

ESCALATING UTILIZATION OF HEALTH CARE IN TREATING URINARY INCONTINENCE AND PELVIC FLOOR DYSFUNCTION IN ELDERLY IN TAIWAN

Hypothesis / aims of study

Pelvic floor dysfunction, including urinary incontinence (UI) and pelvic organ prolapse (POP, a bulge or protrusion of pelvic organs and their associated vaginal segment into or through the vagina) is common and costly for elderly women. It is not a life-threatening disease but may cause a significant burden and restrictions on social and physical activities, and has an impact on psychological well-being, and quality of life. However, less than 20% of women seek treatment for pelvic floor dysfunction. It has been estimated that over the next 30 years, the demand for treatment of UI and POP will increase due to the increase in population of women over 50 years of age. In this study, we evaluate the trends in health expenditure of these diseases under the universal coverage of National Health Insurance (NHI) in Taiwan.

Study design, materials and methods

Thirteen years of population-based NHI inpatient claims in Taiwan were used in this study from 1999 to 2011. Overall health care spending for female pelvic floor dysfunction has escalated in the past decade in Taiwan. We focused on analyzing the differences in expenditure for treating female UI and POP. Cochran-Armitage trend test was used to test the disparity in the direct cost of health care between groups of elderly and those under 65 years of age with these disease.

Results

Total direct cost of inpatient, surgical and admission fee for pelvic floor dysfunction increases 57.2% from \$200,249,046 NTD (new Taiwan dollar, 30 NTD \equiv 1 USD) in 1999 to \$314,846,822 NTD in 2011. However, the number of patients per year increases 27% from 5278 in 1999 to 6706 in 2011. We further analyzed the increase of health care expenditures between women under 65 years of age and the elderly and found that the elderly women comprised 28.57% of the patients in 1999 and 38.55% of the patients in 2011.

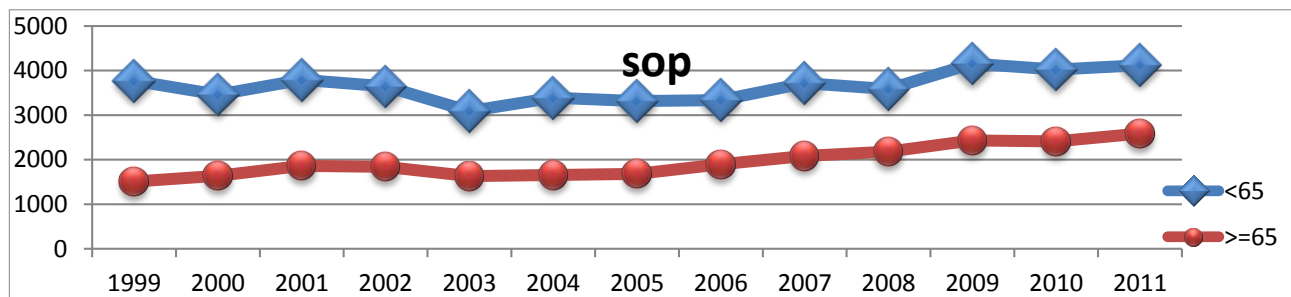
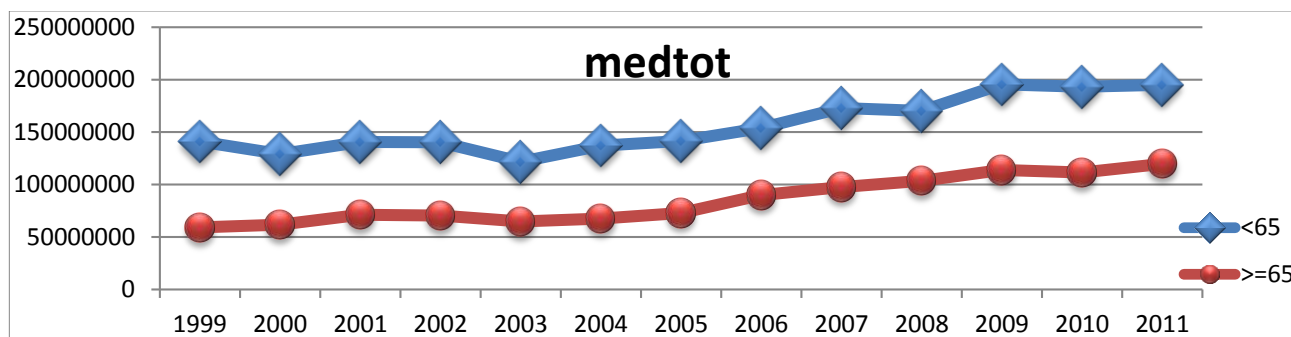


Fig. 1 The number of patients who underwent Pelvic floor reconstruction or anti-incontinence surgeries.



Total direct cost of inpatient, surgical and admission fee for pelvic floor dysfunction

Fig.2

Interpretation of results

Our results revealed that more elderly women are seeking treatment for their pelvic floor dysfunction. Total admission expenditures might increase because elderly patients have more comorbidities which increases the direct cost of treatment.

Concluding message

The increase in elderly patients with pelvic floor dysfunction contributes to escalating health care expenditure.

References

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Disclosures

Funding: none **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** IRB of College of Public Health, National Taiwan University **Helsinki:** Yes **Informed Consent:** No