

COST EFFECTIVENESS OF A PHARMACOTHERAPEUTIC FOLLOW-UP IN HIV-POSITIVE PATIENTS TO IMPROVE IMMUNE RESPONSE



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OBJECTIVES

Evaluate the cost-effectiveness of pharmacotherapeutic follow-up in HIV-positive patients considering their immune response and the costs generated by these patients to the health system.

STUDY DESIGN

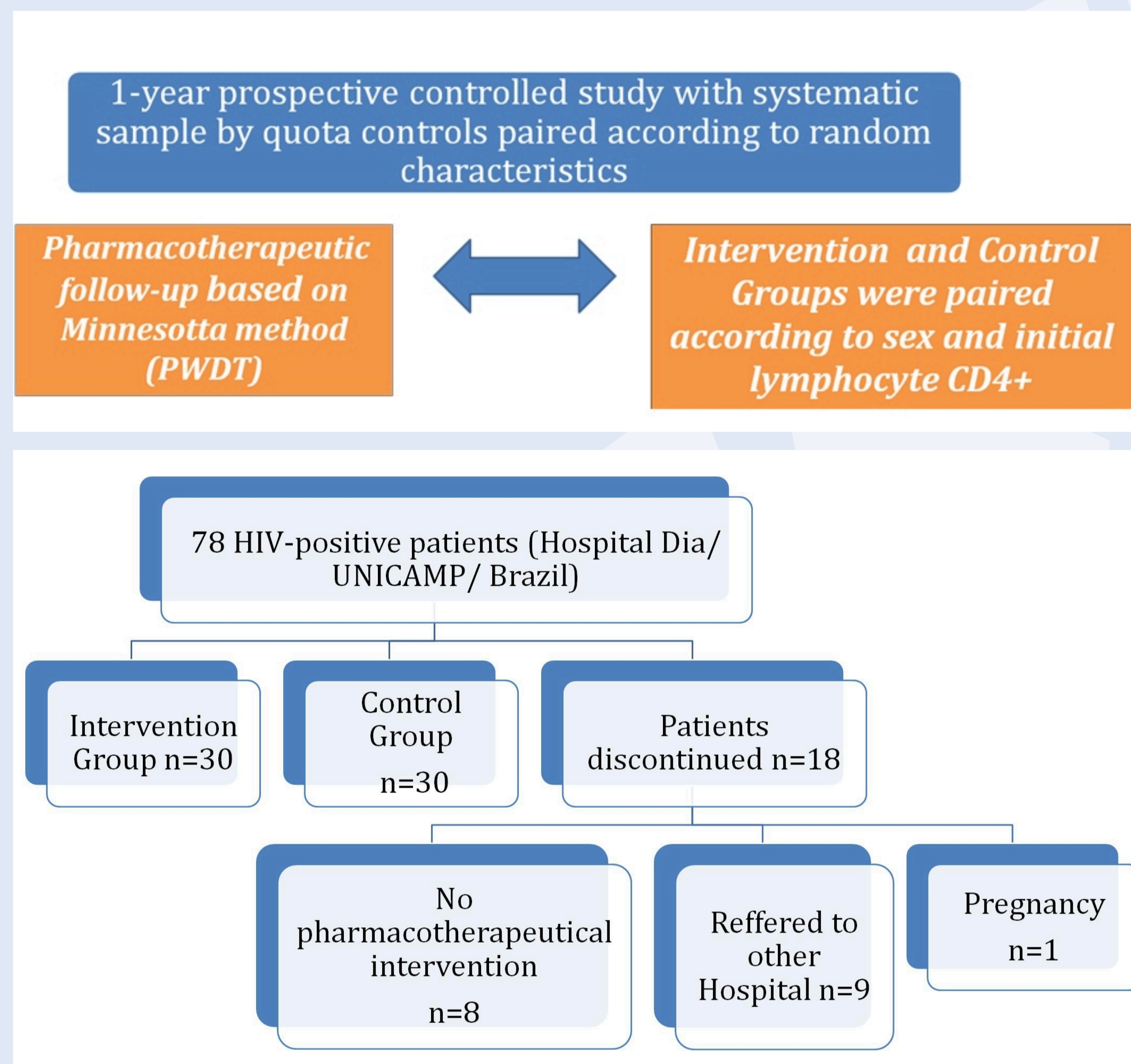


Figure 01- Study and patients characteristics

RESULTS

Table 1. Initial characteristics of patients

	Control Group	Intervention Group
Total of patients	30	30
Men (%)	62.96 %	62.96 %
Average of age (year ± SD)	41.18 ± 11.39	43.33 ± 10.55
Average of weight (kg ± SD)	64.15 ± 15.27	68.85 ± 13.79
Hb levels below the reference range (%)	62.96 %	62.96 %
CD4+ T lymphocyte count less than 200 cells/mm ³ (%)	55.55 %	55.55 %
Undetectable viral load (%)	55.56 %	51.85 %

