

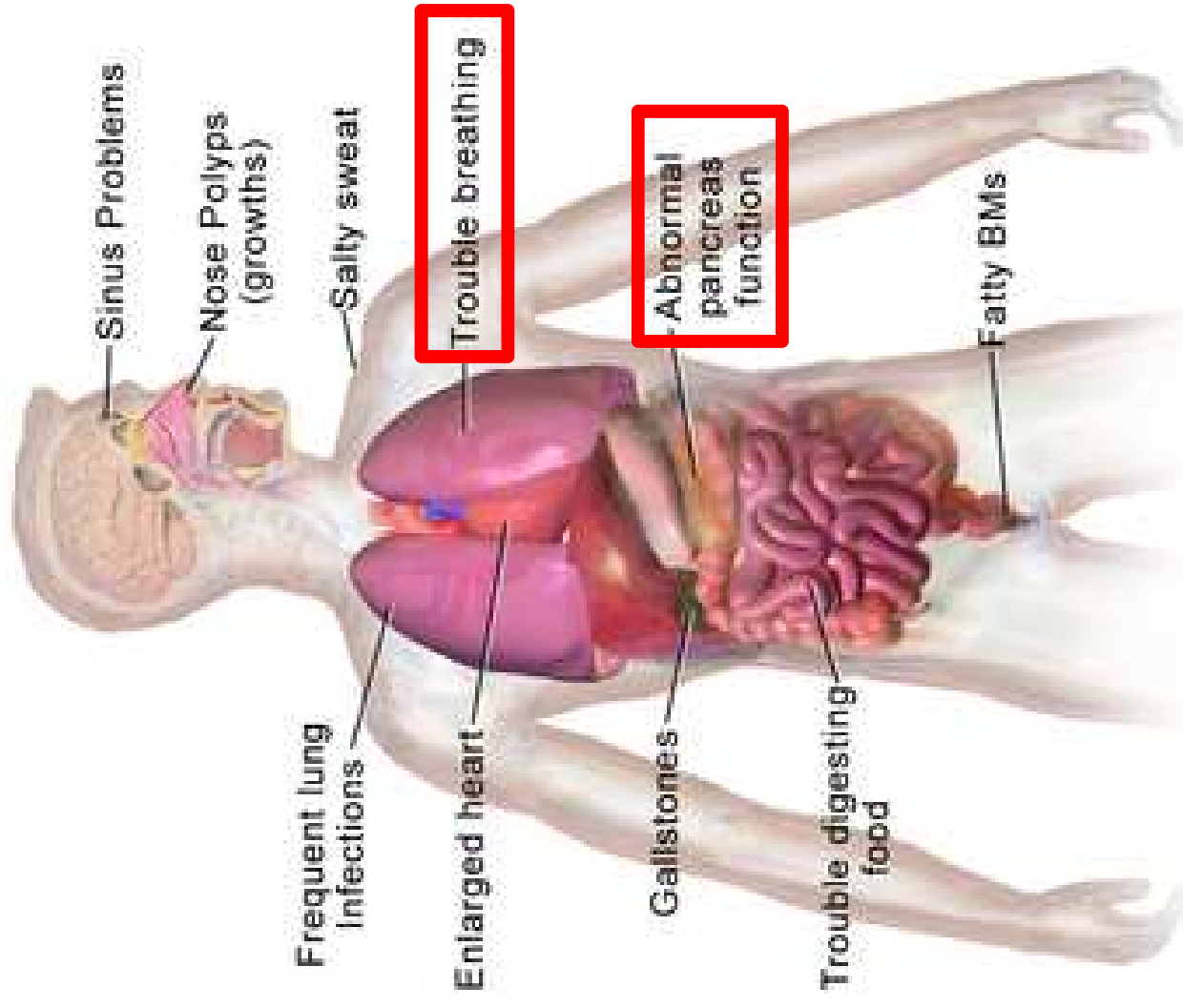
Cystisk fibrose

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Sinus Problems

Nose Polyps
(growths)

