between treatment quality and patient satisfaction is open to debate. Further investigations regarding the alternative “coping strategies” beyond pharmacological treatment are needed.

USE OF THE NEUROPATHIC PAIN SCALE IN AN INTERNATIONAL STUDY

Nadiar A1, Conway K1, Jensen MP2, Galer BS3, Hutchings A1
1Mapi Research Institute, Lyon, France; 2University of Washington, Seattle, WA, USA; 3Endo Pharmaceuticals, Inc, Chadds Ford, PA, USA.

OBJECTIVES: Measuring different qualities of pain in an international study required the linguistic validation of the 9-item Neuropathic Pain Scale (NPS) in 24 languages. The original scale was developed in US English. A rigorous methodology was required to ensure conceptual equivalence and cultural relevance across different languages. METHODS: The translation process was conducted by a specialist in each target country using the following standardized methodology: 1) two forward translations by professional translators who were native speakers of the target language and fluent in English; 2) comparison and reconciliation of the translations by the specialist in the target country and the translators; 3) backward translation by a native English speaker; 4) comparison of source and backward version; and 5) comprehension test on three patients suffering from general pain and two from neuropathic pain. RESULTS: Issues regarding the instructions to be placed in a more relevant location on the measure of the individual language versions. Patient feedback allowed the instructions to be placed in a more relevant location on the measure. For some of the pain descriptions and synonyms on the original US English version of the NPS, country-specific substitutes had to be identified. CONCLUSIONS: The 24-language versions of the NPS were established according to a rigorous methodology. The process aims to ensure conceptual equivalence across different language versions to facilitate international comparison and pooling of data. Issues encountered during the linguistic validation process support the advantage of national comparison and pooling of data. CONCLUSIONS: The results presented in this paper appear to demonstrate that the ODI, EQ-5D and the SF-36 physical component are more sensitive to change in patients with chronic low back pain than the SWT. The large sample size and the consistency of the different methods across the improved and non-improved groups support the results achieved.

AGREEMENT BETWEEN PATIENTS’ AND CLINICIANS’ REPORTED OUTCOMES IN 3 CHRONIC DISEASES

Chassany O1, Le Jeune P2
1Assistance Publique-Hôpitaux de Paris, Paris, France; 2Thales observatoire epidemiologique, Boulogne, France.

OBJECTIVES: Irritable bowel syndrome (IBS), chronic venous insufficiency disease (CVID), and peripheral arterial occlusive disease (PAOD) are prevalent diseases in general practice (GP). Their impact on QoL is often underestimated by clinicians. The objective of the study was to compare patients’ and clinicians’ perception on pain and QoL using validated QoL questionnaires. METHODS: A cross-sectional survey included patients with IBS (n = 239), CVID (n = 240) and PAOD (n = 68), recruited by 163, 120 and 61 GPs. Patients completed a specific QoL questionnaire according to their disease (FDDQL, CIVIQ or CLAU-S), and scored their pain on a 10-cm VAS [0–10 (maximal pain)]. GPs were asked to estimate the pain intensity and the QoL of their patients. RESULTS: Pain perception is underestimated by clinicians vs patients in IBS and CVID (respectively 3.0 ± 2.1 vs. 3.9 ± 2.5 and 3.0 ± 2.0 vs. 4.2 ± 2.5) and overestimated in PAOD (4.3 ± 2.1 vs. 3.5 ± 2.0). Similarly, clinicians underestimate QoL impairment in most dimensions of the IBS questionnaire (i.e. diet, sleep, discomfort, coming, control, stress), and in CIVD (global score 28 ± 19 vs. 39 ± 20 patients, 100 = worst QoL). Clinicians overestimate the impact on QoL in PAOD (global score 54 ± 21 vs. 66 ± 23, 100 = best QoL). Levels of correlations between PROs and clinicians-reported outcomes are moderate (e.g. r = 0.47 for pain score and r = 0.43 for QoL between CIVD patients and clinicians). Correlations between PRO’s are also not perfect (e.g. r = 0.63 for pain vs QoL in IBS patients). CONCLUSIONS: Clinicians’ and patients’ perspectives although overlapping to some extent, are not similar. Thus, perception of pain cannot be accurately inferred from the clinician’s point of view. Similarly, patient’s perception of pain cannot completely reflect the impact on QoL.

