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months of AICC infused prophylaxis (PX) with 6 months of on-demand (OD) therapy, separated by a 3-month washout period during which patients used on-demand therapy. HRQoL was summarized in two continuous variables: Physical Component Score (PCS-36) and Mental Component Score (MCS-36). The difference between two study periods for 6-month change from baseline in PCS-/MCS-36 are compared using Wilcoxon signed-rank test to measure the difference between two groups regardless of the sequence of medications. To investigate the effect of random sequence in the change of HRQoL, the difference between two study periods for 6-month change from baseline in PCS-/MCS-36 is compared by random sequence using Wilcoxon-Mann-Whitney U test with exact statement. **RESULTS:** Twenty-six patients completed both study periods. 17 of them were >14 years old and thus completed QoL questionnaires and are included in this analysis. The difference between PX and OD in 6-month change from baseline was 2.83 for PCS-36 (p=0.378) and 1.29 for MCS-36 (p=0.890), favored PX on both measures. Regardless of random sequence of medication, HRQoL showed a moderate improvement with PX. When comparing the difference of 6-month change by treatment sequence, patients who initiated with PX then switched to OD had a greater improvement compared to the opposite sequence (PX->OD: 6.59, OD->PX: 0.19 for PCS-36 (p=0.475); PX→OD: 2.66, OD→PX: 0.33 for MCS-36 (p=0.601)). **CONCLUSIONS:** A cross-over effect, albeit statistically non-significant, was observed when the difference of 6-month change was compared by treatment sequence. Patients who started with more favorable medication tended to show a greater improvement, whereas patients in opposite sequence showed a slight improvement.

PSY48

HEALTH-RELATED QUALITY OF LIFE IN RUSSIAN PATIENTS WITH INHIBITOR HEMOPHILIA

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OBJECTIVES: Russian Society of Pharmacoeconomics and Outcomes Research jointly to Russian Hemophilia Society carried out postal and telephone health survey of all known Russian patients with hemophilia in the period 2009-2010. Aim of the study was to assess health status, treatment patterns and quality of life in patients with inhibitory form of hemophilia. **METHODS:** Postal and telephone health survey. The questionnaire contained questions on clotting factor level and presence of antibodies to it, names of used medications. Health-related quality of life was assessed with self-administrated validated version of Russian version of Euroqol-5D questionnaire, comprising a dimensions of health and visual-analog scale. Statistical analysis of data was performed with χ^2 criteria. **RESULTS:** The results of principal methods of treating inhibitory form of hemophilia in 60 patients with haemophilia A were analysed. Health-related quality of life was assessed for patients older than 11 years (n = 56). More than half of patients reported problems within each of EQ-5D dimensions of health. Thus 76.6% of patients reported of problems with mobility; 48.4% of patients informed of difficulties with self-care; 75% of patients had difficulties with usual activity; 81.7% of patients reported of presence of pain or discomfort; 50.1% of patients had an anxiety or depression. The average value of quality of life evaluated with visual-analog scale (VAS) was 0.57 (SD 0.17), median – 0.52. **CONCLUSIONS:** The study of quality of life in patients with hereditary coagulopathies was performed for the first time in Russian. Results of the study shown high rate of pain/discomfort, of problems with movement, usual activity and low rate of problem with self-care and anxiety/depression.

PSY49

PAIN MANAGEMENT: IMPACT ON QUALITY OF LIFE

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OBJECTIVES: To assess the quality of life in patients suffering from intense pain which has progressed since less than 7 days treated by a combination of paracetamol and codeine. **METHODS:** A multi-centre longitudinal observational prospective study carried out in metropolitan France using data collected by general practitioners who agreed to participate. **RESULTS:** A total of 804 patients treated by a paracetamol-codeine combination (600mg/50mg and 400mg/20mg) were included; at inclusion the quality of life assessed using SF-12 was affected as much in terms of the mental component (41.4 ± 11.6) as the physical component (35.4 ± 8.04) – the norm of the scores for each component is equal to 50 – on D7, the quality of life assessed in a similar manner using SF-12 was 43.31 ± 9.89 for the mental component and 40.93 ± 7.92 for the physical component. A statistically significant improvement was noted for each of the 2 mental (p=0.001) and physical (p<0.001) components between the first day of treatment and the seventh day. On D7, 95.9% declared treatment to be effective, 87.2% were satisfied with their treatment and 89.2% did not observe any side effects to the treatment. 9 out of 10 patients did not complain about side effects related to the treatment. **CONCLUSIONS:** The improvement in quality of life observed directly through SF-12 was also confirmed by patient satisfaction: from the first day, 61% of patients declared themselves to be satisfied. On the 7th day of treatment, 87.10% were satisfied with their treatment. 2/3 patients declared the treatment to be effective from the 1st day, and 91% of them declared this on the 3rd day: It shows the pertinence of the treatment.

