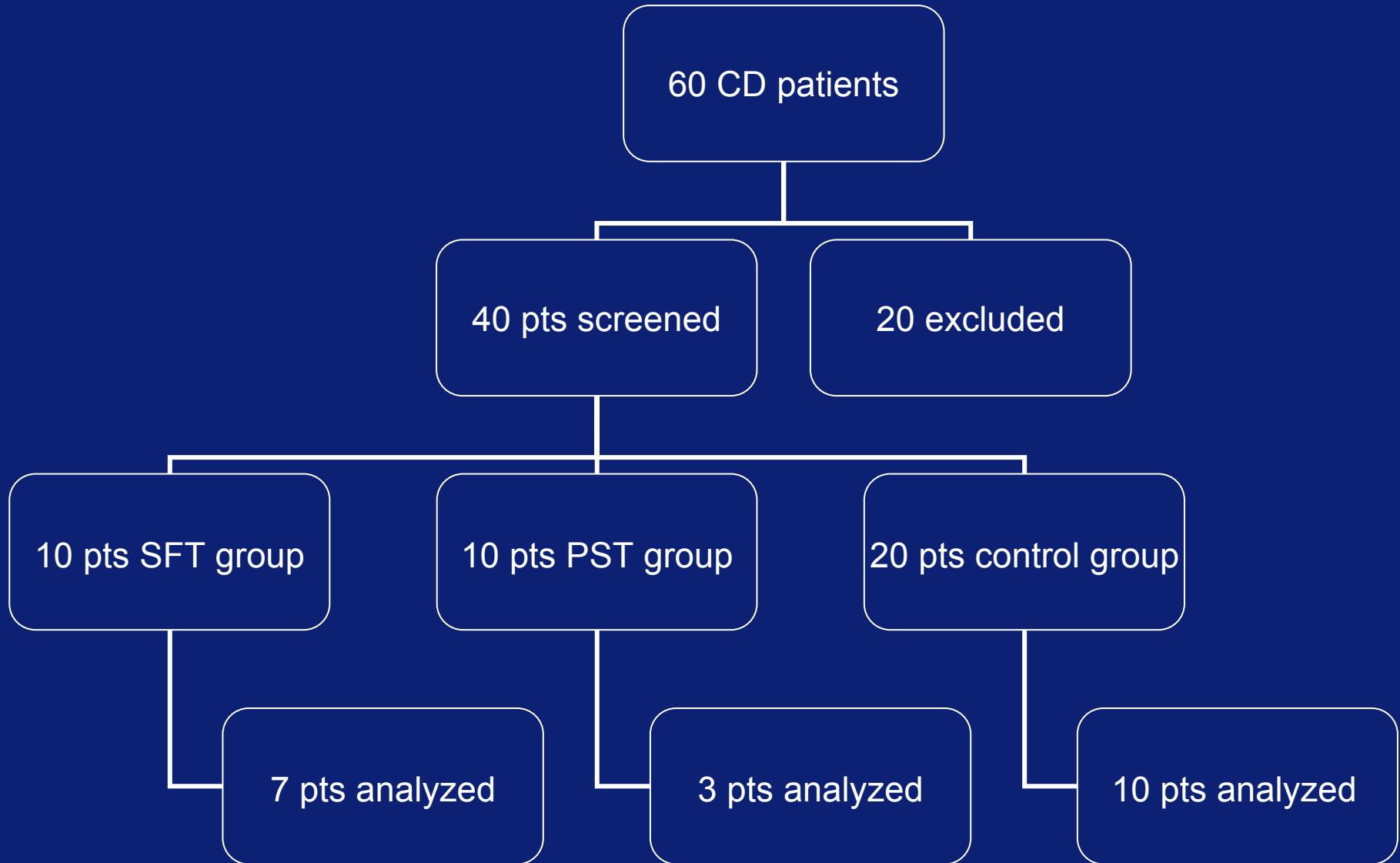
- pregnancy
- breastfeeding
- surgery within 3 months prior to this study
- cancer
- other gastrointestinal disorder
- psychiatric disorder

