Chronic spontaneous/idiopathic urticaria (CSU/CIU) is the most common type of chronic urticaria, and is few studies have evaluated the economic burden of CSU, and comparative data on the economic impact of CSU across countries are limited.

The ASSURE-CSU (Assessment of the Economic and Humanistic Burden of Chronic Spontaneous/Idiopathic Urticaria (CSU/CIU)) study is the first international study to quantify the economic and humanistic burden of patients with inadequately controlled CSU in Canada, France, Germany, Italy, Netherlands, Spain, and the United Kingdom (UK).

OBJECTIVE
To present a comparative analysis of the direct costs associated with CSU across 7 countries based on the ASSURE-CSU study.

METHODS
Study Design, Data and Sample
The ASSURE-CSU study is an observational, non-interventional, multinational, and multicenter study of patients with inadequately-controlled CSU.

The study enrolled patients with diagnosed CSU, aged ≥18 years, with disease persisting for more than 12 months and symptom-free despite current treatment.

The study included a 12-month retrospective medical record abstraction, a cross-sectional patient-reported outcomes survey, and a 7-day prospective patient diary to evaluate symptoms and productivity.

Data Sources
Medical resource utilization data associated with CSU were collected from retrospective medical records (previous 12 months before inclusion and patient surveys (previous 3 months))

Medical charts data included therapies for CSU health care professional visits (e.g., routine general dermatologist, primary care general practitioner), hospital visits, emergency room (ER) visits and laboratory tests (e.g., full blood count with differential, sedimentation rate).

Health-related resource use from the patient survey included patient-reported alternative medicine visits (e.g., acupuncture, naturopath), transportation (e.g., ambulance transportation), and other out-of-pocket expenses from the past 3 months.

Country-level unit costs were obtained from national sources for 2014 and reported in the respective local currencies.

Statistical Analysis
For each country, direct costs were calculated by applying unit costs to each resource.

Total Direct Costs: The total direct costs from the chart data from the previous 12 months were reported as mean (SD).

Total Other Direct Costs: Total direct costs from the patient survey from the previous 3 months were analyzed to generate other direct costs during a 12-month period and reported as mean (SD).

To enable comparison across countries, the purchasing power parity (PPP) approach was used. The PPP exchange rate equals the exchange rate for the purchasing power of each country’s currency.

PPP exchange rates help to minimize misleading international comparisons that can arise with the use of market exchange rates.

Each month, the Organisation for Economic Co-operation and Development (OECD) measures the difference in price levels between its member countries by calculating the ratios of PPPs for private final consumption market exchange rates.

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REFERENCES

Table 3. Mean Annual Total Other Direct Costs from Patient Survey, by Country, in Country Currency

<table>
<thead>
<tr>
<th>Country</th>
<th>Mean Costs in PPP$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>250.7</td>
</tr>
<tr>
<td>France</td>
<td>1074.4</td>
</tr>
<tr>
<td>Germany</td>
<td>1092.6</td>
</tr>
<tr>
<td>Italy</td>
<td>1283.9</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1092.6</td>
</tr>
<tr>
<td>Spain</td>
<td>1049.2</td>
</tr>
<tr>
<td>UK</td>
<td>2984.2</td>
</tr>
</tbody>
</table>

Figure 1. Mean Inpatient, Therapy and Total Direct Costs from Medical Record Abstraction, by Country, in PPP$