PSY50

MANAGING PAIN MANAGEMENT: A PUBLIC HEALTH CHALLENGE

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OBJECTIVES: A daily assessment of the speed of action and effectiveness of treatment of a combination of paracetamol and codeine in patients suffering from intense pain, which has progressed since less than 7 days. **METHODS:** A multicentre longitudinal observational prospective study carried out in metropolitan France using data collected by general practitioners who agreed to participate. **RESULTS:** A total of 804 patients treated by a paracetamol-codeine combination (600mg/50mg and 400mg/20mg) were included. The severity of pain measured at inclusion using a visual numeric scale was 7 ± 1.3. The severity of pain measured after half a day of treatment was 5.29 ± 1.87 and 5.65 ± 1.85 at the end of the first 24 hours of treatment. A significant improvement in pain was observed from the first half-day (p<0.001). The severity of pain on the 2nd, 4th and 7th evenings was respectively 4.09 ± 1.87; 2.74 ± 1.8 and 1.78 ± 1.7. On D1, 70.8% declared treatment to be effective, 62.56% were satisfied with their treatment and 80.5% did not observe any side effects to the treatment. On D3, 91.5% declared treatment to be effective, 82.4% were satisfied with their treatment and 83.12% did not observe any side effects to the treatment. On D7, 95.9% declared treatment to be effective, 87.2% were satisfied with their treatment and 89.2% did not observe any side effects to the treatment. 9 out of 10 patients did not complain about side effects related to the treatment. **CONCLUSIONS:** A reduction in pain within the first 12 hours showed the pertinence of treatment using a paracetamol-codeine combination. This pertinence was confirmed by 2/3 patients who declared the treatment to be effective from the 1st day, and 91% of them declared this on the 3rd day.

Systemic Disorders/Conditions – Health Care Use & Policy Studies

PSY51

EPIDEMIOLOGY AND TREATMENT PATTERNS OF INHIBITOR HEMOPHILIA IN RUSSIA: PATIENT-REPORTED DATA

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OBJECTIVES: Russian Society of Pharmacoeconomics and Outcomes Research jointly to Russian Hemophilia Society carried out postal and telephone health survey of all known Russian patients with inhibitor hemophilia in the period 2009-2010. Aim of the study was to assess health status, treatment patterns and quality of life in patients with inhibitory form of hemophilia. **METHODS:** Postal and telephone health survey. The questionnaire contained questions on clotting factor level and presence of antibodies to it, number of bleeding in last month, number of injections of clotting factors per month, names of used medications, ways of receiving medications, number of ambulance calls and hospitalizations, and the way of administration of medicines. The patients' education level and employment data was collected. Analysis of experimental data was performed with such statistical parameters as χ^2 and Student's criteria. **RESULTS:** The presence of antibodies was detected in 60 patients with haemophilia A (47 patients (78.3%) were adults, 4 (6.7%) – adolescents, 9 (15%) - children upward 11 years old). Mean age was 30 years. 90% of patients experienced bleeding in the last month (median – 3). 85% of patients used clotting factor VIII in the last month (median – 12 times). 13.3% of patients called for an ambulance in a last month and 21.7% of patients were hospitalized during last month. 68.3% of patients perform the injections of clotting factor themselves. **CONCLUSIONS:** The study revealed epidemiologic characteristics and treatment patterns of inhibitor hemophilia in Russia.

PSY52

IMPACT OF TWO DIFFERENT TREATMENT APPROACHES ON EPIDEMIOLOGY OF INHIBITOR HEMOPHILIA IN RUSSIA

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OBJECTIVES: Russian Society of Pharmacoeconomics and Outcomes Research jointly to Russian Hemophilia Society carried out postal and telephone health survey of all known Russian patients with hemophilia in the period 2009-2010. Aim of the study was to assess health status, treatment patterns and quality of life in patients with inhibitory form of hemophilia. **METHODS:** Postal and telephone health survey. The questionnaire contained questions on number of bleeding in last month, number of injections of clotting factors per month, names of used medications, number of ambulance calls and hospitalizations. The patients' education level and employment data was collected. Analysis of experimental data was performed with such statistical parameters as χ^2 and Student's criteria. **RESULTS:** The presence of antibodies was detected in 60 patients with hemophilia A (47 patients (78,3%) were adults, 4 (6,7%) – adolescents, 9 (15%) - children upward 11 years old). All patients were divided into 3 subgroups: 31.7% patients received immunological tolerance (IIT), 31.7% - therapy with NovoSeven, 36.6% - mixed therapy. During one month bleeding was indicated in 78.9%, 100%, 90.9% patients in 3 subgroup respectively; clotting factor VIII was used in 100%, 73.7%, 95.4% patients respectively; emergency calls were made by 10.5%, 5.3%, 22.7% patients; 26.3%, 31.6%, 13.6% patients were hospitalized; 63.2%, 68.4%, 72.7% patients made injections of clotting factor themselves. **CONCLUSIONS:** The rate of ambulance calls and hospitalizations was comparatively low. Most patients made injections of clotting factor themselves.

PSY53

CHANGES IN CONCOMITANT THERAPY FOR WEIGHT-RELATED ILLNESS FOLLOWING INITIATION OF WEIGHT LOSS PHARMACOTHERAPY

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