

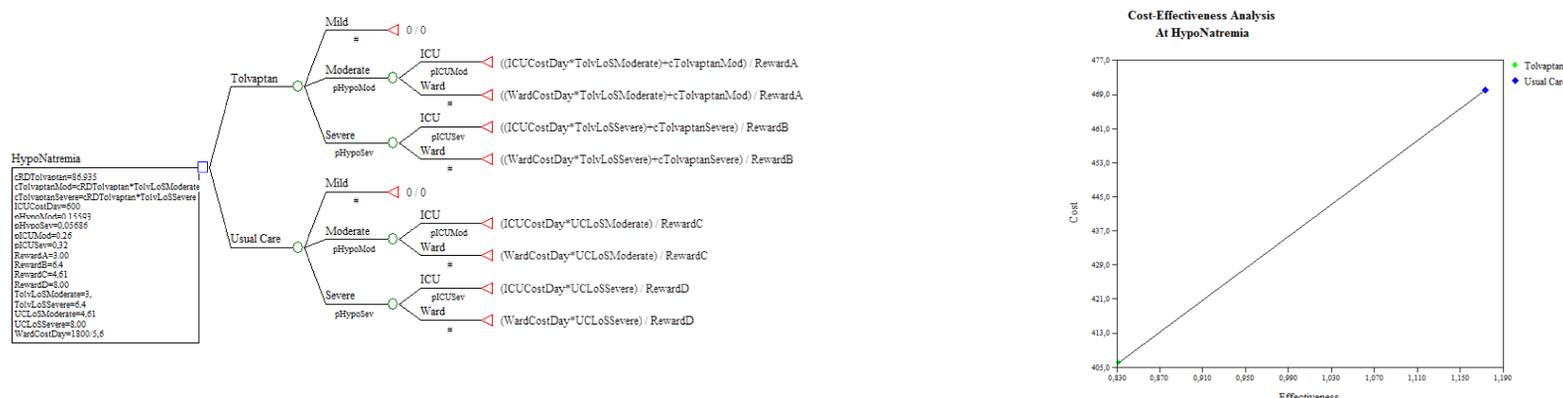
AN EFFICIENCY STUDY ON SEVERE HYPONATREMIA IN SIADH AND TOLVAPTAN

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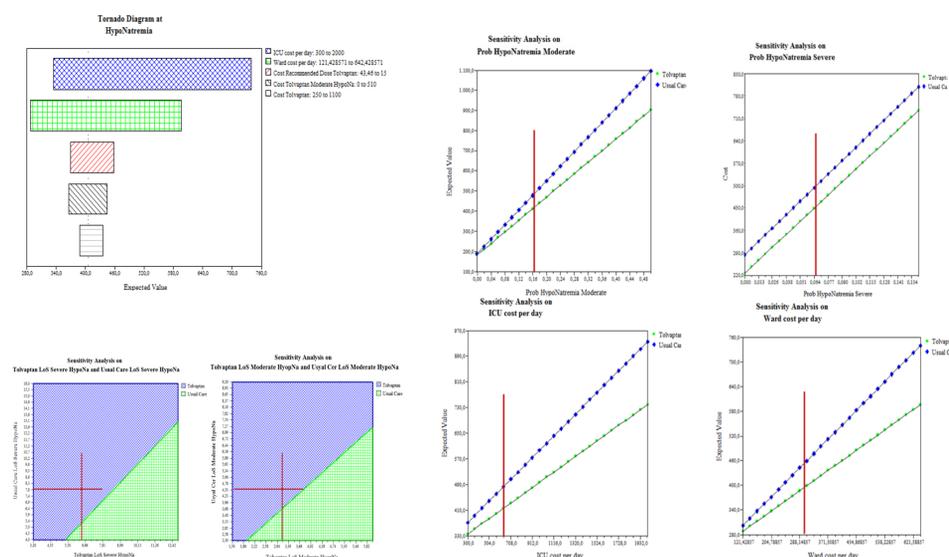
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- Syndrome of inappropriate antidiuretic hormone secretion (SIADH) is an uncommon though potentially leading to severe complications if symptomatic and untreated. Under these circumstances, current guidelines recommend treatment with new vaptans.
- The **objective** of this economic evaluation is to show if tolvaptan in moderate and severe symptomatic hyponatremia is efficient.
- **To prove so**, we have searched the literature for the effects of tolvaptan on length of stay and have drawn on available inpatient costs per day.

According to the literature, we have also considered that some of these patients may require ICU treatment because of the hyponatremia. We have built a cost-effectiveness model, and extensively checked the results by sensitivity analysis, and explored the potential budget impact analysis.



- The **results** are that, treating patients with Tolvaptan reduces 14% the overall inpatient costs (-65€). These results are robust on a one-way and two way sensibility analysis, and could only be challenged in an unlikely scenario of Tolvaptan about twice its current face-value cost. Using Tolvaptan as recommended, would have a savings impact on the budget (900K€ per year in Spain).



- Other explored benefits could be the opportunity cost of freeing ICU and general ward beds (about 24 beds could be spared in Spain per year, at a cost of 2.8M€/year). The variables tested in this analysis were also tested and have proven to be robust.

Description	
Target population	38.877.809
Admission Rate / 100.000 inhab .	117,43
Probability of HypoNatreミア (mod./severe) on admission	0,32
Probability of symptomatic HypoNatreミア	0,09
Probability of admission when SIADH	0,51
Expected treated admitted patients	695,10

- **we conclude that treating patients with symptomatic moderate to severe hyponatremia secondary to SIADH with Tolvaptan is effective, cheaper and efficient (cost-effective) when compared to best supportive care as suggested by clinical practice guidelines.**