To conduct a health economic cost-benefit analysis of OPAT, a detailed cost analysis of IPAT and OPAT is required” Boese et al (2019).

Abstract:

BACKGROUND: Increasing numbers of total joint arthroplasties and consecutive revision surgery are associated with the risk of periprosthetic joint infections (PPJI). Treatment of PPJI is complex and associated with immense socio-economic burden. One treatment aspect is parenteral antiinfective therapy, which usually requires an inpatient setting. An alternative is outpatient parenteral treatment. To conduct a health economic cost-benefit analysis of OPAT, a detailed cost analysis of IPAT and OPAT is required. So far, there is a lack of knowledge on the health economic effects of IPAT and OPAT for PPJI.

AIM: To review an economic comparison of IPAT and OPAT.

METHODS: A systematic literature review was performed through Medline following the PRISMA guidelines.

RESULTS: Of 619 identified studies, 174 included information of interest and 21 studies were included for quantitative analysis of OPAT and IPAT costs. Except for one study, all showed relevant cost savings for OPAT compared to IPAT. Costs for IPAT were between 1.10 to 17.34 times higher than those for OPAT.

CONCLUSION: There are only few reports on OPAT for PPJI. Detailed analyses to support economic or clinical guidelines are therefore limited. There is good clinical evidence supporting economic benefits of OPAT, but more high quality studies are needed for PPJI.

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