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Summary

HEALTHCARE UTILISATION AND COSTS FOR HYPERMOBILE EHLERS-DANLOS SYNDROME PATIENTS WITH CONCOMITANT FUNCTIONAL DYSPEPSIA AND IRRITABLE BOWEL SYNDROME

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UEG Week Copenhagen 2023 Poster

October 15, 2023

In a cross-sectional study of 660 patients with hypermobile Ehlers-Danlos syndrome/hypermobile spectrum disorder, those with functional dyspepsia had significantly higher healthcare costs and utilization than those with irritable bowel syndrome only or neither condition.

KEY POINTS

- Total healthcare costs per patient over 6 months were £3782.82 for functional dyspepsia only and £3622.15 for both functional dyspepsia and irritable bowel syndrome, compared to £1610.12 for irritable bowel syndrome only and £1376.34 for neither condition ($p<0.001$).
- Patients with functional dyspepsia had significantly more outpatient visits (median 9 versus 4-7.5), hospital admissions (16.8% versus 2.2-5%), and use of clinically assisted nutrition and hydration (37.6% versus 8.9-9.9%).
- Consultations and admissions contributed 31.3% and 27.4% of total costs respectively, with the 10 highest individual costs (£21,653.80-£99,983.90) all occurring in patients with functional dyspepsia who required inpatient admission.
- Quality of life scores were significantly lower in patients with functional dyspepsia (0.253) compared to irritable bowel syndrome only (0.511) or neither condition (0.519), with 22.0% of the entire cohort scoring below zero.
- Polypharmacy and employment status were the strongest independent predictors of rising healthcare costs in the multivariate regression analysis.

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