Methods III – coping courses

Two coping courses:

- Problem Solving Therapy (PST): long term course
(10 sessions)
- Solution Focused Therapy (SFT): short term course
(5 sessions)

Results I – Inclusion

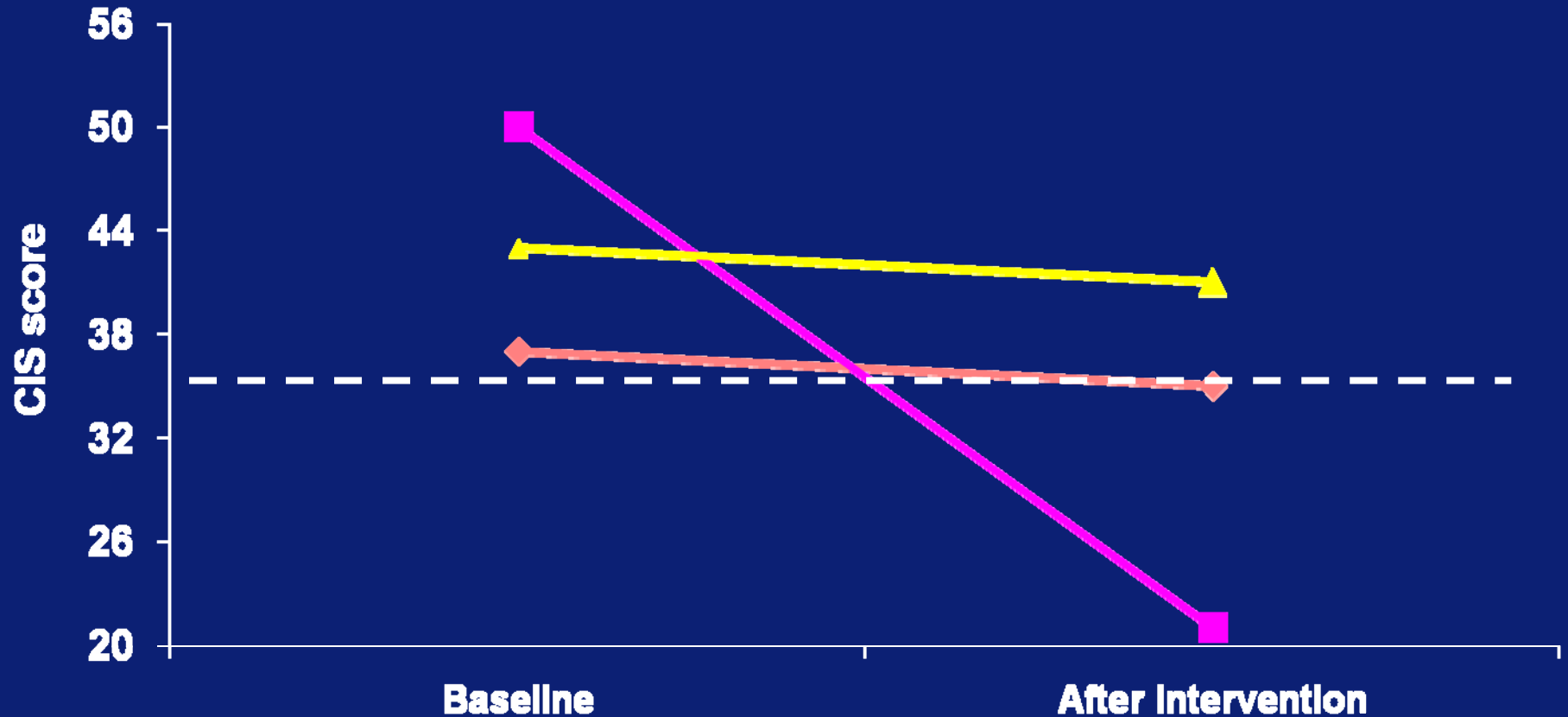


Results II – Baseline characteristics

- At baseline: No significant differences between intervention groups and controls
- Mean age: 32 yr (20-50)
- Mean fatigue (CIS): 45 (31-56)
- Mean HRQoL (IBDQ): 174 (142-195)

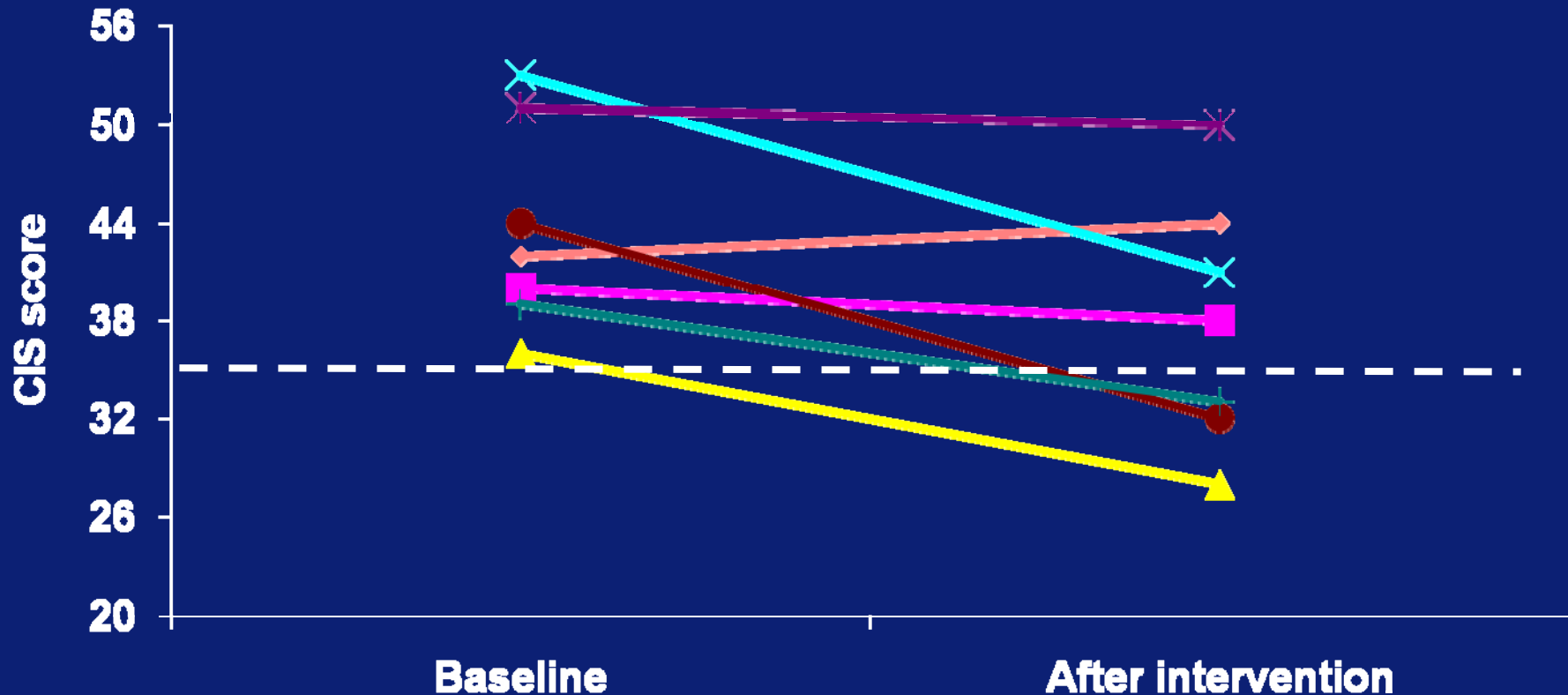
Results IV – 3 months follow up

Problem Solving Therapy



Results III – 3 months follow up

Solution Focused Therapy



Quality of life (IBDQ, EQ-5D):

- all subscales showed trends of greater improvement in intervention groups

Conclusions

- Psychological intervention reduced fatigue and increased HRQoL
- SFT (short term course) is feasible at our out-patient clinic

Future plans

- Randomized controlled study using SFT versus Care as Usual and secondly exploration of the pathogenesis of fatigue
- Cost-effectiveness analyzes

