



[Cost-effectiveness analysis of treatment for end-stage renal disease].

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Abstract: End-stage renal disease (ESRD) requires costly life-sustaining therapy, either dialysis or kidney transplantation. The purpose of this study was to analyse and compare the cost-effectiveness of kidney transplantation and dialysis in Iceland.

Costs and effectiveness were assessed using the clinical records of the Division of Nephrology patient registration and billing systems and at Landspítali University Hospital, information from the Icelandic Health Insurance on payments for kidney transplantation at Rigshospitalet in Copenhagen, and published studies on survival and quality of life among patients with ESRD. All costs are presented at the 2006 price level and discounting was done according to the lowest interest rate of the Icelandic Housing Finance Fund in that year.

The cost associated with live donor kidney transplantation was greater in Denmark than at LUH, ISK 6.758.101 and ISK 5.442.763, respectively. The cost per quality-adjusted life year gained by live donor kidney transplantation was approximately ISK 2.5 million compared to ISK 10.7 million for dialysis.

The cost of live donor kidney transplantation is within the range generally considered acceptable for life-sustaining therapies. The transplant surgery is less expensive in Iceland than in Denmark. Increasing the number of kidney transplants is cost-effective in light of the lower cost per life-year gained by kidney transplantation compared to dialysis.

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