RESPONSIVENESS OF THE SHUTTLE WALKING TEST COMPARED WITH DISEASE SPECIFIC AND GENERIC OUTCOME MEASURES IN PATIENTS WITH CHRONIC BACK PAIN

Rivero-Arias O1, Campbell H1, Gray A1, Johnston K1, Fairbank JC2, Frost H1, Spine Stabilisation Trial S3
1Oxford University, Oxford, UK; 2Nuffield Orthopaedic Centre, Oxford, UK; 3Spine Stabilisation Trial Office, Oxford, UK.

OBJECTIVES: To determine the responsiveness of the Shuttle Walking test (SWT) (a dimension specific outcome measure measuring metres walked) compared to a disease specific measure Oswestry Disability Index and two generic outcome measures (SF-36 and EQ-5D). Although there are a number of studies assessing the responsiveness of outcome measure in back pain, no study has explored the responsiveness of the shuttle walking test relative to other outcome measures for patients with chronic back pain. METHODS: The shuttle-walking test was administered at a rehabilitation clinic. The Oswestry disability index, SF-36 and EQ-5D were assessed by questionnaire at baseline and 12 months. Responsiveness was assessed using conventional measures such as effect size, standardised response mean (SRM) and receiver operating (ROC) curves. RESULTS: Mean figures of each instrument suggest an improvement in outcomes over time. The physical component of the SF-36 yielded the highest effect size (1.65) and the ODI the highest SRM (1.23) in the improved group. The lowest effect size and SRM for the improved group was recorded on the mental component of the SF-36 at −0.20 and −0.18 respectively. The greater responsiveness in the ROC curves among the instruments was achieved by the ODI and the SF-36 physical component. CONCLUSIONS: The results presented in this paper appear to demonstrate that the ODI, EQ-5D and the SF-36 physical component are more sensitive to change in patients with chronic low back pain than the SWT. The large sample size and the consistency of the different methods across the improved and non-improved groups support the results achieved.

PAIN: Health Policy

PPN8

PPN9

PPN10

QUANTIFICATION OF SUSPECTED ADDICTION TREATMENT OF NARCOTIC ANALGESICS USING PRESCRIPTION SEQUENCE ANALYSIS: EXPERIENCE OF A STATE-BASED WORKER’S COMPENSATION SYSTEM

Islam S1, Hassan MK1, Doyle E2, Becker J1, Weikle P2, Ducatman A1
1West Virginia University, Morgantown, WV, USA; 2West Virginia Worker’s Compensation Commission, Charleston, WV, USA.

OBJECTIVES: To describe the utilization pattern of narcotic analgesics and estimate the incidence of suspected addiction
treatment among occupational injury cases. METHODS: An analysis of a state-based Worker's Compensation claims data captured prescription reimbursement information of all injuries that occurred between January 1, 2001 and December 31, 2001. Payment information was followed over a 24-month period following date of injury. A prescription sequence analysis was carried out to estimate treatment incidence rates of potential addiction due to narcotic analgesic use. RESULTS: Of the 48,598 occupational injury cases, about 10% (N = 4644) received at least 1 narcotic analgesic (therapeutic class H3A). Average length of therapy was 183 days, with 40% of patients receiving narcotic analgesics for greater than 120 days. The majority of narcotic prescriptions were for hydrocodone (55%). Nine percent of patients received less than four different types of narcotic analgesics. From the prescription sequence analysis, we identified 65 cases who received either methadone or clonidine, medications indicated for addiction treatment or detoxification. The incidence rate of receiving treatment for narcotic withdrawal or detoxification was 14 per 1000 patients on narcotic analgesic therapy (95% CI: 10.6, 17.4). Among patients who received potential detoxification treatment, the median duration from initiation of narcotic analgesic therapy to need for withdrawal or detoxification therapy was 232 days. A Cox Proportional Hazards model identified greater risk of suspected methadone use in oxycodone treated patients compared to other narcotic treated patients (P < 0.01). CONCLUSIONS: To our knowledge, this is the first study that estimated the incidence rates of suspected addiction treatment due to narcotic analgesics used in the Worker's Compensation population using sequential prescription analysis. The study has implications for developing strategies to manage narcotic analgesic prescribing practices and reduce the risk of addiction among injured workers who are narcotic analgesic users.

