Unmet Needs & Burden of Recurrent Pericarditis (RP): Results Of A Systematic Literature Review (SLR)

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BACKGROUND

Cardiac tamponade (CT) is rare but severe. Exudative pericarditis is a common inflammatory disease of the pericardium with pericardial fluid accumulation. Recurrence is common (26%–50%) and is treated repetitively with NSAIDs, steroids, colchicine, or anti-inflammatory therapies. Colchicine is widely used to treat acute and persistent pericarditis. However, the efficacy of colchicine over placebo is not clear. The mean duration of colchicine treatment was 9 months (7.5 in persistent pericarditis) without definitive recurrence. Continuous colchicine treatment may improve patient well-being.

METHODOLOGY

Search Strategy

- Inclusion & Exclusion Criteria
- Databases and Guidelines
- Study Selection
- Risk of Bias
- Results

RESULTS

Inclusion and Exclusion Criteria

- Patients were included if they had clear, acute recurrent RP with one or more recurrence episodes. The median number of recurrent episodes was 2 (to a maximum of 12). Only patients with acute RP were included in the analysis. No data were pooled for chronic pericarditis.

Databases and Guidelines

- The authors retrieved evidence through traditional searching of the literature and electronic searches of databases, including MEDLINE, EMBASE, Cochrane Library, and others.

Study Selection

- Ninety-three articles were included after screening: 29 RCTs, 20 RWEs, and 44 unblinded trials.

Risk of Bias

- The risk of bias was assessed for individual trials using the Cochrane Risk of Bias tool.

RESULTS

- In total, 409 randomized patients and 50 patients refractory RP were included in the analysis.
- The data showed that colchicine may significantly reduce the number of recurrences compared to placebo.

Economic Burden of RP

- The data showed that the economic burden of RP is significant, with costs ranging from $13,000 to $40,000 per patient year.

Hematologic/Blood tests

- Hematologic/blood tests were performed in 29% of the patients, including hematocrit, hemoglobin, platelets, and leukocytes.

Unmet Needs

- Patients reported significant unmet needs, including physical and mental health issues, social and emotional support, and access to health care.

CONCLUSIONS

- The results of this study suggest that colchicine may be effective in reducing the number of recurrences in patients with acute RP. However, further research is needed to evaluate the long-term efficacy and safety of colchicine.

- The economic burden of RP is significant, and more research is needed to develop cost-effective interventions.

- Patients reported significant unmet needs, and more support is needed to address these needs.

- Future research should focus on developing new treatments and interventions for RP and addressing the unmet needs of patients.