
Studie:

Verhaeghe, N., et al. (2018). "Osteopathic care for low back pain and neck pain: A cost-utility analysis." Complementary Therapies in Medicine **40**: 207-213.

Studienart:

Systematische Übersichtsarbeit

Aussage: „Die Osteopathie erwies sich im Vergleich zur üblichen Behandlung als "überlegene" (Schmerzen im unteren Rückenbereich) und kosteneffektive Strategie (Nackenschmerzen). Weitere gesundheitsökonomische Evaluationsstudien, die ein breiteres Spektrum von Kostenelementen und einen längeren Zeithorizont berücksichtigen, sind erforderlich.“

Abstract:

A decision tree model considering a one-year time horizon was applied. The analysis occurred from a health insurance perspective only considering direct medical costs. The health effects were expressed as quality-adjusted life years (QALYs). Main outcomes: The main outcome was the incremental cost-effectiveness ratio (ICER). The uncertainty around key input parameters was addressed applying one-way and probabilistic sensitivity analyses (5000 simulations). Results: For low back pain, osteopathy resulted in cost savings (€385.1 vs €501.8/patient) at improved QALYs (0.666 vs. 0.614) compared to usual care. For neck pain, osteopathy resulted in additional costs (€577.3 vs. €521.0) and improved QALYs (0.639 vs. 0.609) resulting in an ICER of €1,870/QALY. The one-way sensitivity analysis identified the hospitalization cost (back) and osteopathy cost (neck) as major cost drivers. The probabilistic sensitivity analysis resulted in an average net saving of €163 (95%CI –€260, -€49.1) and a QALY gain of 0.06 (95%CI –0.06, 0.17) for low back pain and an average additional cost of €55.1 (95%CI €20.9, €129) and improved QALY gain of 0.03 (95%CI –0.06, 0.12) for neck pain. Conclusions: Osteopathy was found to be a 'dominant' (low back pain) and cost-effective strategy (neck pain) compared to usual care. Further health economic evaluation studies considering a broader range of cost items and longer time horizon are required.