

The Burden of Multiple Myeloma: Monastir-Tunisia, (2002–2013)

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ABSTRACT

Background: Multiple myeloma is a plasma cell neoplasm with considerable morbidity and mortality. Necessary data to direct health policies with respect to myeloma on a national level are not widely available. A comprehensive description of the burden of MM in Tunisia is needed to help direct health policy, resource allocation, research, and patient care.

Methods: We have included all hospitalizations for Multiple myeloma (using ICD-10 coding: C90) at the university hospital of Monastir between 2002 and 2013. Enrolled patients were residents of Monastir. Data were collected from the regional register of hospital morbidity and mortality implemented at the Department of Preventive Medicine and Epidemiology.

The burden is measured in Disability Adjusted Life Years (DALYs) which is the sum of YLDs (years lived with disability) and YLLs (years of life lost).

Results: During the period of 12 years, 627 hospitalizations were recorded with a crude prevalence rate (CPR) of 120/100,000 inhabitants among people aged 65 years and more. The estimation of DALYs was 19/100,000 inhabitants, with 8.2 and 10.8/100,000 inhabitants for YLLs and YLDs respectively. DALYs was 21.16/100,000 inhabitants for men against 17.23/100,000 inhabitants in women.

Discussion and Conclusion: Multiple myeloma was responsible for 2.1 million (95% UI, 1.9-2.3 million) DALYs at the global level in 2016, with an age standardized rate of 30.5 (95% UI, 27.4-33.9) DALYs per 100,000 person-years (1).

Results showed that MM is a disabling and fatal disease. Thus approval for effective drugs and stem cell transplantation options need to be improved to ensure that every patient with myeloma is being diagnosed and has access to effective treatment. Further research is needed to determine the reasons behind the observed results.