COMMENTS AND RESPONSES

Comment on: Lipsky and Berendt. Hyperbaric Oxygen Therapy for Diabetic Foot Wounds: Has Hope Hurdled Hype? Diabetes Care 2010; 33:1143–1145

We welcome the increased amount of solid evidence (1,2) with regard to hyperbaric oxygen treatment (HBOT) as an effective treatment for chronic diabetic foot ulcers in the article by Lipsky and Berendt (1). One of the concerns mentioned by Löndahl et al. (2) is the limited availability and the issue of cost-effectiveness to convince policy makers to facilitate hyperbaric oxygen centers.

HBOT in the Netherlands is widely available and is relatively inexpensive—a full set (40 times/60 h) of HBOT costs €6,916.40 (40 × €172.91) per patient in each one of the hyperbaric centers in the Netherlands. This is less expensive than the $50,000–200,000 mentioned by Lipsky and Berendt. All the hyperbaric centers in the Netherlands only treat indications as defined by the national health care reimbursement institute indications. Consequently charges are only covered via the institute payment regulations for these indications. Despite, or perhaps even because of, these limitations, all centers for HBOT in the Netherlands appear to be cost-effective.

In our 50 years of HBOT experience (3), HBOT has been shown to benefit patients with refractory wounds. We completely agree that HBOT is unnecessary for the great majority of patients, since they will respond to appropriate wound care. However, patients who are receiving HBOT can look forward to higher quality-adjusted life-years than found for control subjects, as mentioned by Chuck et al. (4)

Hence, HBOT is cost-effective in the Netherlands. Clinical evidence is growing for effectiveness of HBOT treatment in patients with chronic diabetic foot ulcers and should therefore be considered for patients not responding to standard wound care.

SEBASTIAAN R. VAN DER STAAL[1]
DIRK T. UBBINK[2]
MAARTEN J. LUBBERS[1]

From the [1]Department of Surgery, Academic Medical Center, University of Amsterdam, Amsterdam, the Netherlands; and the [2]Department of Quality Assurance and Process Innovation, Academic Medical Center, University of Amsterdam, Amsterdam, the Netherlands.

Corresponding author: Sebastiaan R. van der Staal, s.r.vanderstaal@amc.uva.nl.

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