

Editorial

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As we all know, Pharmacoeconomic research identifies, measures and compares the cost and consequences of treatment options. The consequences could be clinical, economical or humanistic.

Humanistic outcomes represent the patient perspective and are important in life extending treatment options like in cancer chemotherapy as well as morbidity reducing therapy such as in arthritis.

Among the four different methods of pharmacoeconomic evaluation, Cost Utility Analysis is the most appropriate method to measure the humanistic outcome which is generally expressed as the Quality-Adjusted Life Year (QALY) gained which measures health as a combination of the duration of life and the health-related quality of life.

Health-related quality of life (HRQoL) is a multi-dimensional concept that includes domains **related** to physical, mental, emotional, and social functioning.

QALY is a common measure of health status used in CUA, combining morbidity and mortality data.

Results of CUA are also expressed in a ratio, a cost-utility ratio (C:U ratio).

Most often this ratio is translated as the cost per QALY gained.

The preferred treatment alternative is that with the lowest cost per QALY (or other health-status utility).

When comparing treatment alternatives where HRQoL is the most important health outcome being examined, CUA should be considered.

HRQoL is an assessment of how the individual's well-being may be affected over time by a disease or disability.

There are instruments for measuring HRQoL, Some of the examples are medical outcome study short form (SF-36), Sickness Impact Profile (SIP) and NHP method.

More and more Quality of Life studies should be taken up by our Pharm.D students in patients with diseases such as COPD, Asthma, arthritis, Chronic renal failure etc as it can positively impact the therapeutics.

DOI: 10.5530/ijopp.10.4.49

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