Author’s response to reviews

Title: Resource utilization and costs associated with the addition of an antimuscarinic in patients treated with an alpha-blocker for the treatment of urinary symptoms linked to benign prostatic hyperplasia

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Editor comments:

Thank you for your patience during the peer review process. In addition to addressing the point below from reviewer #2, please make the following editorial revisions:

1) Manuscript text:

Please change the header ‘Patients and Methods’ to ‘Methods’ to comply with journal style.

Response: Thank you very much for the review. We have changed the text and finally only appears “Methods”

2) Declarations:

* Consent for publication:

Please change the current header ‘Consent for publish’ to ‘Consent for publication’.

Response: Thank you very much for the review. We have changed the text and finally only appears “Consent for publication”

3) Figure legends:
Please list only the legends to the figures after the Tables in the main manuscript text (not the actual figures, which are uploaded as separate files).

Response: Thank you very much for the review. We add the legends of the figures in the main manuscript text.

4) English language:

Please proofread the manuscript to correct any remaining errors.

Response: Thanks for the suggestion. The article has now been reviewed by an English native medical writer and we have included these revisions in the manuscript

Reviewer reports:

Anastasios Athanasopoulos (Reviewer 2):

Line 244: What does the statistical difference of the cost means? I think it is without any substantial significance.

I would clarify this comment. My question is: regarding the cost, is there any meaning speaking about statistical difference or just difference (numerical)?

No further comments

Response: Thanks for your comment and the clarification. During the pre-treatment period the mean (SD) cost per patient per year was 2,399 (3,113) €, being higher to mean cost after treatment initiation despite including the cost of the AM. However, this numerical difference was not statistically significant (p=0.135). Treatment with AM reduced the cost of medical visits from 645 (460) € in the pretreatment period to 546 (420) € in the treatment period (p=0.003), and that of concomitant medication from 181 (99) € to 101 (75) € (p=0.009). So in conclusion, the lower cost was associated to the lower use of medical visits and concomitant medication

One possible explanation may be related with a significant improvement in LUTS leading to a lower use of the health services (medical visits). In our opinion, this cost reduction is important from the standpoint of efficiency in the clinical management of this group of patients.

Previous studies comparing health care resource use or costs in patients treated with combined therapy or monotherapy has not been identified, but the reduction in terms of health care resource use and costs seems to be related with better clinical outcomes obtained with combined therapy.
In the Spanish National Health System, patients are referred to specialists by their general practitioners, and all medical visits and diagnostic tests are free of charge. With Spain’s pharmaceutical copayment system, non-pensioners receiving pharmaceutical treatment are typically responsible for a 40% copayment; however, the copay can range from 0% for patients with chronic illnesses to 60% for those with the highest annual incomes. Pensioners are commonly responsible for a 10% copay, ranging from 0% to 60% depending on income. The most common cause of dissatisfaction associated with the SNS is the long wait list for clinical visits, comprising more than one-third of all complaints received. Taken together, this may be an indication that a focus on effective symptom management may reduce the costs associated with the use of healthcare resources. In addition, patients with LUTS overlap and a predominant storage component may be ideal candidates for combination therapy. So in terms of costs and in the framework of an observational study it is important to reach statistical significance in the variables analyzed, but as the reviewer points out, having a lower cost associated with the combination is already in itself beneficial not only for The National Health System in Spain if not also for the patient with LUTS.

Sources:
