Results

- 40 IDSA guidelines were included in the final analysis.
- 25 out of 40 (62.5%) IDSA guidelines included at least 1 cost analysis in their reasoning.
- 1,068 cost analyses relevant to the subject of the guidelines were retrieved from PubMed.
- The calculated percentage of incorporation of the available cost analyses was 13.3% (95% CI, 8.5%-18.9%).
- The mean number of items of the CHEERS statement fulfilled by cases was 14.2 ± 4.2 compared to 14.0 ± 4.3 for controls (p=0.19).
- Difficulties in the interpretation of results of cost analyses, given the low compliance with the CHEERS requirements, could explain the low percentage of cost analyses that were found to be incorporated in the IDSA guidelines.

Table 1. Results of the Case - Control study

<table>
<thead>
<tr>
<th></th>
<th>Cases (n=50)</th>
<th>Controls (n=50)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEERS score (mean±SD)</td>
<td>14.9±0.44</td>
<td>14.2±0.25</td>
<td>0.19</td>
</tr>
<tr>
<td>Impact factor (mean±SD)</td>
<td>8.18±8.45</td>
<td>7.5±6.5</td>
<td>0.09</td>
</tr>
</tbody>
</table>

FIGURE 1. PERCENTAGE OF INCORPORATION OF AVAILABLE COST ANALYSES BY SPECIALTY

FIGURE 2. COMPLIANCE OF CASES AND CONTROLS WITH INDIVIDUAL ELEMENTS OF THE CHEERS STATEMENT

Conclusion

- 62.5% of the IDSA guidelines use cost analyses to support their recommendations, higher than the estimated 43% of the 101 most cited guidelines of 4 medical societies.1
- However, only 13.3% of the available studies are used to guide recommendations, implying that significant improvement can be achieved.
- An advantage of cost analyses that directly relate costs with healthcare outcomes for patients was identified.
- Difficulties in the interpretation of results of cost analyses, given the suboptimal compliance with the CHEERS requirements, could explain the low percentage of cost analyses that was found to be incorporated in the IDSA guidelines.

References