

Appendix 6 Table of included health economic studies

Table 1. Economic evaluation comparing a combined rehabilitation program with a single behavioral rehabilitation program and a single physical rehabilitation program for patients with chronic low back pain.

Author	Smeets et al.
Year	2009
Reference	[82]
Country	Netherlands
Study design	RCT-based CEA. Time horizon: 62 weeks.
Population	Patients with non-specific low back pain for more than three months resulting in disability. Mean (SD) age 42.5 (9.5) years. 45% women.
Setting	Outpatient rehabilitation centres
Perspective	Societal
Intervention	Group 1 (n=56): Combination treatment (CT) consisting of the three treatment modules: active physical treatment (APT), graded activity training (GA) and problem solving training (PST). Duration: 10 weeks. CT started with APT and PST, offered with same frequency and duration as stated below. GA started in the third week with in total 19 sessions delivered.
vs control	vs Group 2 (n=52): APT consisting of 30 min aerobic training on a bicycle and 75 min strength and endurance training three times per week. Duration: 10 weeks. Group 3 (n=52): Graded activity with problem solving training (GAP) consisting of GA and PST.
Incremental cost	<u>CT versus ATP:</u> <ul style="list-style-type: none"> Incremental direct health care costs: 766 (95% CI 173, 1297) Incremental direct non-health care costs: -56 (95% CI -671, 568) Incremental indirect costs: -1 137 EUR (95% CI -6 706, 4 511) Incremental total costs: -407 EUR (95% CI -6 987, 5 900) <u>CT versus GAP</u> <ul style="list-style-type: none"> Incremental direct health care costs: 2 072 (95% CI 1 686, 2 441) Incremental direct non-health care costs: -466 (95% CI -1 375, 293) Incremental indirect costs: 3 051 EUR (95% CI -2 933, 8 862) Incremental total costs: 4787 EUR (95% CI -984, 10 540) <p>Costs reported in EUR year 2003</p>
Incremental effect	<u>CT versus ATP:</u> <ul style="list-style-type: none"> Incremental RDQ score: -1.23 (95% CI -3.01, 0.55) Incremental QALYs: -0.014 (95% CI 0.094, 0.066) <u>CT versus GAP:</u> <ul style="list-style-type: none"> Incremental RDQ score: -1.27 (95% CI -2.96, 0.42) Incremental QALYs: -0.045 (95% CI -0.119, 0.029)
ICER	N/A since there was no significant difference in RDQ score or QALYs for patients who received CT compared with ATP or GAP.
Study quality and transferability*	Moderate quality. Moderate/high transferability to Sweden Comments:

Further information Comments	<ul style="list-style-type: none"> • The main trial results are reported in Smeets 2006 [29]. • The RCT contained a fourth group which was randomised to a waiting list but this group was not part of the health economic analysis. • We chose not to report the ICERs presented in the publication as there was no significant difference in effects between the study groups. The reported ICERs were not accompanied by 95% CI and could be misleading. • Indirect costs were estimated using the human capital approach. • The 95% CI for the difference in QALYs that appears in the publication (reported above) appears to be incorrect as both values are positive while the estimate is negative.
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*Assessed using SBU's checklist for trial-based health economic studies.

Abbreviations: APT = active physical treatment; CEA = cost-effectiveness analysis; CT = combination treatment; GA = graded activity training; GAP = graded activity with problem solving training; PST = problem solving training; RCT = Randomized controlled trial; EUR = Euro; QALY = Quality adjusted life years; ICER = Incremental cost-effectiveness ratio; RDQ = Roland Disability Questionnaire.

Table 2. Economic evaluation comparing an integrated care programme with usual care for sick listed patients with chronic low back pain.

Author	Lambeek et al.
Year	2010
Reference	[43]
Country	Netherlands
Study design	RCT-based within-trial CEA
Population	Adults aged 18-65 who had low back pain lasting more than 12 weeks, had paid work (paid employment or self-employed) for at least eight hours a week, and were on (partial) sick leave.
Setting	Workplace, outpatient specialist clinic and primary care
Perspective	Societal
Intervention	Integrated care consisting of a workplace intervention protocol and a graded activity protocol (n=66). The workplace protocol aimed to formulate a plan for adaptations at work to facilitate return to work. The graded activity protocol was a time contingent programme based on cognitive behavioural principles.
vs control	vs Usual care given by occupational physician and general practitioner according the Dutch guidelines for patients with low back pain (n=68)
Incremental cost	Incremental direct costs: 217 GBP (95% CI -131, 662) Incremental indirect costs: -5 527 (95% CI -10 160, -740) Incremental total costs -5 310 GBP (95% CI -10 042, -391) Cost reported in GBP year 2007
Incremental effect	Difference in days until sustainable return to work: -68 (95 % CI -110, -26) Incremental QALY gained: 0.09 (95% CI 0.01, 0.16)
ICER	Incremental direct costs/day until sustainable return to work: -3 GBP. Distribution of bootstrapped cost-effect pairs on the cost-effectiveness plane showed that 86% of



Bilaga till rapport

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	<p>simulations were situated in the northeast quadrant indicating that integrated care is more effective but also more costly than usual care.</p> <p>Incremental total costs/QALYs gained: -61,000 GBP. Integrated care dominates. Distribution of bootstrapped cost-effect pairs on the cost-effectiveness plane showed that 98% of simulations were situated in the southeast quadrant indicating that integrated care is more effective and less costly than usual care.</p>
Study quality and transferability*	High quality Moderate/high transferability to Sweden
Further information Comments	<ul style="list-style-type: none">• The main trial results are reported in Lambeek 2010 [43].• Indirect costs were estimated using the human capital approach.

*Assessed using SBU's checklist for trial-based health economic studies.

Abbreviations: CEA = cost-effectiveness analysis; RCT = Randomized Controlled Trial; GBP = Great British Pound; QALY = Quality adjusted life years; ICER = Incremental cost-effectiveness ratio.