Salty sweat

Trouble breathing

Abnormal
pancreas
function

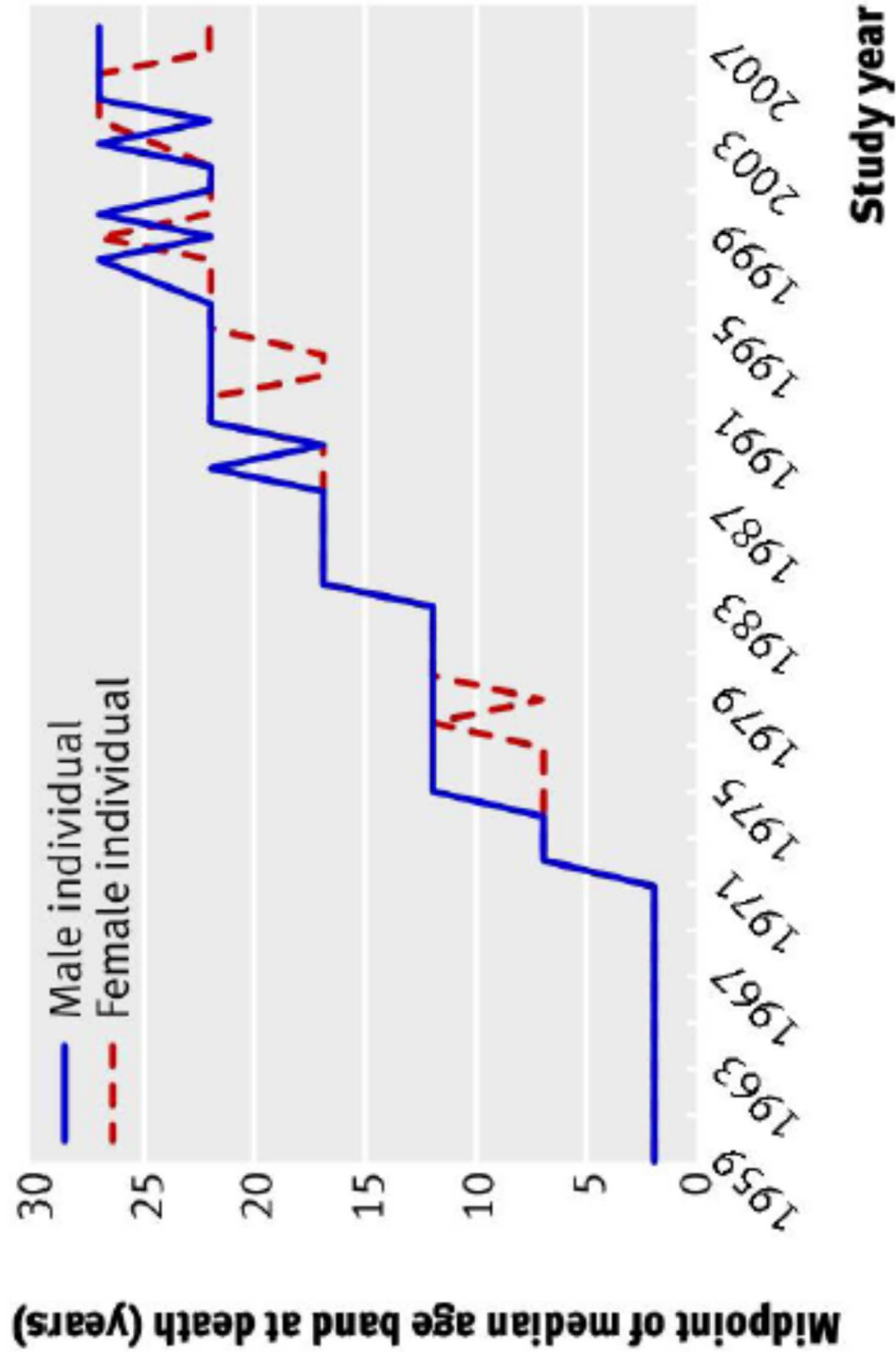
Fatty BMs

Frequent lung
