non-health resources utilization under routine medical practice
derived in substantial costs when treating refractory painful due
to cervical or lumbar radiculopathy. About two-thirds of the
total costs were derived from non-health resources.

LONGITUDINAL HEALTH AND NON-HEALTH RESOURCES
UTILIZATION AND DERIVED COSTS OF TREATING
REFRACTORY PAINFUL RADICULOPATHY IN PRIMARY CARE
SETTING (PCS): A 12-WEEKS POST-HOC ANALYSIS OF THE
PREGABALIN EFFECT UNDER ROUTINE MEDICAL PRACTICE
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OBJECTIVES: To analyze the Pregabalin (PGB) effect under
routine medical practice on longitudinal health and non-health
resources utilization (HRU) and derived costs of treating refrac-
tory painful Radiculopathy in Primary Care Setting (PCS) during
12-weeks. METHODS: A representative sample of PC centres
included men and women above 18 years, with chronic pain
(6-month or more) due to cervical (17%) or lumbar (83%)
radiculopathy refractory to, at least, one previous analgesic [mean
(SD) number of drugs; 2.6 (1.4)], in a prospective, naturalistic,
12-weeks two-visit study. Health resources included all-type
medical visits, hospitalizations, complementary test and pharma-
cological and non-pharmacological therapies. Non-health
included wages losses due to loss-work-days equivalents
(LWDE = absenteeism days + days working with reduced produc-
tivity due to pain). Pain severity was measured by McGill-pain
scale. Descriptive statistics and ANCOVA models were applied
to compare 12-weeks periods of treatment. RESULTS: One-
thousand-three-hundred-fifty-one PGB-naive patients [55.8%
women, 56.7 (12.5) years] were analyzed: 490 (36%) switched to
PGB as monotherapy (PGBm), 702 (52%) patients received PGB
as add-on therapy (PGBadd-on), and in 159 (12%) previous
treatment was replaced by a regimen not including PGB (Non-
PGB). As compared to non-PGB, both PGBm and PGBadd-on
showed significantly higher HRU reduction. The extra costs of
drugs, particularly in PGB subgroups [€15.4 (39.1), €148.6
(109.1) and €145.3 (119.6), respectively (p < 0.0001 within and
between groups)] was offset by higher significant reductions in all
other components of health costs (except non-pharmacological
therapies in non-PGB group) yielding to a greater total cost
reductions: €1203.3 (1805.6), €1423.2 (1650.0) and €1429.2
(1966.2), respectively (p < 0.001 within and p = 0.0004 between
groups). CONCLUSION: In the primary care setting either
add-on or monotherapy with pregabalin under routine medical
practice was associated with a significant longitudinal reduction in
HRU and total costs when compared with non-PGB therapy in
subjects with painful radiculopathy of cervical or lumbar origin.

RESOURCES UTILIZATION DUE TO BREAKTHROUGH PAIN:
RESULTS FROM A PROSPECTIVE STUDY ON PATIENTS WITH
CHRONIC PAINFUL CONDITIONS
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OBJECTIVES: In this prospective study, we captured resource
utilization and work productivity due to breakthrough pain
(BTP). METHODS: The sample consisted of outpatients at a
large U.S. academic medical center who had chronic pain due to
headache, musculoskeletal problems, arthritis/rheumatism, and
sickle cell anemia. Patients were administered a 1-week diary
which captured demographics, disability, pain (10-pointVAS),
resource utilization due to BTP (hospitalizations, emergency
room visits, outpatient visits, and calls to physician offices), and
work productivity (Health-Related Productivity Questionnaire-
Diary). RESULTS: Among the 161 patients enrolled, 142
reported at least 1 BTP flare during the diary week (90.5%). Of
these, 36 suffered from chronic headache (25.3%), 16 from
arthritis/rheumatism (11.3%), 16 from sickle cell anemia
(11.3%), 9 from musculoskeletal problems (6.3%), and 1 from
neuropathy (0.7%). The remainder reported 2 or more painful
conditions (45.1%; n = 64). The cohort experienced 2361 BTP
flares (mean per patient per week = 14). Mean pain levels were
5.3 for headache, 5.2 for arthritis/rheumatism, 6.2 for sickle cell
anemia, 6.8 for musculoskeletal problems, and 6 for those with
2 or more painful conditions. BTP flares resulted in 8 hospital-
izations, 9 emergency room visits, 30 outpatient medical visits,
and 24 calls to physician offices during the diary week and

HEALTH, NON-HEALTH RESOURCES UTILIZATION AND
COSTS OF TREATING REFRACTORY PERIPHERAL
NEUROPATHIC PAIN (NEP) IN PRIMARY CARE SETTING (PCS)
UNDER ROUTINE MEDICAL PRACTICE IN SPAIN
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OBJECTIVES: To analyze health and non-health resources utili-
ization and derived costs of treating patients with refractory
peripheral NeP followed in PCS under routine medical practice.
METHODS: A 12-weeks cross-sectional and retrospective analy-
sis was carried out in year 2006 in a whole-nation representative
sample of PC centres. Men and women above 18 years, with
chronic pain (6-month or more) due to peripheral NeP (diabetic
neuropathy, post-herpetic neuralgia or trigeminal neuralgia), and
refractory to, at least, one previous analgesic were included in
the analysis. Health resources included all-type medical visits,
hospitalizations, complementary test and pharmacological and
non-pharmacological therapies. Non-health included wages losses
due to loss-work-days equivalents (LWDE = absenteeism days + days
working with reduced productivity due to pain). Pain severity
was measured by McGill-pain scale. RESULTS: One-thousand-
four-hundred-thirty-nine subjects [58.8% women, 59.5 (12.7)
years] were analyzed: 783 (54%) with diabetic painful neuropa-
yopathy (DPN), 486 (34%) with post-herpetic neuralgia (PHN),
and 170 (12%) with trigeminal neuralgia (TN). Last-week mean pain
severity was 70.8 (16.1) mm with 60.2% declaring the pain as
severe or worst the day of collecting data. Previous mean (SD)
drug consumption was 23.1 (1.3), with a 30.3% on one-drug only;
72% on NSAIDs, 43% on paracetamol, 36% on opioids, 23% on
antiepileptics, and 11% on antidepressants. Quarterly mean
LWDE was 37.5 (27.6) days. Medical visits average per trimester
was 9.7 (7.6), with 4.4% declaring one-hospitalization. Quar-
terly total mean cost was €2689 (2236); €983 (1394) direct
health cost and €1706 (1440) indirect cost. Cost and health
resources utilization were not associated to aetiological cause of
pain. CONCLUSION: In the primary care setting, health and
non-health resources utilization under routine medical practice
derived in substantial costs when treating the associated refrac-
tory pain to peripheral neuropathies due to diabetes, post-
herpetic or trigeminal neuralgia. Two-thirds of the total costs
were derived from non-health resources.