

Impact of the ROME II Criteria - Assessment of Related Comorbid Prevalence of Patients with Functional Dyspepsia

George, Stephen¹, Kleinman, Nathan L.², Brook, Richard³, Smeeding, Jim⁴ Conexus Health, Tampa, FL, USA; ² HCMS Group, Cheyenne, WY, USA.; ³ JestaRX, Newfoundland, NJ, USA. ⁴ JestaRX, Dallas, TX, USA.

BACKGROUND

The etiology of functional dyspepsia (FD) is debated, but according to the ROME II Criteria, FD always presumes the absence of a structural or biochemical explanation for the symptoms. No published data exist on the associated co-morbid prevalence or costs for patients with FD.

OBJECTIVE

To assess the related co-morbid prevalence and costs associated with FD.

METHODS

- Person-centric retrospective analysis from multiple large geographically diverse US based employers from 2001 - 2004.
- Study Population = employees with FD (ICD-9 536.8) compared to employees without FD.
- Comparison of 12-month period beginning 3-months prior to the first diagnosis of FD (the index date).
- Multiple regression and Markov modeling techniques along with Charlson Comorbidity Index to adjust for variances.
- Prevalence comparisons were made using the 261 Agency of Healthcare Quality in Research (AHQR) specific diagnostic categories.

RESULTS

Graph 1. Demographics

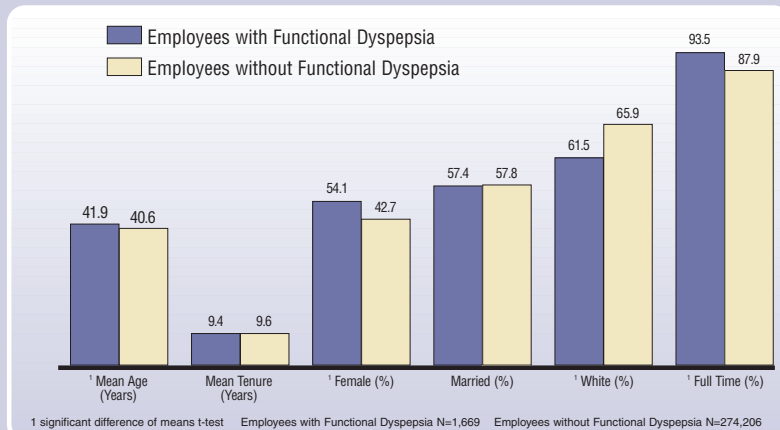
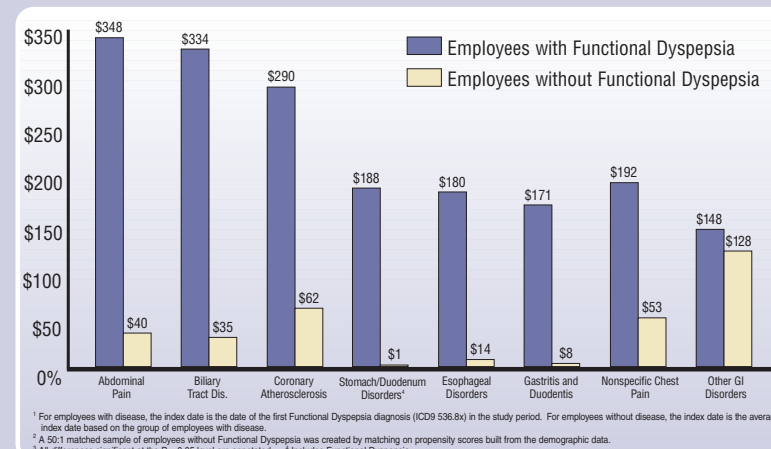


Table 1. AHQR Diagnostic Categories Prevalence

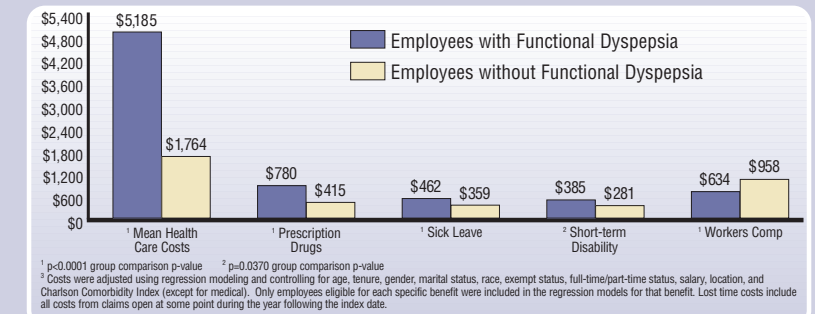
AHQR Specific Category	Employees with FD ¹	Employees without FD ¹	Difference
Stomach/Duodenum Disorders	100.0%	0.2%	507.6: 1
Gastritis And Duodenitis	23.9%	1.7%	14.0: 1
Gastroduodenal Ulcer	4.2%	0.3%	12.7: 1
Esophageal Disorders	32.6%	3.9%	8.4: 1
Nausea And Vomiting	10.1%	1.5%	6.9: 1
Other GI Disorders	28.1%	4.7%	6.0: 1
Abdominal Pain	46.5%	8.2%	5.7: 1
Nonspecific Chest Pain	20.0%	6.9%	2.9: 1
Malaise And Fatigue	12.7%	5.6%	2.3: 1
Residual Codes Ill Defined Symptoms	21.0%	11.6%	1.8: 1
Unknown Diagnosis	19.8%	11.3%	1.8: 1
Medical Examination Requiring Further Evaluation	24.2%	15.9%	1.5: 1
Screening Suspected Cond	27.5%	20.4%	1.4: 1

¹ p < 0.05 all categories for Table 1

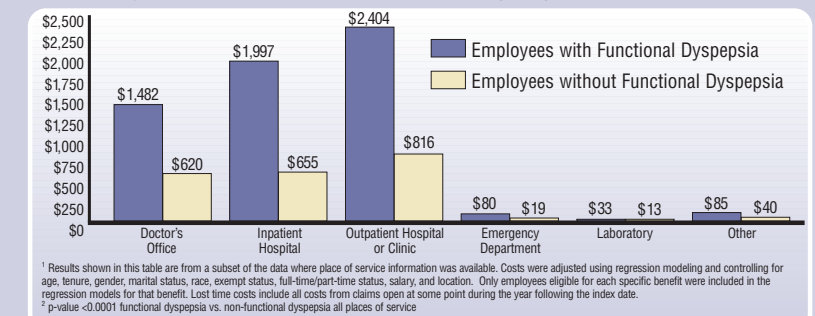
Graph 2. Annual Health Care Cost per Employee by Specific AHRQ Diagnosis Category^{1,2,3}



Graph 3. Comparison of Annual Health Benefit Costs per Employee³



Graph 4: Adjusted Annual Cost of Health Care per Employee by Place of Service¹



CONCLUSION

This is the first study to show that FD has a significant burden of illness, prevalence and costs to US based employers. Furthermore, this study shows that FD patients present with variety of symptoms and their management is complex. The mean health care costs associated with FD is 3 times that of a matched control group. More education is needed so that practitioners can better understand the coexistence of associated conditions and apply the ROME II criteria.

Acknowledgement: This study was funded by a grant from AxcanPharma.



CONTACT:

Stephen George, MS, RPh

6285 East Fowler Avenue

Tampa, FL 33617

P: 813-914-0217

stephengeorge@conexushealth.com