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Title: Current and future costs of COPD in the Netherlands

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Body: Objective To determine costs of care and productivity losses for COPD and to project future prevalence of COPD and its costs. Methods A prevalence-based cost of illness study was performed for the year 2007. National registrations and surveys were used to estimate the different types of health care resource use specified by age and gender, which were multiplied by unit costs. Absence from work and early retirement were obtained from a linkage study, combining GP registry data with data from Statistics Netherlands. These were valued using the friction cost or human capital method. Finally, cost estimates were fed into an existing COPD disease progression model to obtain estimates of future costs of care. Results Healthcare costs for COPD in 2007 were estimated at €415 million or €1400 per patient. Main cost drivers were hospitalisations, medication, and nursing. The costs of sick leave and early retirement due to COPD were €657 or €144 million in total and €14,200 or €3100 per employee using the human capital and friction cost method respectively. These were primarily costs of early retirement. The large difference between the methods reflects that early retirement costs include all remaining potential working years versus only the friction period of 22 weeks. Over the next 25 years, the number of patients with COPD will rise by 70%, due to population growth and ageing. This will lead to a tripling of the costs of care for COPD. ConclusionsThe expected rise in the number of patients with COPD, and especially the number of elderly COPD patients, and the associated costs of healthcare and production losses provide important information for healthcare policy making in the Netherlands.