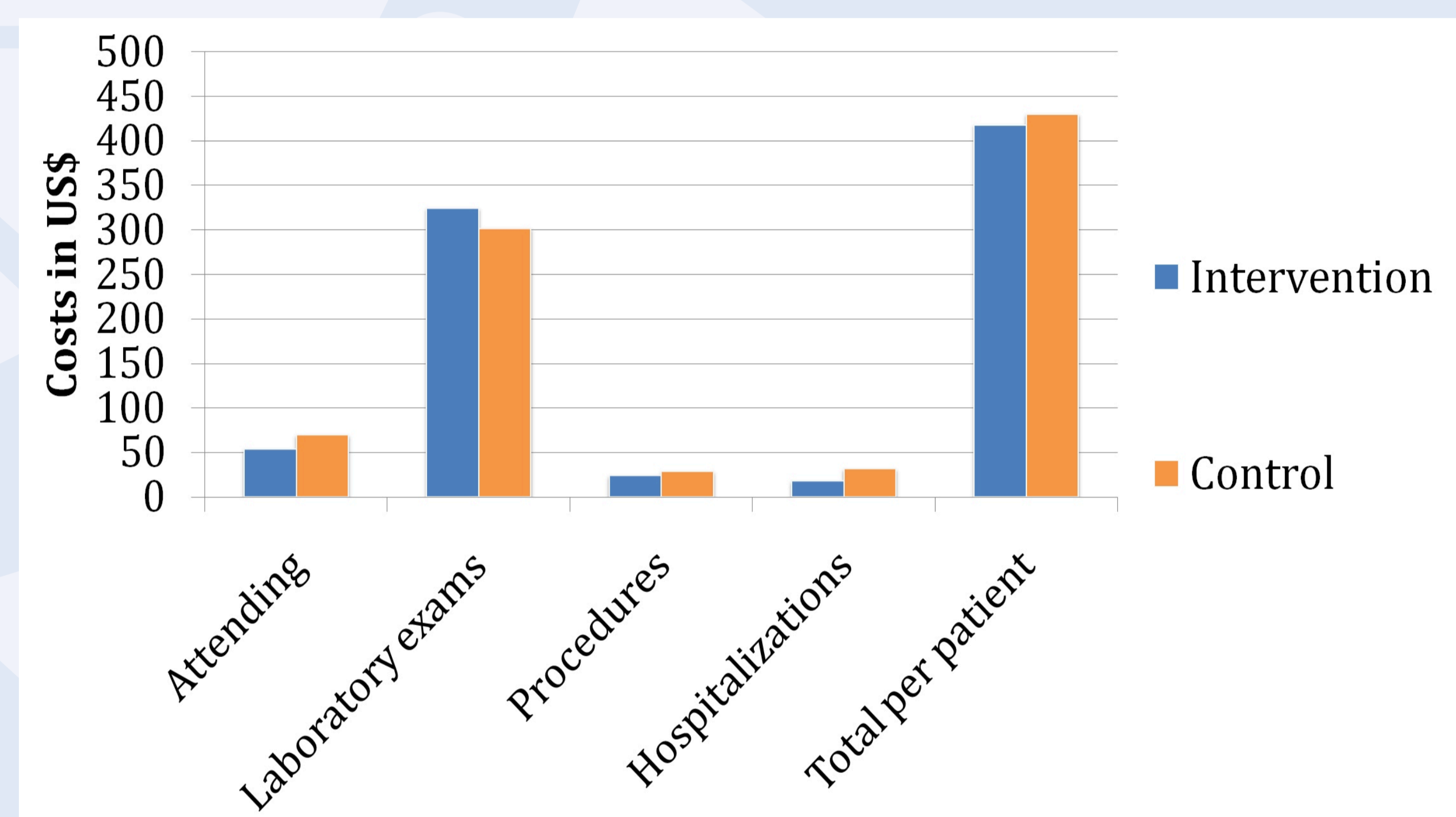


Figure 3. Comparison of dollars spent per patient for Control and Intervention Groups with attending, laboratory tests, procedures and hospitalizations. (Conversion used: US\$1,0= R\$ 1,5740 - 5.2.2011)