PAIN

PAIN—Methods and Concepts

DEVELOPMENT OF AN INSTRUMENT TO CAPTURE EASE-OF-CARE OUTCOMES IN PATIENTS TREATED WITH PCA DELIVERY SYSTEMS

Harding G1, Vallow S2, Leidy NK1, Zhang M1, Olson W1, Hewitt D1, Viscusi E1

1MEDTAP International Inc, Bethesda, MD, USA; 2Janssen Medical Affairs, LLC, Titusville, NJ, Afghanistan; 3Ortho-McNeil Pharmaceutical Inc, Raritan, NJ, USA; 4Ortho-McNeil Pharmaceutical Inc; 5Thomas Jefferson University Department of Anesthesiology

Patient Controlled Analgesia (PCA) is a common method of postsurgical pain management. The extent to which this method is optimal in terms of overall convenience, ease of use, and effectiveness of managing pain from a patient’s perspective has not been determined. OBJECTIVES: To develop a questionnaire to measure “ease-of-care” outcomes from the perspective of patients who use PCA delivery systems for post-operative pain management. METHODS: We conducted qualitative interviews among a convenience sample of 15 patients who had undergone hip or lower abdominal surgery and who received intravenous (IV) PCA for their post-operative pain at Thomas Jefferson University Medical Center during June 2003. A content analysis approach was used to identify domains of relevance and generate an item pool. Content validation of the draft “ease of care” questionnaire was performed by subjects who participated in the initial interviews. Subjects were asked to rate the relevancy of each item on a scale of zero (not at all relevant) to four (highly relevant). Each item was assessed for clarity and relevance, and revised as appropriate. Cognitive debriefing interviews to evaluate patient experiences completing the instrument were conducted with a separate sample of 10 patients from the same institution who completed the questionnaire approximately 36–48 hours post-surgery. RESULTS: The final Patient Ease-of-Care Questionnaire consists of 28 items and covers seven aspects associated with acute care pain management systems: control/self-efficacy, device function, mobility, quality of pain control, confidence, knowledge/understanding, and satisfaction. All items are scored on a 6-point Likert scale. CONCLUSION: We developed an instrument to capture “ease-of-care” outcomes among patients who use PCA delivery systems for the management of their acute pain. The instrument is currently being used in clinical trials comparing two PCA delivery systems. Psychometric properties of the instrument are currently being evaluated.

DEVELOPMENT OF TWO INSTRUMENTS TO CAPTURE EASE-OF-CARE OUTCOMES IN HEALTH-CARE PROVIDERS WHO CARE FOR PATIENTS TREATED WITH PCA DELIVERY SYSTEMS

Harding G1, Vallow S2, Leidy NK1, Zhang M1, Olson W1, Hewitt D1, Polomano R1

1MEDTAP International Inc, Bethesda, MD, USA; 2Janssen Medical Affairs, LLC; 3Ortho-McNeil Pharmaceutical, Inc; 4Pennsylvania State College of Medicine

OBJECTIVES: To develop questionnaires to measure “ease-of-care” outcomes from the perspective of nurses and physical therapists who manage the care of patients treated for acute pain with PCA delivery systems. METHODS: We conducted four focus group sessions of 8–12 participants to explore nurses’ and physical therapists’ experiences with patients using intravenous (IV) PCA during July 2003. A content analysis approach was used to identify general themes and specific issues and concerns associated with “ease of care” using the IV-PCA. Two item pools were generated for the development of two draft questionnaires, one from the perspective of nurses’ and the other from physical therapists, to address clinical and practical problems encountered in routine care. Items were selected based on relevance to the underlying concepts, clarity of item, and the overall flow and comprehensiveness of the instruments. Subjects who participated in the focus group sessions also participated in a cognitive debriefing of the draft questionnaires. RESULTS: The final Nurse and Physical Therapist Ease-of-Care Questionnaires each consist of 22 items that capture aspects of care delivery associated with acute care pain management systems. All items are scored on a 6-point Likert scale. CONCLUSION: We developed two instruments to capture “ease-of-care” outcomes among health-care providers to be used in upcoming studies of alternative PCA delivery systems for the management of post-operative pain. The instruments are currently being used in clinical trials comparing two PCA delivery systems. Results will be used to examine the instruments’ psychometric properties.

RESPIRATORY DISEASES/DISORDERS

RESPIRATORY DISEASES/DISORDERS—Clinical Outcomes Studies

EVALUATION OF MONOTHERAPY AND COMBINATION ANTIBIOTIC TREATMENT REGIMENS FOR PSEUDOMONAS AERUGINOSA PNEUMONIA

Angلالعندلره R, Coley K, Rea R

University of Pittsburgh, Pittsburgh, PA, USA