

HEALTHCARE RESOURCE UTILIZATION AMONG PATIENTS WITH FOCAL SEIZURES TREATED WITH ESL IN THE US LONG-TERM CARE SETTING: A RETROSPECTIVE CLAIMS DATABASE ANALYSIS

Mehta D, et al. *Neurol Ther* 2021;10:673–91

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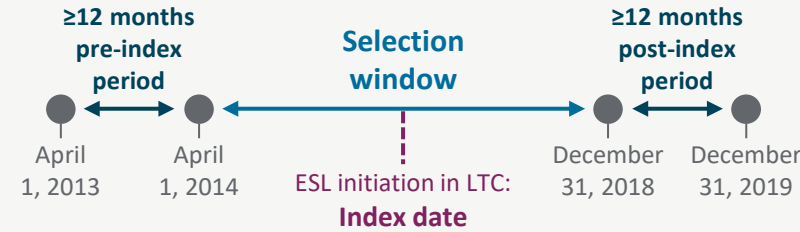
OBJECTIVE

To compare HCRU before and after initiation of ESL in LTC settings[†] among patients with focal seizures

Retrospective analysis using IQVIA's New Data Warehouse, which includes deterministically linked LTC, prescription, and professional fee claims data and IQVIA Hospital Charge Data Master database.

Inclusion criteria were:

- ≥1 new ESL prescription in the selection window
- Diagnosis of focal seizures and no ESL prescriptions in the 12-month pre-index period



A 12-month pre-post analysis compared epilepsy-specific and all-cause HCRU before and after ESL initiation

Categorical variables were compared with McNemar's tests

STUDY DESIGN¹



RESULTS

n = 307

BASELINE & CLINICAL CHARACTERISTICS

Mean number of ASMs:

3

58% male

ESL initiated as adjunctive therapy in

88%

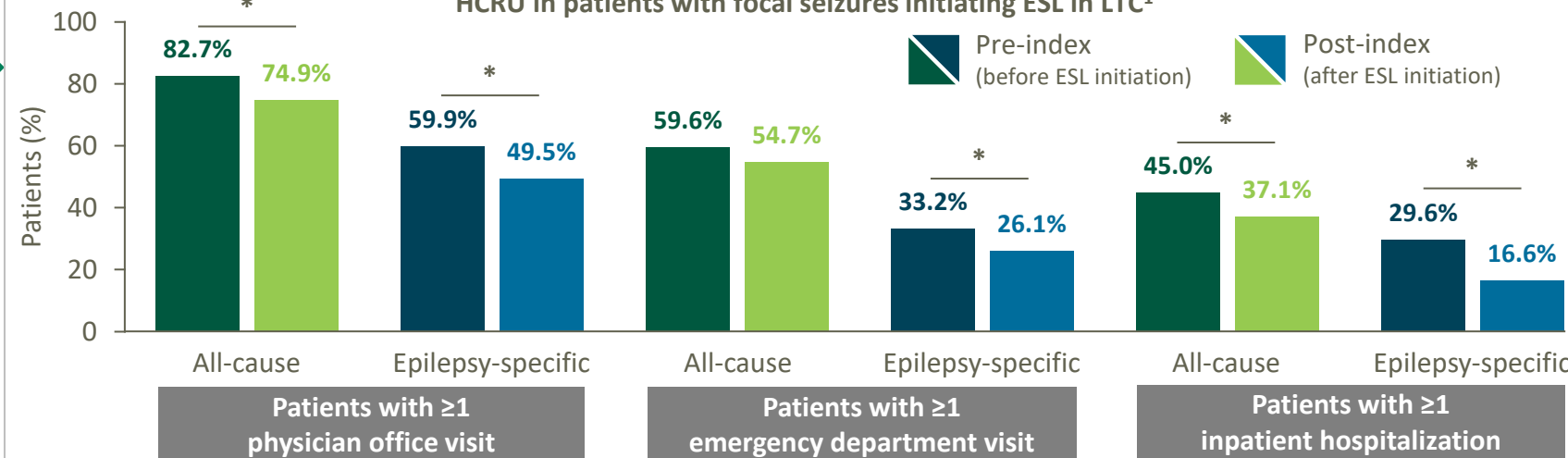
Mean age:

52 years

25% in nursing home

HCRU

HCRU in patients with focal seizures initiating ESL in LTC¹



Sensitivity analysis: Similar results were observed for patients with an epilepsy diagnosis

Subgroup analyses: Similar results were also observed for patients with an epilepsy diagnosis: 1) With/without intellectual developmental disorders; 2) Aged ≥65 or <65 years

*p<0.05.

CONCLUSIONS

Initiation of ESL among patients with focal seizures in LTC was associated with significant reductions in epilepsy-specific HCRU (physician office visits, emergency department visits, inpatient hospitalizations) and all-cause HCRU (physician office visits, inpatient hospitalizations). Similar results were observed in patients with an epilepsy diagnosis, and subgroups of patients with/without intellectual developmental disorders or stratified by age (≥65 or <65 years)