I.15 Self-management

Kernick D, Cox A, Powell R et al. A cost consequence study of the impact of a dermatology-trained practice nurse on the quality of life of primary care patients with eczema and psoriasis. Br J Gen Pract. 2000; 50:555-558. Ref ID: KERNICK2000

Study details	Population & interventions	Costs	Health outcomes	Cost effectiveness
Economic analysis:	Population:	Total costs (mean per	Primary outcome measure:	Primary ICER (Intvn 2 vs Intvn 1):
CCA	patients between 18 and 65	patient):	QALYs (mean per patient)	ICER: NR
	years who had a diagnosis of	Intvn 1: NR	Intvn 1: 0.2127	
Study design:	psoriasis (35%) or eczema	Intvn 2: NR	Intvn 2: 0.2188	Subgroup analyses: NA
Within RCT analysis	(57%) or both (9%)		Incremental (2-1): 0.0062	
		Currency & cost year:	(CI , ; p=NR)	Analysis of uncertainty: NR
Approach to analysis:	Intervention 1:	1997 UK pounds		

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DLQI and Euroqol QoL tool (0-100) were measured at baseline and 4 months later

Perspective: UK NHS
Time horizon: 4 months
Treatment effect duration: NA
Discounting: Costs = NA; Outcomes = NA

Baseline characteristics: Psoriasis: 35%

Eczema: 57% Mixed: 9%

Routine GP care

Mean age = 47.4 (SD = ± 18.4) Baseline DLQI: 6.1 (SD = ± 4.9) Baseline Euroquol QoL: 62.9

 $(SD = \pm 20.8)$

Intervention 2:

Dermatology liaison nurse available in primary care

Baseline characteristics:

Psoriasis: 37% Eczema: 61% Mixed: 2%

Mean age = 51.7 (SD = ± 15.8) Baseline DLQI: 6.8 (SD = ± 5.0) Baseline Euroquol QoL: 62.5

 $(SD = \pm 23.1)$

Cost components incorporated:

Nurse and GP time for training and consultations

Data sources

Health outcomes: Health outcomes in terms of change in DLQI and change in Euroqol QoL as measured on a visual analogue scale were evaluated directly in the trial. Other qualitative outcomes were also reported and included in the clinical evidence review.

Quality-of-life weights: Euroqol QoL was measured on a visual analogue scale directly from patients.

Cost sources: Costs for nursing and GP time were taken from *Unit costs of health and social care* (Netten 1997).

Comments

Source of funding: Leo Pharmaceuticals

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Limitations: The population is a mixture of patients with psoriasis and eczema; costs are not aggregated and presented as mean/median cost per patient; costs of topicals and any other treatments administered not included; unit costs are out of date for current decision-making; no incremental analysis could be performed for costs; no sensitivity analyses were undertaken; funded by Leo Pharmaceuticals, makers of vitamin D analogues and combined vitamin D analogue and potent corticosteroid products.

Other:

Overall applicability*: Partially applicable Overall quality**: Very serious limitations