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Cost-effectiveness analysis of soft bandage and immediate discharge versus rigid immobilization in children with distal radius torus fractures

THE FORCE TRIAL

Perry DC, Dritsaki M, Achten J et al, FORCE Collaborators in association with PERUKI.

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Study design

Economic analysis of the Forearm Recovery in Children Evaluation (FORCE) trial

Multicentre randomized controlled equivalence trial

Six-week follow-up

Population and treatment arms

Children aged 4 to 15 years with torus fracture of distal radius

Randomized to

- Soft bandage and immediate discharge (new treatment) (n = 489)
- Rigid immobilization (current practice) (n = 476)

Recruited via ED attendances between January 2019 and July 2020

Outcomes measured

Cost-effectiveness

NHS costs
Private medical care
Childcare
Indirect costs associated with the injury

Quality of life

Findings

Soft bandage was significantly more cost-effective, saving £12.55 per patient

Maintained clinical equivalence with rigid immobilization

QALYs were similar

Significance

The cost saving may be small per patient, but the frequency of torus fracture of the distal radius is high enough to indicate a statistically signficant saving across the UK healthcare system

Limitations

Some selection bias is likely given that 252 families declined to participate due to their existing preference for rigid immobilization

Unable to blind families to treatment allocation

Strengths

The high probability (95%) that a soft bandage is cost-effective was consistent when examining the data in a range of high-sensitivity analyses

Missing data was low for each treatment arm

No adverse events reported

Find out more about the FORCE Pathway at www.FORCEstudy.org