

Background

Parkinson's disease is an incurable, progressive neurodegenerative disorder that occurs due to the loss of dopamine producing neurons in the basal ganglia. Motor symptoms include a tremor, bradykinesia (slowness of movement), rigidity and non-motor symptoms include dementia, psychosis, depression and anxiety. Both motor and non-motor symptoms can severely affect the quality of life in Parkinson's patients. Medications for Parkinson's disease can significantly improve the management of the associated symptoms.

In India, only around 3% of the population has health insurance, and the majority pay out of pocket for medical treatments. Thus, chronic diseases such as Parkinson's disease (PD) can be very costly. Parkinson's disease associated cost of care has not been widely studied in Gujarat, India. Many necessary medications can be rather expensive and may be underutilized by patients due to their cost.

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Objectives

- To assess the cost of medication for patients with Parkinson's disease
- To ascertain the economic impact of Parkinson's disease medications
- To leverage community and government programs to provide aid for the management of chronic PD
- To gauge whether optimal management can be made affordable for PD patients
- To learn about the Indian health care system and global health

Select experiences



Taj mahal, Agra



Hawa mahal, Jaipur



Darjeeling



Privilege Center at the hospital



Amer fort,
Jaipur



Community
meetings

Methods

Billing records of patients with PD visiting the Parkinsonism and Movement disorders clinic of Shree Krishna Hospital, a rural medical teaching hospital in Western India was reviewed for this study. We only assessed the cost of treatment in terms of costs of use of drugs. Other costs of care not assessed include the cost of clinical investigations, physiotherapy, rehabilitation, cost of travel and consultation charges. This data will be analyzed to show the average cost paid by patients of PD for daily management of the chronic disease.

Ongoing results

We are currently in the process of analyzing data collected over the summer to assess the total expenditure taken on by the Parkinson's patients in our sample. The cost of care analysis can potentially be used to ascertain how many patients utilize different Parkinson's medications based on cost. The analyses would help identify specific needs for management of PD and may be useful in identifying interventions that may improve care for Parkinson's disease. The project can help leverage the community and present a background for the ministry to help cover the costs of medications for Parkinson's disease. Additional data may be collected to obtain an ambispective result in the future.