



Costs of Digestive Diseases has Grown to More than \$141 Billion a Year

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Introduction

Digestive, liver and pancreatic diseases result in more than 100 million outpatient visits and 13 million hospitalizations annually at a cost of \$141.8 billion [1]. A new report commissioned by the National Institutes of Health finds that costs, doctor visits, prescription costs and hospitalizations related to digestive diseases have risen significantly in recent years.

Description

This report gives us the best recent update on the toll digestive diseases exact on patients and society – and there are both positive and negative trends. While deaths from digestive diseases have gradually declined over the last 25 years, they still result in more than 230 thousand deaths per year. Some diseases stand out in significance [2]. For example, outpatient visits and hospitalizations for gastroesophageal reflux disease increased several fold in the last 15 years with a corresponding increase in the incidence of its complication of esophageal cancer.

Notable findings include:

- Doctor visits increased more than 50 percent since 2000 (100M in 2004; 45M in 2000).
- Hospitalizations exceeded 13 million in 2004 (up >4M since 2002).
- Indirect costs¹ more than doubled since 1998 (\$20B in 1998; \$44 B in 2004).
- Direct costs² topped \$97 billion in 2004, up from \$85 billion in 1998.
- Deaths related to digestive diseases gradually declined between 1979 and 2004 (236 M), which is largely attributable to a decrease in colorectal cancer mortality due to increased screening rates.
- Nearly 136 million prescriptions have been written for digestive diseases, costing more than \$12 billion.

According to the report, the 10 most costly digestive diseases in both direct and indirect costs are [3]:

- Digestive cancers: \$24.1 billion [\$9.5 billion cost of colorectal cancer, \$4.3 billion cost for pancreatic cancer are included in the digestive cancers total]
- Liver disease: \$13.1 billion
- Gastroesophageal reflux disease (GERD): \$12.6 billion
- Gallstones: \$6.2 billion
- Abdominal wall hernia: \$6.1 billion
- Diverticular disease: \$4.0 billion
- Pancreatitis: \$3.7 billion
- Viral hepatitis (A, B, C): \$3.3 billion
- Peptic ulcer disease: \$3.1 billion

- Appendicitis: \$2.6 billion

The Burden of Digestive Diseases in the United States is part of the National Commission on Digestive Diseases at the NIH. The AGA worked with our champions in Congress to propose the Commission, which was established to enhance research on digestive diseases for the benefit of patients and their families [4]. The Commission has conducted an overview of the state of the science in digestive diseases research and is developing a 10-year plan for digestive diseases research. Implementing the recommendations of the National Commission on Digestive Diseases is one of the AGA's highest research priorities. AGA encourages NIH to convene an oversight body and to develop an estimated 'professional judgment budget' for implementation of the Commission's long-range plan for digestive disease research [5].

Conclusion

This report quantifies the substantial and growing burden of digestive diseases on patients and our health-care system. There is a tremendous need for more research into the causes, diagnosis and treatment of digestive diseases. At the same time, the report identifies conditions that are costly but understudied such as diverticular disease and appendicitis where there is a high burden but little research.

Indirect costs are comprised of the implicit value of forgone earnings or production owing to consumption of hospital or ambulatory care, premature death and additional work loss associated with acute and chronic digestive diseases as well as the value of leisure time owing to morbidity and mortality.

Direct costs for digestive diseases include charges for hospital services, physician services, prescription drugs, over-the-counter drugs, nursing home care, home health care, hospice care and outpatient endoscopy.

Acknowledgement

None

Conflict of Interest

There is no conflict of interest.

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