The Price for Treatment of Chronic Skin Diseases: Different Approaches

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The prevalence of atopic dermatitis (AD), the most frequent relapsing inflammatory skin disease, has increased in the developed countries during recent decades. Particularly children are concerned with an increasing prevalence. In northern Europe and Scandinavia, around 3% of the general population suffers from psoriasis. The consequence of the high prevalence of AD and psoriasis is a heavy burden on medical services and budgets of the health care system. About 1.8 million members of the mandatory German health care insurance system are suffering from AD. The estimated annual cost of AD in Britain is about GBP 465 million, and in the USA between USD 0.9 and 3.8 billion [1]. Direct and indirect psoriasis costs in Germany amount to 2,866 EUR direct and indirect costs in total per patient [2]. The knowledge with regard to pathophysiology, immunology and genetics on both AD and psoriasis has been broadened over the last decade. This has led to new treatment options, particularly the topical immunomodulators, the calcineurin inhibitors and the biologicals that hold promise but also challenges in terms of risk-benefit assessment for the near future.

There is a substantial need of research regarding public support research and the respective benefit for patients in a health care system with decreasing resources. Especially the long-term benefit for patients in quality parameters should be a main outcome measure assessing treatment effects. In many countries even severe cases of

psoriasis and AD are treated in day care clinics and not hospitalized any more. Thus health systems like that in Germany need to justify the hospitalization of patients with psoriasis and AD and the significant benefit in the relevant dimensions of quality of life. The study of Schmitt et al. [3] in this issue extends previous research on the effectiveness of hospitalization as it focuses on the 3-month period after discharge. Interestingly the research and publications on cost of illness are shifting from the costs directly related to the patients' expenses towards those related to the costs for the general health care system and its efficacy.

In the 80s the discussion about cost efficacy in psoriasis was initiated with the introduction of new UV treatment options [4–6] and more recently with the introduction of biologicals for psoriasis and the topical immune modulators in AD [1, 2, 7–12]. Future research should be aware of the shift from the patients' perspective to the economic factor as the predominant measure. Dermatology has to provide cost-effective care within different systems. However, the patients' improved health status should remain our major objective.

Neither length of hospitalization nor sociodemographic characteristics or the treatment modalities (both for hospitalized and for outpatient or day care patients) are addressed. The data from the present study of Schmitt et al. [3] do not show factors allowing prediction of relevant worsening after discharge. Factors that might po-

tentially influence the relapse rate like the patient's satisfaction with treatment, compliance after discharge and choice of treatment are not assessed yet. Schmitt et al. [3] were able to show an overall benefit of hospitalization, which appears to be both substantial and stable for at least 3 months after discharge. A conclusion for an individual patient is that hospitalization is likely to improve his quality of life as well as the extent and intensity of the skin lesions. However, a stable remission is only achieved in a subgroup of their patients.

Further research is necessary to evaluate prognostic factors for sustained improvement. Inpatient treatment protocols that consider such factors are likely to improve

the cost-effectiveness of hospitalization. Schmitt et al. [3] state that higher effectiveness of hospitalized patients with sustained benefit after discharge might be achieved by intensively informing and educating the patient during hospitalization inducing a sustained behavior change and a better compliance. Future research should be focused on the outcome of treatment modalities of hospitalized patients compared to outpatient or day care regimens. European dermatology and – even more – worldwide dermatology have many faces. We should ensure that different treatment modalities will be available in the future with – most of all – a humanistic and caring approach to our patients.

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