

# 15 Appendix E. Searching for Health Economics Evidence

A separate search was carried out for health economics evidence as the clinical searches were not designed to capture this type of evidence. The searching was carried out by an information scientist at the School of Health and Related Research (ScHARR) with guidance on the search terms from the health economist.

Selection of papers and reviewing was carried out by the health economist.

## Search Strategy

The search strategy used was as follows

## Methodological search filters used

- ▷ Economic evaluations
  1. economics/
  2. exp “costs and cost analysis”/
  3. economic value of life/
  4. exp economics, hospital/
  5. exp economics, medical/
  6. economics, nursing/
  7. economics, pharmaceutical/
  8. exp models, economic/
  9. exp “fees and charges”/
  10. exp budgets/
  11. ec.fs
  12. (cost or costs or costed or costly or costing\$.tw
  13. (economic\$ or pharmaco-economic\$ or price\$ or pricing).tw
  14. or/1-13

Searches were restricted to 1995 to the present (August 2002) and to the English language. The following databases were searched with the number of hits shown in brackets:

- Medline (430)
- Embase (207)
- NHS EED (41)
- OHE HEED (161)

Databases were searched on 01/08/02

In addition, reference lists from appraised papers were checked for further useful references. A list of health economic terms was given to the systematic reviewer and information scientist at

## Chronic Obstructive Pulmonary Disease: National clinical guideline on management of chronic obstructive pulmonary disease in adults in primary and secondary care

the NCC to help them identify any papers of potential relevance. Any found were then passed on to the health economist. The GDG also highlighted references they thought might be useful.

### Inclusion criteria

The titles, and where available the abstracts, were screened to assess whether the study met the following inclusion criteria:

**Patients:** at least some of the patients had COPD.

**Economic evidence:** the study was an economic evaluation or included information on resources, costs or specific quality of life measures.

**Study design:** no criteria for study design were imposed a priori.

#### ▷ Summary Results

After reviewing titles, abstracts and CRD/OHE HEED commentaries (where available), 115 potentially useful papers were included.

Full papers were obtained and led to a further exclusion of 47 papers. 68 papers were appraised and presented to the GDG. Very few of these were good quality formal economic evaluations. The table below shows the number of papers that were reviewed in each area.

Area	Number of papers reviewed
Financial cost of COPD to the NHS	5
Cost of an exacerbation	4
Bronchodilators	10
Pulmonary rehabilitation	15
Smoking cessation	4
Education	3
Oxygen-stable COPD: Long term oxygen therapy	1
Oxygen - stable COPD: Ambulatory oxygen therapy	1
Antibiotics	3
Hospital-at-home	7
Antitrypsin	1
Non invasive ventilation	5
Mucolytics	1
Immunisation	3
Lung volume reduction surgery	1
Corticosteroids for stable COPD	4

Areas not listed above did not have any useful economic evidence.



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*Thorax* 2004 59: i195-i196

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Updated information and services can be found at:  
[http://thorax.bmj.com/content/59/suppl\\_1/i195.citation](http://thorax.bmj.com/content/59/suppl_1/i195.citation)

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*These include:*

**Data Supplement**

*"Supplementary Evidence Table"*

[http://thorax.bmj.com/content/suppl/2004/03/04/59.suppl\\_1.i195.DC1.html](http://thorax.bmj.com/content/suppl/2004/03/04/59.suppl_1.i195.DC1.html)

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**Notes**

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