

Epiomic Epidemiology Series: Cachexia Forecast in 8 Major Markets 2016-2026

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Abstracts

According to the most recent consensus statement (Muscaritoli et al 2010), cachexia can be defined as weight loss exceeding 5% within the previous 3-12 months in patients with long term chronic conditions OR BMI 20 kg/m², combined with symptoms characteristic for cachexia, loss of skeletal muscle and biochemical abnormalities. While the same mechanisms that contribute to sarcopenia undoubtedly contribute to cachexia, in addition there are specific mechanisms that contribute to muscle wasting from an underlying pathology. These include: inflammation, in particular IL-6, IL-1 and TNF-?, and irregular protein metabolism. Patients with cachexia tend to burn more energy during their resting state than sarcopenic patients.

This report provides the current prevalent population Cachexia across 8 Major Markets (USA, France, Germany, Italy, Spain, UK, Brazil and Japan) split by gender and 5-year age cohort. Along with the current prevalence, the report also contains a disease overview of the risk factors, disease diagnosis and prognosis along with specific variations by geography and ethnicity.

Providing a value-added level of insight from the analysis team at Black Swan, several of the main symptoms and co-morbidities of Cachexia have been quantified and presented alongside the overall prevalence figures. These sub-populations within the main disease are also included at a country level across the 10-year forecast snapshot.

Key underlying pathologies linked with developing cachexia include:

COPD

CKD and end stage renal disease (ESRD)



CHF

Cancer

AIDS and HIV

Rheumatoid arthritis and other autoimmune conditions

This report is built using data and information sourced from the proprietary Epiomic patient segmentation database. To generate accurate patient population estimates, the Epiomic database utilises a combination of several world class sources that deliver the most up to date information from patient registries, clinical trials and epidemiology studies. All of the sources used to generate the data and analysis have been identified in the report.

Reason to buy

Able to quantify patient populations in the global Cachexia market to target the development of future products, pricing strategies and launch plans.

Gain further insight into the prevalence of the subdivided types of Cachexia and identify patient segments with high potential.

Delivery of more accurate information for clinical trials in study sizing and realistic patient recruitment for various countries.

Provide a level of understanding on the impact from specific co-morbid conditions on Cachexia's prevalent population.

Identify sub-populations within Cachexia which require treatment.

Gain an understanding of the specific markets that have the largest number of Cachexia patients.



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Abbreviations and Acronyms used in the report

USA Prevalence of Cachexia by 5-yr age cohort, males (000s)

USA Prevalence of Cachexia by 5-yr age cohort, females (000s)

France Prevalence of Cachexia by 5-yr age cohort, males (000s)

France Prevalence of Cachexia by 5-yr age cohort, females (000s)

Germany Prevalence of Cachexia by 5-yr age cohort, males (000s)

Germany Prevalence of Cachexia by 5-yr age cohort, females (000s)

Italy Prevalence of Cachexia by 5-yr age cohort, males (000s)

Italy Prevalence of Cachexia by 5-yr age cohort, females (000s)

Spain Prevalence of Cachexia by 5-yr age cohort, males (000s)

Spain Prevalence of Cachexia by 5-yr age cohort, females (000s)

United Kingdom Prevalence of Cachexia by 5-yr age cohort, males (000s)

United Kingdom Prevalence of Cachexia by 5-yr age cohort, females (000s)

Brazil Prevalence of Cachexia by 5-yr age cohort, males (000s)

Brazil Prevalence of Cachexia by 5-yr age cohort, females (000s)

Japan Prevalence of Cachexia by 5-yr age cohort, males (000s)

Japan Prevalence of Cachexia by 5-yr age cohort, females (000s)



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