CONCLUSIONS:
EUROQoL-5D as well as a strong negative correlation (S
A MEASURE OF CARER QUALITY OF LIFE IN PARKINSON’S DISEASE
PND57
VAS (S
with patient’s disability (18.8
9.9
loss of activity with disease duration (p
5], p
0.0001). PRIMUS-activity showed a relationship between
/H11022
/H11021
1.4 RRMS, p
0.0001).

OBJECTIVES:
The purpose of this study was to assess QoL in MS patients using the PRIMUS ques-
tionnaire and the relationships between QoL, disease duration and EDSS disability.
MATERIAL AND METHODS:
Non-interventional, cross-sectional and multicenter study with 236 patients, > 17 years old. With assessing remitting and secondary-progressive MS (RRMS/SPMS), treated with interferon beta-1b (≥6 months). PRIMUS questionnaire has three subscales: symptoms, activity limitations and QoL. For the present study, self-assessed changes were evaluated for QoL (±22 score) and activity (±4 score) subscales. The model produces one index score for both components. The factor analysis was comparable to the original version, demonstrating reliability despite the item reduction (Cronbach’s alpha coefficients of around 0.8
2).

RESULTS:
Mean (SD) age was 41.7(10.3) years (61.3% women), 83.9% were RRMS
5.8 years, higher in SPMS (6.9
5.2 vs.
11.2 ± 7.4, p
0.0001). PRIMUS-Qol was better in RRMS patients: 18.3 ± 8.8 vs.
9.7 ± 7.1 (p < 0.0001), getting worse as time from diagnosis increased (p < 0.01) and with patient’s disability (18.8 ± 6.6 in early stages [EDSS<3.5] and 8.4 ± 6.3 in advanced ones [EDSS≥5.0], p < 0.0001). PRIMUS-activity showed a relationship between loss of activity with disease duration (p < 0.0001) and patient’s disability (p < 0.0001).

PRIMUS-Qol showed a strong negative correlation (S = -0.7869) with EUROQol-5D (as higher EUROQol scores indicate worse Qol) and positive correlation with the VAS (S = 0.7727) (p < 0.0001). Activity showed a strong negative relationship with EUROQol-5D as well as a strong negative correlation (S = -0.7571) with the VAS.

CONCLUSIONS:
The QoL of MS patients changes according to the disease types and disability levels, and it progressively worsens with disease duration. PRIMUS questions concerning QoL have demonstrated to be a good tool for assessing QoL and activity in MS patients.

PND57
A MEASURE OF CARER QUALITY OF LIFE IN PARKINSON’S DISEASE (PD-Carer): DEVELOPMENT AND VALIDATION OF A SUMMARY INDEX SCORE
Jenkenson C1, Dummett S2, Dawson R3, Fitzpatrick R4, Kelly L5, Morley L5, Peters M5, Churchman D6

OBJECTIVES:
The Parkinson’s Disease Society of Great Britain. Data from the four dimensions of the Parkinson’s Disease Society of Great Britain. The translated short version showed satisfactory validity with few missing data (up to 6%) and a good reliability despite the item reduction (Cronbach’s alpha coefficients of around 0.8
2 for both components). The factor analysis was comparable to the original version, with the variable distribution according to the two factors being the same. No significant DIF between France and Italy was detected. Carers who cared for patients with less clinically severe symptoms of HD reported significantly better Qol than those caring for patients with more severe disease.

RESULTS:
The translated short version showed satisfactory validity with few missing data (up to 6%) and a good reliability despite the item reduction (Cronbach’s alpha coefficients of around 0.8
2 for both components). The factor analysis was comparable to the original version, with the variable distribution according to the two factors being the same. No significant DIF between France and Italy was detected. Carers who cared for patients with less clinically severe symptoms of HD reported significantly better Qol than those caring for patients with more severe disease.

CONCLUSIONS:
These findings indicate that the HDQol-C is multi-lingual, multi-cultural and easily applicable in other languages.

PND60
NON-DIABETIC PERIPHERAL NEUROPATHIC PAIN IS UNDERDIAGNOSED IN GP PRACTICES ALTHOUGH IT HAS IMPACT ON PATIENTS’ HEALTH RELATED QUALITY OF LIFE
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OBJECTIVES: Peripheral neuropathic pain (PNP) is a complex type of pain initiated by a primary lesion or dysfunction in the nervous system and causes large impact on health related quality of life (HRQoL). While PNP in diabetes is in focus much less attention is given to non-diabetic PNP. The main aims of present study were to screen patients in GP practices for non-diabetic PNP, assess their HRQL and explore key influential variables. METHODS: Non-diabetic patients aged ≥30 years were recruited in 10 general practices in Hungary. At first, patients filled in the PainDetect Questionnaire (PD-Q). Patients achieving ≥13 PD-Q score (unclear or possible neuropathic pain) were further assessed by DN4 (Neuropathic Pain Diagnostic Questionnaire). The cut-off value for the diagnosis of neuropathic pain in the DN4 is a total score of ≥4/10. Patients with PD-Q score >18 or DN4 score ≥4 were considered as having neuropathic patients. They completed the EQ-5D and provided demographic data. RESULTS: One hundred and eleven patients with non-diabetic PNP were selected. Among them there were more women (69%), mean age was 62 (SD = 14) years. Only 15 (14%) patients have already had prior PNP diagnosis at inclusion. EQ-5D index showed 56% decrease compared to a perfect health state and 44% decrease to the gender and age matched Hungarian population (0.42 vs. 0.75, p < 0.001). The pain/discomfort dimension was the most affected in the EQ-5D, 96% of patients reported some or serious problem. Similar ratios for mobility, self-care, usual activities and anxiety dimensions were 83%, 37%, 82% and 83%. Average (SD) EQ-5D score of patients with mild, moderate and severe average pain were 0.56 (0.29), 0.43 (0.29) and 0.29 (0.27). The differences were significant (p = 0.014).

CONCLUSIONS: Our research showed that non-diabetic neuropathic pain is poorly