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PATIENT-REPORTED OUTCOMES (PRO) IN SUBJECTS WITH REFRACTORY PAIN ASSOCIATED TO NECK PAIN: A POST-HOC ANALYSIS OF THE EFFECT OF PREGABALIN IN A 12-WEEK PROSPECTIVE STUDY UNDER ROUTINE MEDICAL PRACTICE CONDITIONS

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OBJECTIVES: To analyze prospectively the effect of adding Pregabalin (PGB) on PRO measurements evolution in the treatment of refractory Neck pain under routine medical practice conditions **METHODS:** Post-hoc analysis of patients above 18 years, with 6-month chronic Neck pain refractory to, at least, one previous analgesic [previous mean (SD) number of drugs was 2.1 (1.3), 22.4% on one-drug], included in a prospective, naturalistic, 12-weeks two-visit study. This analysis compared patients receiving PGB as an add-on therapy (PGB add-on) versus subjects receiving any other analgesic pattern not including PGB (non-PGB). PRO measurements included evaluation of severity and interference of pain (Brief Pain Inventory), anxiety and depression symptoms (HAD scale), and quality-of-life (SF-12). **RESULTS:** A total of 312 [65.3% women, 54.2 (12.1) years] patients were analyzed: 78.2% received PGB add-on and 21.8% non-PGB. Twelve weeks therapy with PGB add-on was associated with higher reduction in pain severity than in non-PGB; −3.2 (1.8) pts, 55.4% responders (^{3}50% baseline pain reduction) vs. −2.3 (2.0), 38.2% responders; $p < 0.0001$, respectively. Pain interference was also reduced more with PGB add-on: −3.1 (1.9) pts vs. −2.2 (2.2), respectively; $p < 0.0001$, and showed greater reduction in depression [−3.9 (4.0) pts vs. −2.4 (3.4); $p < 0.0001$] and anxiety [−3.6 (3.5) pts vs. −1.9 (3.2); $p < 0.0001$] symptoms scores, yielding to a significant improvement in patient's quality of life: mental and physical summary components change were higher in PGB add-on therapy group: +6.7 (10.2) vs. +3.9 (11.1); $p = 0.025$, and +9.1 (8.7) vs. +5.8 (7.1); $p = 0.024$, respectively. **CONCLUSIONS:** Compared with adding other any drug, the addition of PGB to the treatment pattern of refractory Neck pain seems to be associated with higher improvement in PRO measurements, including reduction of pain severity and interference and improvement of quality of life under routine medical practice condition.

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EPIDEMIOLOGY OF HEREDITARY COAGULOPATHIES IN RUSSIA: PATIENT-REPORTED DATA. INTERMEDIATE RESULTS. PART 2

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OBJECTIVES: The Government of the Russian Federation provide up to US$377 million to the management of hereditary coagulopathies (hemophilia type A and type B, von Willebrand's disease) since 2008. The amount of financing to the custom of coagulation factors increased 20 times more for 2004–2008. At the present time, an aggregate 3.49 IU of clotting factor VIII falls on one citizen of Russia. Russian Society of Pharmacoeconomics and Outcomes Research jointly with All-Russian Hemophilia Society made the first in Russia postal survey of all registered Russian patients with coagulopathies for the purpose of determining epidemiology of disease, treatment modalities. **METHODS:** The postal survey of 6309 patients was made in December 2007–January 2008. This questionnaire contained questions on factor level and presence of antibodies, the last date determination of factor level and antibodies to it, number of bleeding by last month, number of introductions of coagulation factors, used medications, way of administering medications, and a number of emergency calls, hospitalizations. The patients' education and employment data was also collected. **RESULTS:** A total of 1030 (16.3%) completed questionnaires were received by May 11, 2008. Forty-eight questionnaires were excluded from analysis because of absence of the key data. A total of 520 questionnaires were analyzed, and 462 questionnaires are under analyses now. A total of 661 (10.5%) blank questionnaires were returned (due to death, changing place of living). Only one-third of patients of 520 (36.5%) administer the medication with proper frequency. The median of administration of coagulation factors per month among patients with hemophilia was 6. The medium frequency of emergency calling in month per patient was equal to 0.36. The median frequency of hospitalization in month per patient was 0.17. A total of 57.6% of patients report the injections of medications on their own or by family members. A total of 20.2% of patients undergo the injections in out-patient clinics. More then 2/3 of patients use home and out-patient treatment. Seven percent of patients receive components of human plasma: cryoprecipitate (4.4%) and fresh frozen plasma (3,1%). 25,6% of the patients report having virus hepatitis, 14% of patients have problems with joint (arthrosis, arthritis, anchylosis and contractures). **CONCLUSIONS:** Intermediate results of the survey show a very low rate of using proper prophylactic scheme of administration of medications in patients with hemophilia (36.5%), in spite of presence of appropriate standards. The rate of emergency calls and hospitalizations is comparatively high. The majority of patients administer factors on their own or in out-patient clinics. The rate of administration of plasma components is still high. It increases the risk of contamination with transmitting infections. One-quarter of patients demonstrate the presence of serious complications: hepatitis or joints diseases.

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PATIENT-REPORTED OUTCOMES, HEALTH CARE RESOURCES UTILIZATION, WORK PRODUCTIVITY AND THEIR ASSOCIATED COSTS IN PATIENTS WITH NEUROPATHIC PAIN: A CASE CONTROL COMPARISON OF TREATMENT WITH PREGABALIN VERSUS GABAPENTIN IN ROUTINE MEDICAL PRACTICE

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OBJECTIVES: Both Pregabalin (PGB) and Gabapentin (GBP) are anti-convulsive drugs used in the first-line therapy of Neuropathic pain (NeP). Evidence of head-to-head comparison in routine medical practice is reduced. **METHODS:** Post-hoc case-control comparison from two 12-week, multicentre, naturalistic, and prospective studies. Male and female above 18 years, refractory to previous analgesia (at least one drug), suffering chronic pain (duration over 6 months) secondary to diabetic neuropathy, post-herpetic or trigeminal neuralgias, cervical or lumbosacral radiculopathies were included. Subjects were assessed at baseline and end of the study using the SF-MPQ (pain), SDI (disability), MOS-sleep (sleep), HADS (anxiety and depression symptoms), and EQ-5D (health status) scales, and utilization of health care