

**PHARMACOECONOMIC FEASIBILITY OF THE USE
OF ANTIVIRAL THERAPY IN THE COMPLEX TREATMENT
OF PATIENTS WITH VIRAL-BACTERIAL MODERATE COMMUNITY-
ACQUIRED PNEUMONIA**

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Abstract

The aim of the study is to determine the pharmacoeconomic feasibility of the use of antiviral therapy in the complex treatment of patients with viral-bacterial moderate community-acquired pneumonia (CAP).

The object and methods of the study. 114 patients with moderate CAP, in whom the virus-bacterial etiology of the disease was established according to the results of microbiological studies were enrolled. All patients were randomized into 2 comparison groups: the first group included 48 patients who received combined antimicrobial therapy in combination with the antiviral drug vitaglutam. The second group included 66 patients who were administered only antibiotic therapy. Study methods included clinical, laboratory, radiological and statistical methods.

Results. The data of mathematical modeling in the analysis of the clinical effectiveness of treatment of patients with viral-bacterial moderate CAP indicated that the additional use of antiviral drug vitaglutam with empirical sequential antibiotic therapy significantly reduced the time to clinical improvement, reduced the frequency of infectious complications and the duration of antibacterial therapy. The pharmacoeconomic analysis, performed using «disease cost» method, enhanced by mathematical modeling, has shown that the use of vitaglutam was justified if the cost of additional antiviral pharmacotherapy was less than the cost of one day of therapy, multiplied by 4,4 times.

Conclusion. The results of pharmacoeconomic modeling confirmed feasibility of use of vitaglutam in combination with adequate antibiotic therapy in patients with moderate viral-bacterial CAP due to faster clinical improvement, reduction of infectious complication frequency, reduction of antibacterial treatment terms and hospital stay. This also led to reduction of overall cost of treatment.

Key words: community-acquired pneumonia, antimicrobial chemotherapy, vitaglutam, pharmacoeconomic analysis, modeling.

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