

Do QALYs Discriminate Against the Elderly?

Background

Critics of QALYs argue that it discriminates against older individuals. However, **little empirical evidence has been produced to inform this debate.**

Objective

To compare results from published cost-effectiveness analyses (CEAs) for patients aged ≥ 65 and < 65 years.

Methods

Data source: Tufts Cost-Effectiveness Analysis Registry

Eligibility: CEAs published between 1976 to 2021 that reported incremental costs, QALYs, incremental cost per QALY ratio (ICER) and age of the target population.

Analyses: CEAs were categorized according to age group at the base-case analysis (≥ 65 versus < 65 years). We used logistic regression to assess the association between age group and the cost-effectiveness conclusion adjusted for confounding factors. Sensitivity and subgroup analyses were conducted to explore the impact of uncertainty in the analyses.

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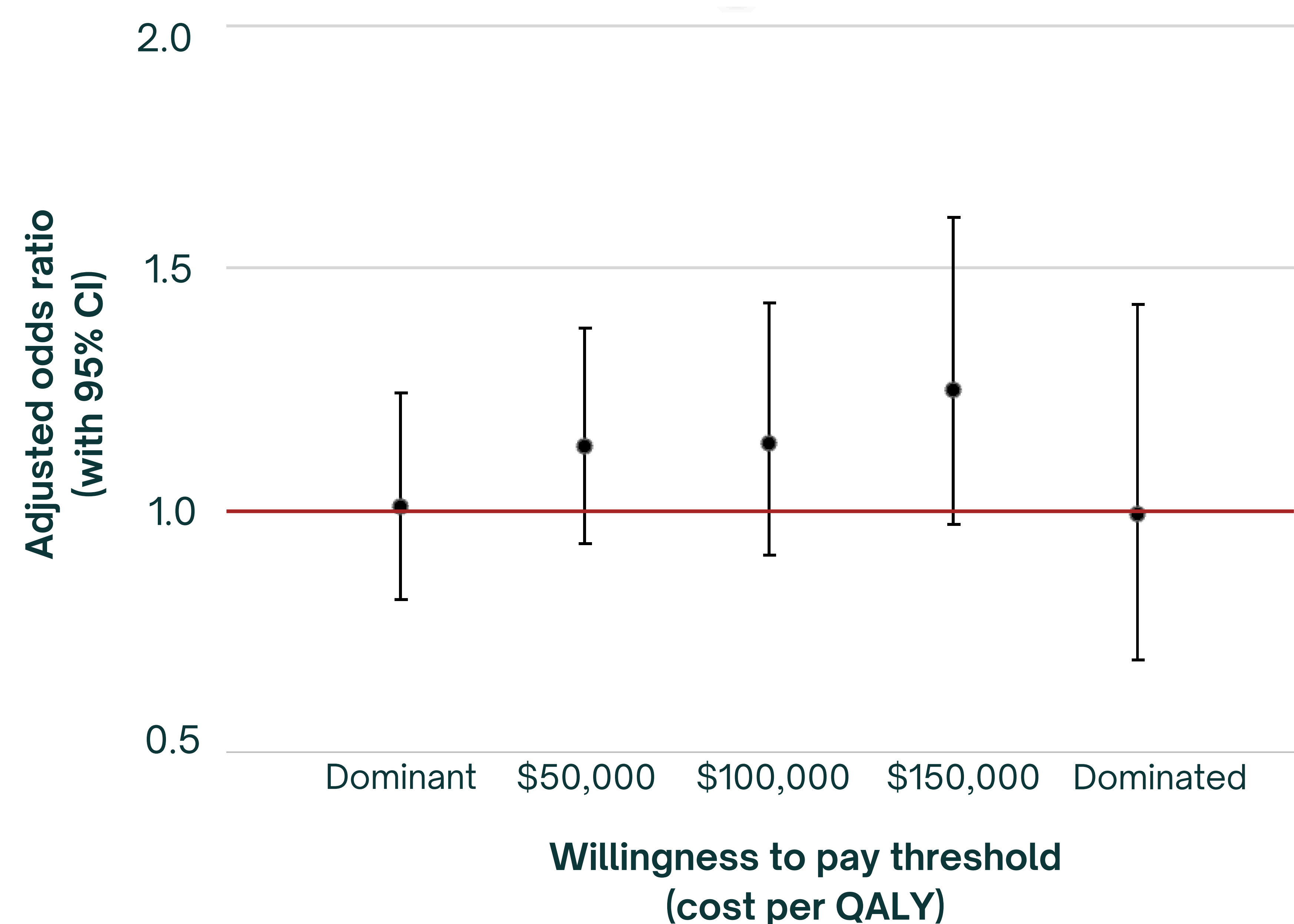
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Results

4,445 CEAs were included in the primary analysis. Included CEAs were categorized according to age < 65 years ($n=3,784$) and ≥ 65 years ($n=661$). More CEAs for patients ≥ 65 years used a lifetime horizon and societal perspective. There were more CEAs on circulatory, musculoskeletal, connective tissue, and nervous systems disorders in the age ≥ 65 years group.

The distributions of ICERs and the likelihood of concluding that the intervention was cost-effective were similar between groups. Sensitivity and subgroup analyses found similar results.

Adjusted odds ratios for cost-effective conclusion between CEAs for age ≥ 65 and < 65 years



Interpretation

An odds ratio (OR) > 1 indicates that CEAs for aged > 65 years were more likely to conclude the intervention was cost-effective.

If the 95% confidence interval (CI) crosses 1, there is no significant difference between groups.

Discussion

We found **no systematic differences in published ICERs using QALYs between CEAs for age ≥ 65 years and < 65 years.** These findings can inform debates about the use of QALYs for drug price negotiations, reimbursement and coverage policy making.