

DETOX QUESTION

S. Parrott, C. Godfrey, N. Heather, J. Clark, and T. Ryan. Cost and outcome analysis of two detoxification services. Alcohol and Alcoholism 41 (1):84-91, 2006. Ref. 18				
Study details	Population & interventions	Health outcomes	Costs	Cost effectiveness
<p>Economic analysis: Cost-effectiveness analysis (reporting cost per QALY gained).</p> <p>Study design: From admission to the centre, a case series was prospectively followed for a 6-month period. In addition, retrospective data were collected from these patients for the 6-month period before the admission by interview / questionnaires.</p> <p>Perspective:</p> <ul style="list-style-type: none"> ▪ Smithfield Centre for the main analysis ▪ Services included for the second analysis (in addition to Smithfield Centre): health care service, alcohol service, criminal justice service, and social service. <p>Time horizon: 1 year (6 months pre and post admission)</p> <p>Discounting: NA</p>	<p>Population: All direct admissions for alcohol detoxification from April to November 1998 (completers and non-completers of the program). Non-direct-access and referred patients were excluded.</p> <p>Intervention 1: The Smithfield Centre in Manchester offers a 10-day detoxification service. The first 3-4 days involve managing withdrawal safely, and the second part involves social care interventions.</p> <p>Intervention 2: Data collected for the 6-month period before admission were compared to the data prospectively collected during the 6-month follow-up for resource use.</p>	<p>Primary outcome measure: The EQ-5D questionnaire was administered at the admission and 6 months later.</p> <p>EQ-5D – mean difference between the time of admission and the 6-month follow-up time was 0.033.</p> <p>Other outcome measures:</p> <ul style="list-style-type: none"> ▪ PDA – percent days abstinent ▪ DDD – mean number of drinks per drinking day ▪ SADQ-C – severity of alcohol dependence questionnaire ▪ PCS – physical functioning ▪ MCS – mental functioning ▪ GHQ-12 – General Health Questionnaire 	<p>Cost components incorporated (mean cost per patient):</p> <p>6-month pre-admission period</p> <ul style="list-style-type: none"> ▪ Health care: £706 ▪ Alcohol services: £48 ▪ Crime: £1363 ▪ Social services: £45 <p>6-month post-admission period</p> <ul style="list-style-type: none"> ▪ Health care: £1056 ▪ Alcohol services: £860 ▪ Crime: £1243 ▪ Social services: £50 ▪ Total treatment cost: £1113 <p>Currency & cost year: 2003-2004 GBP.</p>	<p>Results: The ICER was calculated using the QALY gain from admission to 6-month follow-up and the treatment cost at the Smithfield Centre only (main analysis):</p> <p>→ £33,727 per QALY gained.</p> <p>From a wider perspective (involving all service costs), comparing the 6-month pre-treatment cost and the 6-month post-treatment cost, the ICER was:</p> <p>→ £65,454 per QALY gained.</p> <p>Analysis of uncertainty No sensitivity analysis was conducted for this study.</p>
Data sources				
<p>Health outcomes: All health outcomes listed under ‘Other outcomes measures’ were collected with questionnaires at a patient level.</p>				
<p>Quality-of-life weights:</p>				

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EQ-5D measures were collected at a patient level.

Cost sources:

The cost considered for the main cost-effectiveness analysis was the 'treatment cost' at the Smithfield Centre. This cost was calculated from tariffs at the Centre, including service cost, management and administration cost, inpatient cost, building cost, and staff cost (GP, nursing staff, nursing assistants, and relief workers). The cost for other services (health service, social service, and criminal justice system) were taken from published sources (see table 3 in the paper).

Comments

This study evaluated two UK alcohol services. Only the assessment of one service (Smithfield Centre) was relevant for this guideline. In addition, multiple cost analyses and cost-effectiveness analyses were conducted using different alcohol consumption outcomes. The cost-effectiveness analysis reporting cost per QALY gained was the relevant to assess for this guideline.

Source of funding:

Published by Oxford University Press on behalf of the Medical Council on Alcohol.

Limitations:

Small sample size.

The study design allowed the calculation of cost-effectiveness ratios by comparing a case series pre and post treatment, and did not compare an intervention with the absence of intervention in a control group. Thereby, it biases the result, but the magnitude and direction of this bias cannot be estimated.

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

Abbreviations: ICER = incremental cost-effectiveness ratio; QALY = Quality-adjusted life years; GBP = Great British Pound.

*Very serious limitations / Potentially serious Limitations / Minor limitations; ** Directly applicable / Partially applicable / Not applicable