

For the Patient

The full report is titled “Clinical and economic burden of chronic rhinosinusitis with nasal polypsis: A US administrative claims analysis” by Anju T. Peters, Lindsay G.S. Bengtson, Yen Chung, Benjamin Emmanuel, Rohit K. Katial, James L. Kreindler, Cori J. Blauer-Peterson, and Greg E. Davis. The report appears in the Sep-Oct 2022 volume 43, issue 5 of *Allergy Asthma Proceedings* (volume 43, pages 435–445).

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CHRONIC RHINOSINUSITIS WITH NASAL POLYPS: COMPOUNDING THE CLINICAL AND ECONOMIC BURDEN OF ASTHMA

Chronic rhinosinusitis with nasal polyps (CRSwNP) is a condition associated with nasal congestion, mucus discharge from the nose, facial pain, pressure, and a decreased sense of smell that not only can cause frustrating symptoms and decreased quality of life but also a financial burden for the patient. The presence of nasal polyps (NP), which are defined as benign inflammatory masses that arise from the nasal mucosa and sinuses, differentiates CRSwNP from a more common condition referred to as chronic rhinosinusitis without NPs. Patients with CRSwNP usually have long-standing inflammation and a protracted clinical course that cannot be explained by infection. Because data on the clinical and economic burden of CRSwNP, including the impact of associated illnesses and surgical treatment, are sparse, Peters and colleagues from the Allergy-Immunology Division and the Sinus and Allergy Center, Feinberg School of Medicine, Northwestern University, Chicago, Illinois, performed a retrospective study of patients to better define patient characteristics, health-care resource utilization, and health-care costs among real-world patients diagnosed with CRSwNP with and without asthma, and outcomes among patients with CRSwNP who underwent sinus surgery for NP.

Why Did the Researchers Do This Particular Study?

The authors conducted this research to review the problem at hand and to determine medication use, health-care resource utilization, and health-care costs of patients with CRSwNP with various associated conditions or who required surgery for NP.

Who or What Was Studied?

This was an observational study conducted from January 2013 to March 2019 (study period) by using administrative claims data from the Optum Research Database, which contains de-identified medical and pharmacy claims data for individuals enrolled in U.S. health plans.

How Was the Study Done?

Patient characteristics were assessed during the 12-month baseline period and included demographics, insurance type, comorbidities, use of corticosteroids and antibiotics, and health-care costs.

What Were the Limitations of the Study?

Because the data were collected before widespread use of new and effective biologics for treating CRSwNP, few patients who received biologics were included in the study, and study diagnosis codes were not used for patient identification, which may have excluded patients with CRSwNP. Similarly, the use of systemic steroids and antibiotics observed in this study could not be exclusively attributable to CRSwNP.

What Are the Implications of the Study?

Among patients with CRSwNP from a large U.S. administrative claims data base, medication use, health-care resource utilization, and health-care costs were significantly higher for patients with versus without baseline comorbid asthma over a 2-year follow-up period and were dominated by outpatient costs. □