surgery in the Dutch health care setting. The hypothesis was that higher drug costs for the tramadol/paracetamol combination were offset by a reduction of costs associated with the treatment of side-effects. METHODS: Decision analysis was used to model the health economic outcomes. A cost-minimization approach was appropriate since the efficacy of the two treatments proved to be the same in the dosages used. Probabilities, resource utilisation data, and unit costs were obtained from published literature, Delphi panel and official price and tariff lists (Dutch costing manual). The perspective taken was that of the health insurance.

RESULTS: The study showed that six days’ postoperative treatment with the tramadol/paracetamol combination is cost saving compared with codeine plus paracetamol and has fewer side-effects (costs for tramadol/paracetamol: €42.46; codeine/paracetamol: €43.56). Sensitivity analyses confirmed the robustness of the model, with the tramadol/paracetamol combination being similarly expensive or becoming the dominant strategy in 28 of 34 scenarios calculated. CONCLUSION: The results show that postoperative pain therapy with the tramadol/paracetamol combination is equally or less expensive and has fewer side effects compared with a codeine/paracetamol combination, resulting in favourable clinical and economic benefits.

THE MOS-SHORT-FORM-12 (SF-12) AS A MEASURE OF HEALTH-RELATED QUALITY OF LIFE IN NEUROPATHIC PAIN (NeP) PATIENTS: RELIABILITY, CONCURRENT AND DISCRIMINANT VALIDITY

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OBJECTIVE: NeP pain is a devastating disorder that is likely to impact on health-related quality of life (HRQoL) such as SF-12. The goal of this analysis was to assess the reliability, concurrent and discriminant validity of SF-12 in NeP or Mixed Pain (MP) patients. METHODS: Horizontal psychometric properties were tested in a sample of 1519, with pain for 1.1 ± 2.8) patients [mean ± SD; 56.0 ± 13.7 years old (61.2% female) patients] enrolled in an observational, prospective and multicenter study in NeP or MP patients of broad etiologies. Participants completed a pain questionnaire (SF-MPQ), anxiety and depression scales (Covi and Raskin), a disability inventory (SDS) and the MOS-sleep questionnaire. RESULTS: Most patients scored above 40 mm on the SF-MPQ. Near 92% of patients completed the questionnaire. Test-retest reliability for both summary components showed intraclass correlation coefficients ranging from 0.743 to 0.898 (p < 0.0001 in all cases). SF-12xxs PCS was able to distinguish between NeP and MP patients (adjusted mean difference: 1.95 ± 0.37; p < 0.0001), and levels of pain severity (adjusted F = 4.91, p = 0.008), and disability (adjusted F = 7.15, p < 0.0001). SF-12xxs MCS showed its validity to differentiate between patients with and without depression (adjusted mean difference: 5.05 ± 0.74; p < 0.0001). MCS & PCS showed concurrent correlations with anxiety (Covi; —0.23 to —0.43), depression (Raskin; —0.25 to —0.52), sleep disorders (MOS-sleep; —0.16 to —0.35) and disability (ShDS; —0.02 to —0.27). CONCLUSIONS: These results demonstrated the SF-12xxs validity and reliability as a measure of HRQoL in NeP patients.

HEALTH STATUS AS MEASURED BY PATIENT UTILITY DETERMINATION AMONG PATIENTS WITH PAIN: RESULTS FROM A CROSS-SECTIONAL SURVEY

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OBJECTIVE: Pain is associated with an important comorbidity, related with sleep problems and mood disorders. This study was aimed to describe the health status of patients according to pain severity and symptom descriptors among patients with neuropathic (NeP) or nociceptive pain (NoP). METHODS: We surveyed 133 patients with pain (85 NeP and 50 NoP) of broad origin attending three Pain Units. Patients completed the Short-Form McGill Pain Questionnaire (SF-MPQ). Health status (utility) was determined by means of the Health Utility Index Mark 3 (HUI 3, Spanish version). Present Pain Intensity item (PPI) of SF-MPQ was used to classified pain severity as mild, discomforting, distressing, horrible and excruciating, and the 15 items of questionnaire to describe descriptors of pain. A descriptor was considered absent in case of a score of 0, and present if scoring ranged from 1 to 4. Analysis of covariance models and multivariate regression were used. RESULTS: Mean (+ sem) age was 62.6 ± 1.3 years (range: 22–88) and 58% were female. Eighty-seven percent were prescribed pain medications. Most reported mild (22%), discomforting (36%) or distressing (24%) pain, with 11% scoring the pain as horrible and 6% excruciating. Male and NoP patients were associated with poorer adjusted HUI 3 scores: 0.41 ± 0.04 (F = 4.22, p = 0.042) and 0.37 ± 0.04 (F = 9.75, p = 0.002), respectively. Adjusted HUI 3 scores were statistically associated with poorer PPI scoring: 0.66 ± 0.05, 0.53 ± 0.04, 0.30 ± 0.05, 0.30 ± 0.05 and 0.39 ± 0.15, respectively (F = 8.33; p < 0.001). Tiring-exhausting and punishing-cruel (affective symptoms) were both associated with lower HUI 3 scores: β-coefficients; −0.149 (p = 0.010) and −0.171 (p = 0.005), respectively. Health status was not associated with sensory symptoms descriptors. CONCLUSIONS: Present pain intensity and presence of affective symptoms were both associated with a poorer health status; the more severe the pain the more impaired the health status, and was independent of age. Male and Nociceptive Pain patients showed worst health status.

PSYCHOMETRIC PROPERTIES OF THE MOS-SLEEP SCALE IN NEUROPATHIC PAIN (NeP) SYNDROMES

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OBJECTIVE: This work assessed the psychometric properties of the MOS-sleep scale in NeP syndromes. METHODS: Psychometric properties were tested in NeP patients enrolled in a naturalistic, prospective, multicenter study exploring the effectiveness of gabapentin for 3 months. Participants completed scales for pain (SF-McGill Pain Questionnaire), anxiety (Covi), depression (Raskin), disability (Sheehan), and HRQoL (SF-12). Feasibility, reliability, validity and sensitivity to change were measured within this study. RESULTS: Six-hundred-three patients [58.4 ± 14.4 years (65.1% female), mean +, with pain for 1.2 ± 3.3 years were included. Pain intensity in a VAS scored SD 0–100 was 70.9 ± 19.4 and in an ordinal item 0–5 was 2.8 ± 1.1. The 10.9% of patients suffered neuropathies,