Årsrapport, fleråriga projekt

Årsrapport är obligatorisk vid 2-åriga projekt. Rapporten utgör en kort redogörelse för arbetets fortskridande och för uppnådda resultat det senaste året.

Gällande underrubrikerna personalsituation och kostnadsutveckling - Rådet vill veta om det skett någon förändring jämfört med den personalstyrka och budget som lämnades i ansökan och som låg till grund för rådets beslut.

Genomförande enligt projektplan

Design/urval

The project includes 2 studies. Study 1 will estimate the cost-effectiveness of 2 behavioral interventions; BSCT vs. MET for alcohol dependant individuals aiming at controlled drinking. Study 2 will estimate the cost-effectiveness of BSCT and MET compared to other psychological treatments that aim for complete abstinence. To achieve this, we have developed an economic model to simulate the costs and effects of treatments for alcohol disorders over time. This model is used in both studies. The work over the last year has focused on study 1.The model includes a short-term and a long-term phase. The short-term phase simulates the effects and costs over 1 year and includes the effects from the trial conducted at the Centre for Dependency Disorders. The long-term phase follows these patients for 5 more years as they transition between the states: very high risk, high risk, medium risk and low risk. Drinking states have been connected to risks of morbidity and mortality due to complications.

Datainsamling

Data has been collected from different sources: effectiveness estimates and health related quality of life (HRQoL) for drinking states were sourced from the RCT; HRQoL and costs for complications related to drinking were sourced from literature; treatment costs were collected from the trial. Drinking states were defined according to cut-offs by the World Health Organisation. In study 1, we will include trial effect estimates at 12, 26 and 52 weeks. We have analyzed trial effect data at 26 weeks and included it in the model. The analysis of the 52 weeks data is ongoing and will be concluded April 2022. Next steps include: i) incorporation of these estimates in the model, ii) testing the impact of individual parameters on model results via sensitivity analyses, iii) investigate the collective impact of all assumptions in model results by conducting a probabilistic uncertainty analysis. We plan to initiate data collection for study 2 in fall 2022 upon submission of study 1 summer 2022

Delresultat år 1

The following complications were connected to the drinking states in the model: lower respiratory infections, injuries, ischemic heart disease, ischemic and hemorrhagic stroke, liver cirrhosis, and pancreatitis. These were chosen to have evidence of association with alcohol use and known to incur significant costs to society. Preliminary deterministic results based on the effect estimates from the trial at 26 weeks show the following: over a period of 5 years, MET incurs larger average costs (both healthcare and productivity losses) and larger average health benefits (measured as QALYs) per patient, compared to both BSCT and a no intervention scenario. BSCT incurs lower average costs but also lower average benefits in QALYs per patient than the no intervention scenario. These results are to be seen in light of the current data limitations. Including the 52 weeks estimates and sensitivity analyses using key parameters that are source of uncertainty may lead to different results.

Publikationer

Vetenskapliga publikationer

No scientific papers have yet been published within this project. We have, however, sent abstracts with preliminary results to scientific conferences (please see section on Genomförd och planerad användning/spridning). We plan to send paper 1 for publication by summer 2022, and paper 2 by spring 2023.

Publikationer

No other publications have been made.

Personalsituation

This project has a strong group of researchers with expertise in health economics and alcohol

research. xx have worked in the project over the last year and worked on developing the cohort simulation model as well as collecting data from literature. A new member was brought into the project, xx as a research assistant. xx has collaborated on analyzing the trial data on effectiveness of MET and BSCT, as well as collaborated on model development and data collection. xx have been key to the project and provided expert input on the clinical underpinnings of the project, validated the cohort simulation model structure and parameters, as well as provided data on the trial and costing of interventions.

Kostnadsutveckling
xx

Genomförd och planerad användning/spridning
We have submitted abstracts to the following international conferences: i) Lisbon Addictions 2022 (European Conference on Addictive Behaviours and Dependencies, taking place in November, https://www.lisbonaddictions.eu/lisbon-addictions-2022/), and ii) Fifteenth Workshop on Costs and Assessment in Psychiatry (most known conference on health economics and mental health, taking place in March in Venice, http://www.icmpe.org/test1/events/venicefirst.htm). We have also submitted an abstract to a national health economics conference: SHEA (Swedish Health economics association, taking place in April in Gothenburg, https://sfhe.se/). We also plan to publish the results from each study in local new outlets, as well as the university website (both the webpage of the Department of Public Health and Caring Sciences at Uppsala University and at Karolinska Institutet).