Systemic autoimmune rheumatic diseases (SARDs) are a group of inflammatory arthritides, including systemic lupus erythematosus (SLE), which strike mainly young females. Immune dysregulation in SARDs leads to systemic inflammation, organ damage, complications, work disability, reduced health-related quality-of-life, and premature mortality. When developing policy, setting care and research priorities, and allocating scarce healthcare resources, decision makers need population-based cost estimates, but such estimates for SARDs are limited. Most were determined over short periods of time from highly-selected clinic settings, and the incremental (extra) healthcare and lost productivity costs of SARDs in Canada are unknown.

To address these gaps, we used administrative health data to identify all newly-diagnosed SARD cases in BC during 1996-2010, and non-SARD reference groups randomly selected from the BC population, and capture their healthcare utilisation (outpatient encounters, hospitalisations, and dispensed prescription medications) and costs. We then recruited a random sample of these population-based cohorts to complete a survey on their paid and unpaid work activities. Together, these data were used to determine the:

1. Adjusted, incremental direct medical costs of SARDs over the first five years after diagnosis;
2. Impact of low socioeconomic status on these incremental costs; and
3. Adjusted, incremental costs of lost productivity from paid and unpaid work in SARDs, including absenteeism (not working) and presenteeism (working, but at reduced levels/efficiency).