This study aimed to quantify resource use and costs of palliative care for advanced cancer patients starting treatment with 12-hourly sustained-release (SR) morphine (MS Contin®) or transdermal fentanyl (Duragesic®) as the main opioid treatment of the National Health Service (NHS) as well as the voluntary and charitable sector.

**METHODS**

Drug use and resource utilisation by patients with advanced cancer was obtained from the DIN Link database, which contains timepoint/information on £0.9 million patient years managed by approximately 300 GPs in 100 nationally distributed general practices.

- Patients were included in the study if they had a Read code for malignant neoplasms and received either 12-hourly SR morphine or transdermal fentanyl as their starting drug treatment, and were treated in nurse-led hospices from January 1998 and 1999.
- A decision tree modelling palliative care for patients with advanced cancer following initial treatment with 12-hourly SR morphine and transdermal fentanyl was constructed to model patients' opioid-prescribing history with their resource utilisation derived from the DIN-Link database.
- The decision model included the following resource categories obtained from the DIN-Link database: prescription drug costs, specialist nurse, domiciliary care, primary care, hospice care, general practitioner (GP) care, inpatient hospital care, and inpatient hospital care visits made by a palliative care physician and hospitalisation. In addition to these resource costs, patient locational costs, district nurse domiciliary visits and hospice stay were also quantified.

**RESULTS & DISCUSSION**

There were statistically significant differences between the patients treated with transdermal fentanyl or 12-hourly SR morphine in terms of age and cancer profile. However, statistically significant differences in resource use between the treatment groups were limited to differences in monthly drug costs and hospice admissions. These differences were consistent with other evidence suggesting that pain is often inadequately managed [4,5].

**REFERENCE**