Clinical impact ratings GP/FP/Primary care ★★★★★ ★ IM/Ambulatory care ★★★★★ ★ Gastroenterology ★★★★★ ★

In patients with dyspepsia, how cost effective is initial management with prompt endoscopy compared with a test and treat approach for inducing resolution of symptoms?

METHODS

Data sources: a randomised controlled trial (RCT) register established by the Dyspepsia Trials Collaborators’ Group supplemented by searches of the Cochrane database of RCTs and Medline (all up to December 2003).

Study selection and assessment: RCTs that compared a prompt endoscopy strategy with a test and treat approach for the initial management of dyspepsia in adults in primary care or on an out patient referral to secondary care, and reported relevant outcomes.

Outcomes: total dyspepsia symptom score, presence of dyspepsia, cost (in 2003 US dollars), and incremental net benefit at 12 months.

MAIN RESULTS

5 RCTs (n = 1924) (mean age 41 years, 50% men) met the selection criteria. Effects of the intervention on dyspepsia symptoms were pooled using meta-analysis of individual patient data. The groups did not differ for total dyspepsia symptom scores (table). However, fewer persons in the endoscopy group than in the test and treat group still had symptoms of dyspepsia at 12 months (table). Mean total cost per patient was greater in the endoscopy group than in the test and treat group (table). A willingness to pay of $1000 per patient who is free of dyspepsia symptoms, the incremental net benefit was lower in the endoscopy group than in the test and treat group. Prompt endoscopy became cost effective only when the willingness to pay for becoming free of dyspepsia was increased to $180 000.

CONCLUSION

In patients with dyspepsia, initial management with prompt endoscopy is slightly more effective but not cost effective compared with a test and treat approach for inducing resolution of symptoms.

Outcomes | Standardised mean difference (95% CI)
--- | ---
Total dyspepsia symptom scores | -0.11 (-0.28 to 0.07)
Presence of symptoms | 5% (1 to 8)
Additional cost/patient of prompt endoscopy (2003 US dollars) | $389 (276 to 502)

Additional details

Weighted mean difference (CI)

*RRR and CI defined in glossary.
†Significant difference favours prompt endoscopy.
‡Significant differences favour test and treat.

Abstract and commentary also appear in ACP Journal Club.

For correspondence: Professor B C Delaney, University of Birmingham, Birmingham, UK. b.c.Delaney@bham.ac.uk


ECONOMICS

Review: prompt endoscopy is not a cost effective strategy for initial management of dyspepsia


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