

Eli's Rehab Report

Clinical Rehab Roundup: Diathermy May Not Be Your Most Cost-Effective Intervention

"An economic evaluation of three physiotherapy treatments for non-specific neck disorders alongside a randomized trial." Lewis M, James M, Stokes E, Hill J, Sim J, Hay E, Dziedzic K. *Rheumatology (Oxford)*. 2007 Nov;46(11):1701-8. Researchers compared the cost-effectiveness and cost-utility of several different interventions for non-specific neck disorders.

They compared advice and exercise plus manual therapy (MT) and advice and exercise plus pulsed shortwave diathermy (PSWD) with advice and exercise alone (A&E) in a 2-year study with 3 randomized groups for each therapy intervention. Researchers collected outcome and resource-use data using physiotherapist case report forms and participant self-complete questionnaires. Outcome measures were the Northwick Park Neck Pain Questionnaire (NPQ) and EuroQoL EQ-5D [used to derive quality-adjusted-life-year (QALY) utility scores]. As far as cost effectiveness, researchers considered two economic viewpoints: health care and societal. They used cost-effectiveness acceptability to assess the probabilities of the interventions being cost-effective at different willingness-to-pay threshold values.

Findings: Mean improvement in NPQ at 6 months was 11.5 in the A&E group, 10.2 in the MT group and 10.3 in the PSWD group. Mean QALY scores were 0.362, 0.342 and 0.360, respectively. Depending on the viewpoint and the outcome measure, A&E or MT was most likely to be the cost-effective intervention. PSWD was consistently the least cost-effective intervention.