Response

We welcome the comments of Coupé et al. They highlight an important issue in cost-effectiveness analysis, namely the choice of discount rates. Discounting of costs and effects has a major influence on the cost-effectiveness ratio of preventive interventions: This is clearly shown in our analyses and by the comments of Coupé et al. There has been a long running and unresolved debate regarding the theoretical merits of using different discount rates for costs and effects (1). For example, the National Institute for Health and Clinical Excellence in the United Kingdom reverted from differential discounting to equal discounting in 2004 based on theoretical grounds (2). We used equal discounting in our study because the use of equal discount rates of 3%–5% is the norm in international literature. Only a few countries, including the Netherlands, use differential discounting (3). The Dutch Health Care Insurance Board currently recommends discount rates of 1.5% for effects and 4% for costs, and accordingly, we presented results based on these rates. However, it is our view that the Dutch Health Insurance Board recommendations are premature because there remain unresolved issues regarding how differential discounting should be applied. Also, differential discounting gives rise to problems of comparability between analyses. This was the second reason for using equal discount rates of 3% for costs and effects in the primary analysis.

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References


Notes

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