Costs related to prostatitis extend beyond the obvious

3-month direct costs exceed $1,000 per patient, but ‘indirect’ costs may be higher

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Chicago—One of the more insidious characteristics of prostatitis is that patients are often too sick to work but not sick enough to go home, making an assessment of the direct and indirect costs of the disease a challenge. Despite this, Elizabeth A. Calhoun, PhD, an economist specializing in medicine at the Northwestern University Medical School, Chicago, attempted to do just that as part of an ongoing study at centers across the United States and Canada.

She and her collaborators presented initial results of a continuing study sponsored by the National Institutes of Health and National Institutes of Diabetes and Digestive and Kidney Diseases. Dr. Calhoun’s aspect of the study culled 147 consecutive men enrolled at seven sites. This initial data suggest that direct costs of the disease over a 3-month period are $107,544 for 115 patients, excluding hospitalization. These costs ranged from $10 to $10,812 per patient, with a standard deviation of $1,481.

The indirect costs related to prostatitis may actually rival direct costs in many instances because of the condition’s impact on productivity and quality-of-life issues for both patient and family, Dr. Calhoun said. She said that she and her colleagues are assessing these costs, but the nature of the factors she is attempting to quantify make this difficult. Costs range from those associated with patients working below normal productive capacity to having to pay a neighborhood youth to mow the lawn.

“What has gone unrecognized is the 59% of patients who reported being less productive at work because of symptoms. That is a very large number,” Dr. Calhoun said.

According to Dr. Calhoun, the indirect costs amount to approximately 36% of the total costs. Dr. Calhoun puts the mean cost of actual lost work at $517 per patient.

She hastened to explain that the initial numbers were “very conservative,” especially those that applied to indirect costs. Indirect costs did not reflect the loss of productivity reported by 59% of the patients, the loss of productive leisure time reported by 77% of patients, or the loss of productive time by family and friends who acted as caregivers, as reported by 21% of patients.

Mean direct costs included emergency room visits, $425; visits to health care providers, $341; medication, $293; medical devices, $32; and medical procedures, $688. Fourteen patients required hospitalization at a mean cost of $18,633.

Studies are scant

Dr. Calhoun said she hopes to project findings from this and other studies under the NIH/NIDDK umbrella to the national level. It may be difficult because few epidemiologic studies of the disease exist.

Two studies were obtained in an independent literature search. One of them, appearing in the March issue of the Journal of Urology, placed the prevalence of the disease at 11.5% in men between 20 and 50 years old and 8.5% in men aged 50 and older (J Urol 2001; 165:842-5). An earlier study used Olmsted County data to obtain an overall prevalence rate of 9% (Urology 1998; 51:578-84).

The initial study data were presented at the annual AUA meeting in Anaheim. UT