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| **Table 3a – Methods for Calculating Indirect costs** |
| Author | Condition  | Costs included | Costing methods  | Sources |
| Wielage et al. (2013b) [19] | LBP | Indirect costs owing to LOP from both LBP and treatment related AE’s | Human capital approach; valued using No. of hours worked per week, minimum wage & retirement age | CLBP LOP from German study [52]. AE LOP from guidelines for return to work [53]. |
| Kim et al. (2010) [14] | LBP | Direct non-medical costs (patient costs). Indirect non-medical costs (lost wages) | Indirect non-medical= Daily Wage \* %Economically active \* %employed \* No. treatment sessions | Direct non-medical from KNHNS data [54]Indirect non-medical from Ministry of Employment and Labour [55] |
| Skidmore et al. (2011) [23] | General sciatica | “Indirect costs of lost productivity is not estimated directly but instead is implicitly included incorporated in utility values” |
| Koenig et al. (2013) [25] | General sciatica | Indirect costs arising from missed workdays and loss to household earnings | Inferred effect upon earnings and workdays from change in patient functional status | Missed workdays & income come from NHiS [56]. Change in functional status from observation study [57] |
| Igarishi et al. (2015) [20] | General sciatica | Indirect costs. “Work productivity component” of WPAI provides estimate of both productivity losses from absenteeism and presenteeism [58] | % productivity was mapped to pain scores, each % change in pain score resulted in estimate of productivity loss. | WPAI [58] adapted for LBP (WPAI:CLBP-NeP).Costs estimated based on mean monthly income in Japan. |
| Kuntz et al. (2000) [26] | Sciatica surgery | Annual cost of lostwages for patients | Unclear | Unclear |
| Abbreviations: AE (Adverse event); CLBP (Chronic Low back pain); KNHNS (Korean National Health and Nutrition Survey); LBP (Low back pain); LOP (loss of productivity); NHIS (National Health Interview Survey); WPAI (Work Productivity and Activity Impairment) |