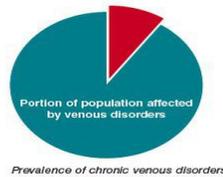


## IQ\_2012\_06\_venus - Health Economics

### Venous Disorders



CEAP Classification of venous disorders	Affected population
C0: No detectable venous disorder	9.6 %
C1: Telangiectasia or reticular veins only	59.0 %
C2: Varicose veins (diameter ≥3mm)	14.3 %
C3: Oedema due to venous insufficiency	13.4 %
C4: Skin changes due to venous insufficiency	2.9 %
C5: Healed venous ulcer	0.6 %
C6: Open venous ulcer	0.1 %

The high cost of venous disorders is guaranteed by the sheer number of people affected. Alongside the expenses of acute treatment and long-term care, the wider economy must absorb associated costs, such as the high number of missed work days.

#### A European Example: The Situation in Germany

##### Chronic Venous Disease

A German study into the prevalence of venous disorders found every 6th man and every 5th woman to have chronic venous insufficiency.\*

Over 90% of people aged 18-79 were affected to some degree by a chronic venous disorder (see figure opposite). The incidence of venous disorders was generally seen to increase with age (see chart below). Given the ageing population, this has serious implications for healthcare payers. Acute venous disease surveys indicate that up to around 5% of the population have experienced deep vein thrombosis (DVT) in the past. For every 1,000 people in the population, one or two new cases of DVT arise each year. As well as acute intervention being needed, chronic problems such as post-thrombotic syndrome can arise, requiring further care.

##### Costs

Initial treatment costs are only the beginning. Long-term nursing care and management of complications is often necessary. In 2006, the healthcare costs just for varicose veins of the legs amounted to € 808 million in Germany.

AOK, one of Germany's biggest health insurers covering around 24 million people, reported in 2006 that for every 1,000 members more than 200 work days were lost as a result of venous thrombosis and varicose veins.

Although there is still room for improvement, the direct costs of venous disease have started to decrease in recent years. This trend corresponds with a rise in out-patient procedures being performed, avoiding costly hospitalisation.

The wider availability of effective minimally invasive options is therefore not only in the interest of patients, but also beneficial for healthcare payers.

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