be disposed to pay to eliminate pain. The question pre-
viewed an alternative answer between 4 possibilities that
represent a range of values that were defined a priori.
Contents: To estimate in a critical way the use of the WTP
method cost effectiveness analyses. In this case the WTP
is used as an indicator of the potential question of the
patients for a greater treatment of pain. Results about
WTP and the relations between the social and demo-
graphic features will be discussed. WTP will also be asso-
ciata to the expectations on the treatment of pain and the
quality of life level and expected utility, obtained by
the SF-36 and EQ-5D questionnaires, before the start of
treatments and after the check of therapy. RESULTS: The
analysis has allowed to quantify in €126,53 the willing-
ness to pay in order to eliminate the intense pain in 24
hours and in €236,74 the mean of the willingness to pay
in order to eliminate the chronic pain in 30 days. CON-
CLUSION: Combined analyses of the WTP and the
quality of life (Eq-5d) has shown interesting relations
between the gravity of painful pathology and the will-
ingness to pay in order to eliminate it. Meaningful rela-
tions have recorded also between the WTP and the
different kinds of perceived pain and expectation in the
treatment of pain.

**SUSTAINED-RELEASE TRAMADOL IN CHRONIC
PAIN TREATMENT: EFFECTIVENESS AND
INFLUENCE ON QUALITY OF LIFE**

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**OBJECTIVE:** Assess effectiveness and health related
quality of life of sustained-release tramadol in chronic
pain treatment. METHODS: Prospective, multicenter and
observational study. Out-patients attending Spanish pain
units who initiate treatment with tramadol were
recruited. Anthropometric characteristics, type of pain,
intensity of pain scored on a visual analogical scale (VAS)
were registered. Lattinen test score and score on a sleep quality
scale were recorded at the beginning of treatment.
Follow-up visits were performed after a week and a
month of treatment, when adverse events and treatment
variations were registered. SF-12 questionnaire about patient satisfaction was
administered at first measuring point: when still using tablets and 4–8
weeks later, after the change to the transdermal system (patch).
RESULTS: Out of 907 patients, 66.03% were women. A total of
52.9% patients affected with lumbalgia and 33.9% with
osteoarthrosis. After a month of treatment all pain indica-
tors experimented a significant decrease: VAS score
diminished from 7.3 ± 1.3 to 4.6 ± 2.6 (p < 0.05) and to
3.9 ± 2.4 (p < 0.05) at first week and month respectively,
Lattinen score improved from 12.0 ± 2.6 to 9.3 ± 3.5 (p
< 0.05) and 7.7 ± 3.7 (p < 0.05) successively. Score on
sleep quality scale increased from 4.8 ± 2.6 to 5.2 ± 32
(p < 0.05) and 5.2 ± 3.9 (p < 0.05) along follow-up visits.

Rate compliance was 93.2% out of patients during the
month of study. Quality of life was mainly improved on
physical sphere (increase of 5.6 ± 9.6, p < 0.01). VAS
score, Lattinen test score, arthrosis or visceral pain,
regular exercise and normal weight accounted as a mean
predictive factors for physical quality of life. CONCLU-
SIONS: Sustained-release Tramadol showed to be effec-
tive on chronic pain at first week of treatment. Treatment
effectiveness was reflected on a significant improvement
on physical quality of life. Daily unique dosage may act
as an important factor for good treatment compliance.

**CHRONIC PAIN PATIENTS’ SATISFACTION AND
QUALITY OF LIFE WITH TRANSDERMAL
ANALGESIC MEDICATION**

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**OBJECTIVES:** Main objective is the analysis of chronic
pain patients’ satisfaction with transdermal analgesic
medication and related quality of life. Satisfaction with
the application form is one aspect of patient satisfaction
that is not often examined. This study compares patient
satisfaction and quality of life with a buprenorphine
transdermal system (Transtec®) vs oral medication/tablet
(different substances). METHODS: Chronic pain patients
were documented in a post marketing surveillance. Of
these 160, mainly out-patients with chronic muscu-
oskeletal pain, were asked to participate in this investi-
gation additionally. They completed a battery with
quality of life scales (e.g. SF 36) and an additional, vali-
dated questionnaire about patient satisfaction with the
analgesic medication. Questionnaires were administered
at two measuring points: when still using tablets and 4–8
weeks later, after the change to the transdermal system
(patch). RESULTS: Quality of Life (e.g. SF 36) was gener-
ally very low among the sample. Especially physical
functioning and vitality were impaired by chronic disease
and chronic pain. The results of the patient satisfaction
questionnaire indicate, that patients were more satisfied
with transdermal analgesic medication than with tablets,
especially if they profit from higher mobility/autonomy,
e.g. by being able to work again. Overall satisfaction with
the buprenorphine transdermal system was not only influ-
cenced by perceived impairment by pain and effectiveness
of the analgesic but also by mobility/autonomy, satisfac-
tion with quality of life and the doctor-patient
relationship. CONCLUSIONS: Patient Satisfaction with
transdermal analgesic medication is more than Quality of
Life and pain relief. Although all three aspects influence
each other, it’s worth exploring them separately.