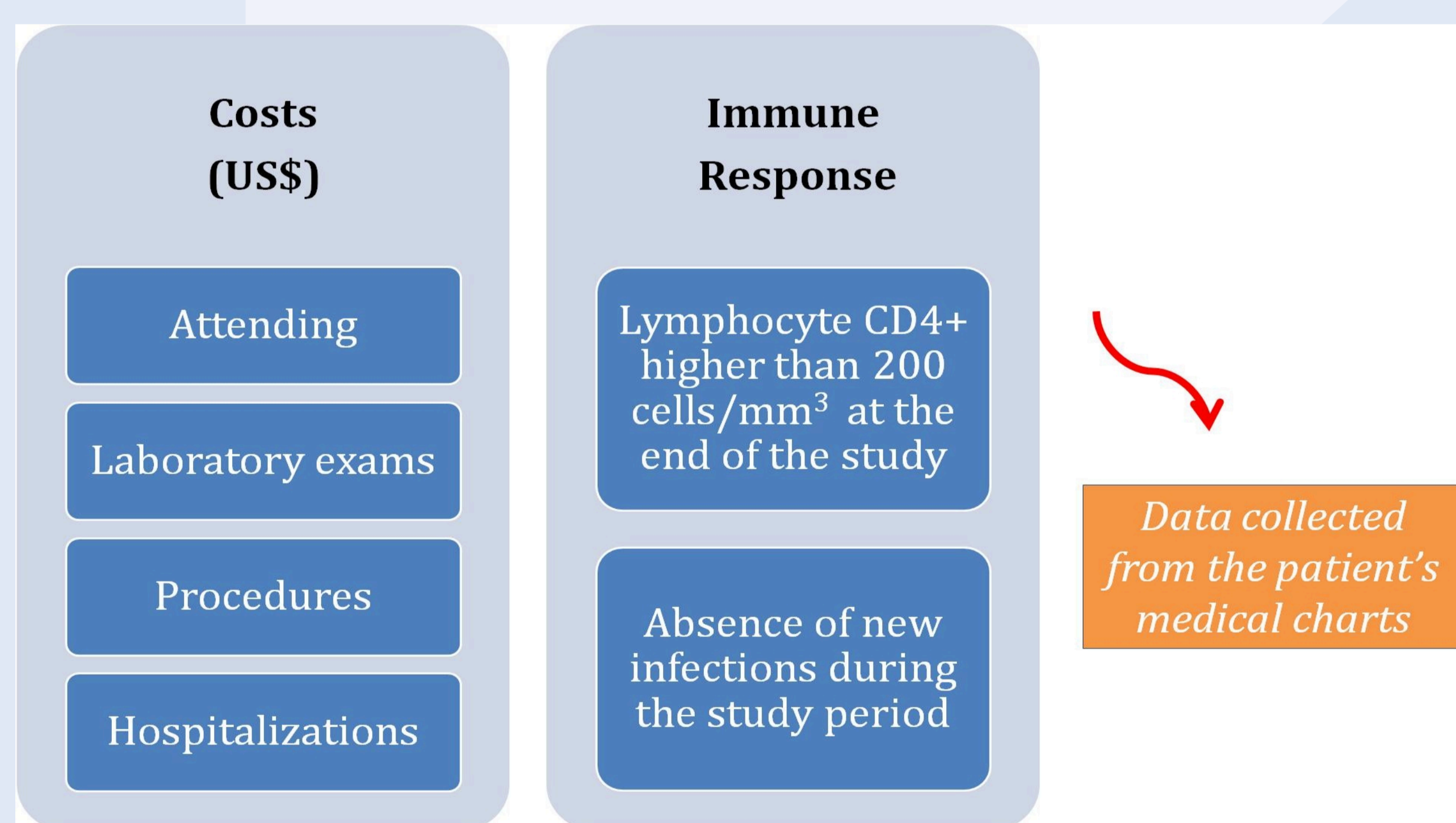


Figure 02- Outcomes analyzed

Clinical Outcomes	Intervention Group	Control Group
Lymphocyte CD4+ higher than 200 cells/mm ³	68,2%	63,7%
Absence of new infections	77,0%	50,0%

Figure 4. Comparison of clinical outcomes between Control and Intervention Groups (Conversion used: US\$1,0= R\$ 1,574- 5.2.2011)

DISCUSSION

The Intervention Group had better clinical outcomes (lymphocytes CD4+ higher than 200 cells/mm³ and absence of new infection) and generated a economy of US\$ 11,68 per patient to the health system when compared to Control Group. So, the pharmacotherapeutic monitoring was dominant (less costly and more effective)

CONCLUSION

These data indicate that pharmaceutical intervention improved patient's clinical results and reduced costs.

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