Infections

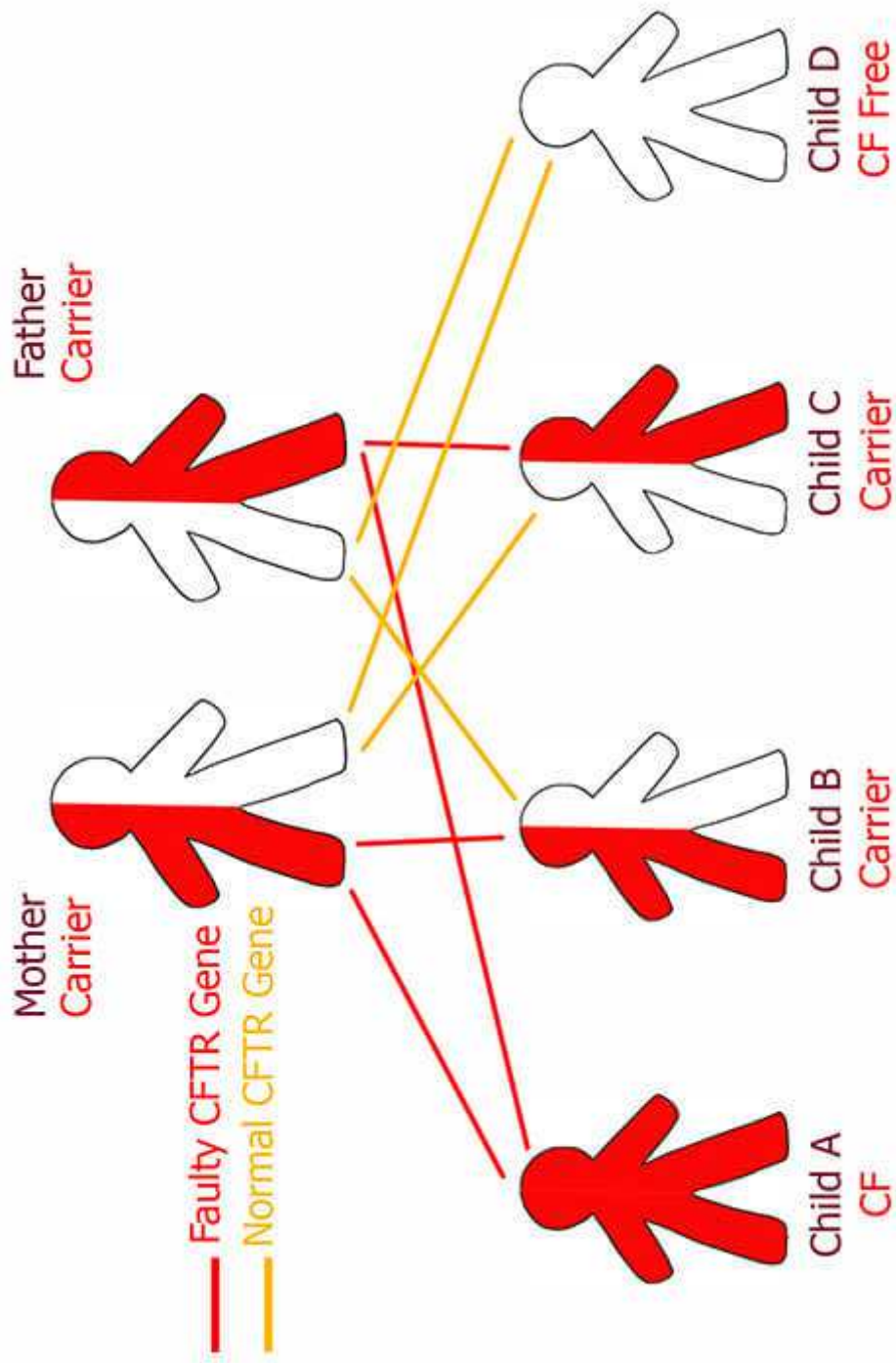
Enlarged heart

Gallstones

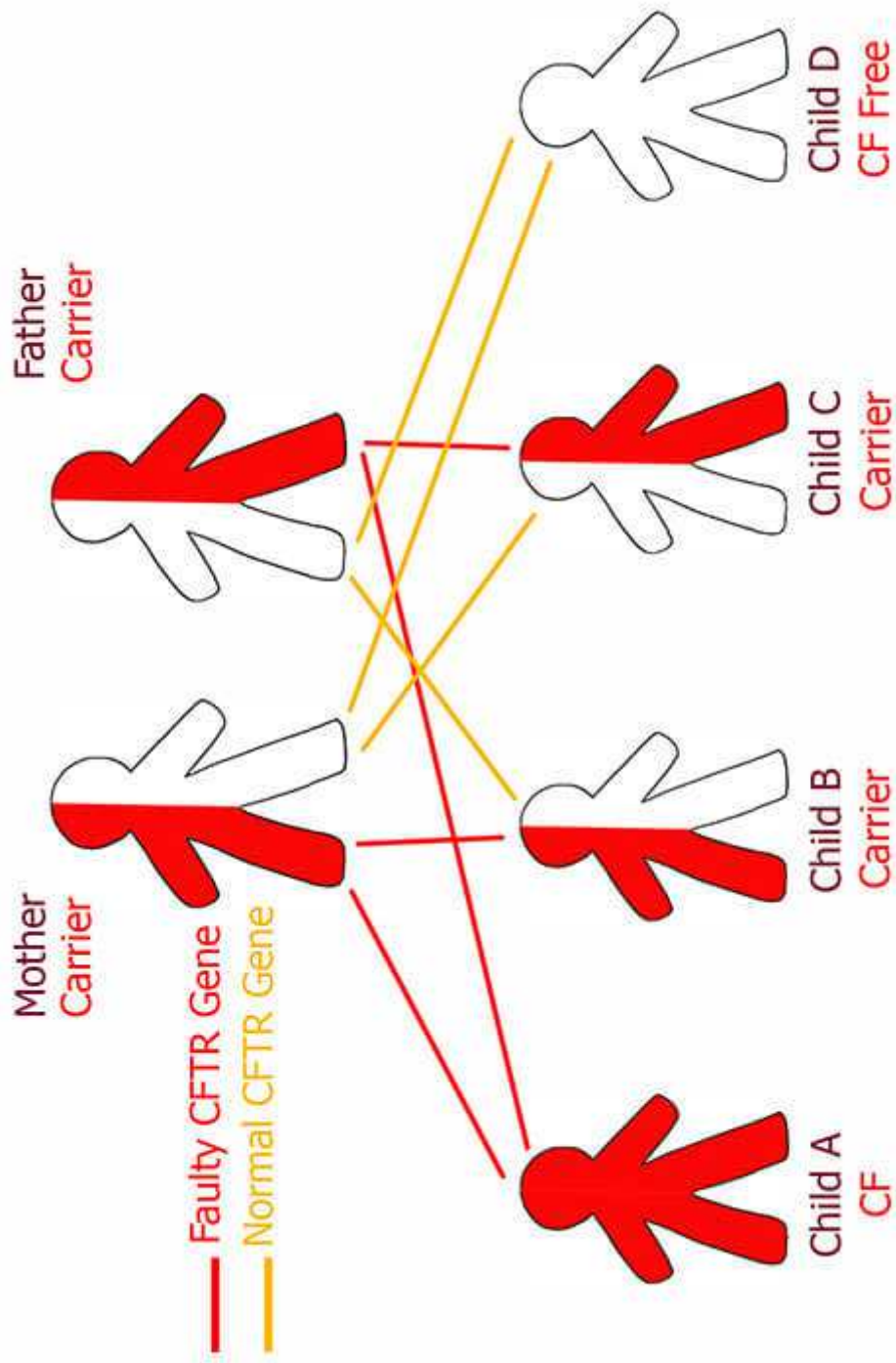
Trouble digesting
food



BMJ 2011;343:d4662 doi: 10.1136/bmj.d4662







Eur J Hum genit.1993;1(3):239-44.

