

JOINT EVENT

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Epilepsy-related costs in Togo

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Introduction: Epilepsy is the most common non-transmissible neurological disorder, representing a major public health problem with social, psychological, and economic repercussions. Despite the real challenge this condition poses to healthcare systems in developing countries, the disease-related costs have yet to be clearly established.

Method: This prospective study was conducted over a 1-year period, from 1 June 2010 to 1 June 2011, in one selected peripheral care unit (PCU) of each of the six sanitary regions of Togo. The same population was studied as that of the pilot project's extension to the six sanitary regions' PCUs, namely 816 epileptic patients.

Results: From 1 June 2010 to 1 June 2011, 615 of the 816 patients studied during the pilot project's extension to the six PCUs participated in the study. The gender ratio (M/F) was 1.08. Overall, 560 patients received phenobarbital (PB), 30 carbamazepine (CBZ), 20 valproate (VPA), and five bitherapy PB-CBZ. A permanent supply of antiepileptics in the PCUs was guaranteed by the project in the form of generic drugs at the following dosages: PB 100 mg, CBZ 200 mg, and VPA 500 mg. Prices were fixed per 30-tablets unit at 0.30 € for PB, 1.5 € for CBZ and 1.5 € for VPA. The dosing schedules were 100 mg/day for adults and 50 mg/day for children for PB, 400 mg/day for CBZ, and 1000 mg/day for VPA. The average direct cost of medical treatment was 784,072.80 €, the indirect cost 4,467,350 €, and the total cost 5,251,422.80 €.

Conclusion: While generic antiepileptic drugs have proven instrumental in reducing direct costs, other strategies must be implemented in Sub-Saharan Africa to better control antiepileptic drug costs, and thus encourage antiepileptic therapy compliance.

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