

PROVIDING EVIDENCE ON THE COST EFFECTIVENESS OF TOPICAL ANTIBACTERIAL HONEY DRESSING FOR FORMULARY INCLUSION

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Aim: The decision making for products to be included on formulary are highly dependent on the clinical evidence and results of local clinical evaluations. Increasingly cost issues are also considered, which is not always easy to produce from clinical evaluations. This poster looks at the cost effectiveness of using a medical grade (leptospermum) honey from analysis of the results of a randomized controlled trial. (RCT) (Robson et al, 2009)

Method: A single centre, RCT in which patients received either a conventional wound dressing or honey. From the results on healing times a cost calculation was attributed to all comparison products used taking into consideration the costs of nursing time, ancillary and dressing costs.

Results: Conventional treatment 53 patients. Honey group 52 patients

Median time to healing was 100 days in the Honey group compared to 140 days in the control group. However, statistical significance was not reached although clinical significance was.

Taking some examples from the control arm of the trial, the cost of Antibacterial Medical Honey could be argued to be 14% less expensive than using surgical pads costing 17 pence per dressing, and 23% less than hydrofibre® per healed wound.

Conclusion: This RCT has demonstrated not only the clinical effectiveness of antibacterial honey in healing wounds quicker than standard practice but through including the time to healing has also enabled the clinician to demonstrate cost advantages. However, it should be noted that this was not one of the primary outcomes of this piece of research.

References: Robson, V. Dodd, S. Thomas, S. (2009) standard antibacterial honey (Medihoney™) with standard therapy in wound care: A randomized control trial. *Journal of Advanced Nursing*. 65(3):565-575.