**Screening for carriers of cystic fibrosis among pregnant women:
a pilot study. Schwartz, Brandt, Skovby.**

Screenede: 6599 kvinder



Bærere: 172 kvinder



Ægtefælle (manden) også bærer: 3 mænd



Et af disse tre pars børn blev diagnosticeret
tidligt efter undfangelse og blev aborteret

Antal som skulle screens $6599 + 172 = 6671$
 $6671 \times 200\text{kr} = 1.3$ million kroner

Prenatal screening for cystic fibrosis: an economic analysis

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Summary

Cystic fibrosis (CF) is the most common life-shortening genetically transmitted disease in Denmark with a birth prevalence of 1 in 4700, resulting in 12–15 new cases of cystic fibroses annually.

The aim of this study is to disclose the societal resource implications of introducing a population wide prenatal screening programme for cystic fibrosis in Denmark. The present analysis is limited to the monetary consequences of introducing a screening programme, where costs of screening are compared to the potential benefits measured in cost savings involved if births of CF patients are avoided.

Screening costs in a Danish setting were estimated at DKK 2 771 262 (£231 438) per aborted affected fetus in the first screening round, stabilising at DKK 1 864 594 (£155 383) per aborted affected fetus at subsequent screening rounds. Comparing this figure with the estimated benefits of avoiding a CF case (DKK 2.1–4.4 million; £175 000–366 667) suggests that introducing a screening programme for cystic fibrosis will be net cost saving irrespective of the perspective of the analysis, assumptions on replacement children and method of estimating long-term production gains/losses. Copyright © 2001 John Wiley & Sons, Ltd.

Keywords screening; economic evaluation; cystic fibrosis; costing; sensitivity analysis



Indførelse af screening for cystisk fibrose er omkostningseffektivt.

Kalydeco x

der, kr...

pro.medicin
INFORMATION TIL SUNDHEDSFAGLIGE

Menu

i pro.medicin.dk

A-Z søgning

Pakninger, priser, tilskud og udlevering

Tilskud	Udlevering	Disp.form og styrke	Vnr.	Pakning	Pris i kr.	Pris DDD
	(BEGR)	Filmovertrukne tabletter 150 mg (kan dosisdisp.)	025806	56 stk.	211.398,10	7.549,93
	(BEGR)	Filmovertrukne tabletter 150 mg (kan dosisdisp.)	492666	56 stk. (blister)	211.398,10	7.549,93
	(BEGR)	Granulat 50 mg	088684	56 stk.	211.398,10	22.650,61
	(BEGR)	Granulat 75 mg	505332	56 stk.	211.398,10	15.099,86

[Se generelt om tilskud](#)

[Se generelt om udlevering](#)

[Se generelt om pris DDD](#)

$$7549 \times 365 = 2.8 \text{ mill/år}$$

Hvorfor er der ikke sket noget?

Henvendelser:

Sundhedsstyrelsen 2014

Regionerne 2016

Men der sker ikke noget!!!!!!

Hvis du har fået et barn i familien, som har cystisk fibrose, må man godt blive screenet (CF-forening)

Man er begyndt at screene børnene – men.....

Konklusion:

En screening for cystisk fibrose vil kunne spare en familie om måneden fra at skulle leve med lidelse, sorg og utallige sygehusbesøg i 25-50 år.

Og den vil på den lange bane kunne spare samfundet for mange penge.

Hvorfor kommer jeg til jer?

Tak fordi I ville høre på mig!