

completed the necessary documentation. Thirty-seven of 42 (88%) patients experienced at least one IV PCA-related problem, with an average of 3.3 problems per patient. The most common problems were drug-related (79%), including dose adjustments, syringe replacement, and medication changes. Patient-related problems were also common (45%), and included the need for patient re-education regarding IV PCA use, assisting patients in using the on-demand button, and addressing side effects related to opioid use. IV PCA line problems and pump-related problems were observed in 14% and 12% of patients, respectively. **CONCLUSIONS:** IV PCA administration requires a complex series of processes and coordination among several hospital departments. Problems with IV PCA are common and require staff time and effort to resolve.

PPN4**COST-EFFECTIVENESS OF THE COMBINATION TRAMADOL PLUS PARACETAMOL IN TREATMENT OF SUBACUTE LOW BACK PAIN IN A DUTCH HEALTH CARE SETTING**

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OBJECTIVES: To determine the cost-effectiveness of a combination tablet of tramadol/paracetamol (Zaldiar) versus tramadol in the treatment of subacute low back pain in a Dutch Health Care setting. The hypothesis was that higher drug costs for the combination therapy are 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-minimisation approach was appropriate since the efficacy of the two treatments proved to be the same in the dosages used. Probabilities (side-effects), resource utilisation data (pain treatment and treatment of side-effects), productivity losses and unit costs were obtained from published literature, clinical trial reports, Delphi panel and official price and tariff lists (Dutch costing manual). The perspective taken was that of society and health insurance. **RESULTS:** Compared with tramadol IR, savings with combination therapy from a society perspective were 34.78€ per patient for ten days' treatment of subacute low back pain (costs of combination therapy: 62.58€; with tramadol IR: 97.36€). Savings with combination therapy from a health insurance perspective were 25.30€ (costs of combination therapy: 54.64€; with tramadol IR: 79.94€). Sensitivity analyses confirmed the robustness of the model. **CONCLUSIONS:** The results show that treatment with the combination tablet of tramadol/paracetamol compared with tramadol IR is cost-saving and has fewer side-effects. This is true despite the fact that with the dosages used the daily drug costs of combination therapy are higher than those of tramadol IR. The reason for the lower total therapy costs is the lower incidence of side-effects with the combination tablet of tramadol/paracetamol, resulting in favourable clinical and economic benefits.

PPN5**PROSPECTIVE ASSESSMENT OF THE HEALTH AND ECONOMIC BURDEN OF NEUROPATHIC PAIN**

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OBJECTIVES: The current treatment of neuropathic pain (NeP) includes a wide range of drug and non-drug therapies, and patient outcomes are not very satisfactorily. The aim of this study was to assess the magnitude of, and to explore the relationship between the health and economic burden of the condition in patients treated at the specialist level. **METHODS:** Ninety-eight

patients with NeP were included at random cross-sectionally in 4 pain centres, and were followed up prospectively during one month. All medical resource use related to NeP as well as pain scores (daily Visual Analogue Scale), were collected via patient diaries. Quality of Life (MPI, MPQ and SF-36) was assessed at start and at the end of the one month observation period. Costs from the public insurance perspective were calculated by multiplying the medical resource use with charges. SF-36 scores were transformed into utility values, using the SF-6D algorithm. **RESULTS:** Patients had an average history of 4.5 years of NeP; 84% had peripheral NeP; 20% had mild pain, 80% moderate or severe. The total monthly cost was 438.4€ (+/- 105.8). Hospital stays represented 57% of total costs. The utility at start was 0.550 (+/- 0.012) and at the end date 0.578 (+/- 0.012) (p = 0.005). A multivariate regression analysis showed an independent and significant inverse relationship between utility at start and total cost (p = 0.011). In peripheral NeP, patients with moderate to severe pain had a more than doubled cost compared to patients with mild pain: 517€ (+/- 148) vs. 201€ (+/- 45) (p = 0.045). **CONCLUSIONS:** NeP is associated with rather utility values in the order of magnitude of some cancer types. Higher pain scores and lower utilities lead to higher cost of treatment. A possible explanation for the slight but significant increase in utility is the increased attention within the study environment.

PAIN**PAIN—Quality of Life/Utility/Preference Studies****PPN6****BURDEN OF ILLNESS SURVEY IN PATIENTS WITH PAINFUL NEUROPATHIC DISORDER (PNDS) IN GERMANY**

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OBJECTIVES: Aim of the survey was: 1) to identify characteristics of patients with PND's; 2) to quantify burden of health resource utilisation among this patients; and 3) to investigate the impact of PND's and its treatment on productivity and daily functioning. **METHODS:** In this cross-sectional, one-time survey we focused on the documentation of self-reported functioning and well-being, pain experience, MD's reported medication use, productivity and employment status. Well established questionnaires / scales were used for data collection. **RESULTS:** A total of 202 patient questionnaires were eligible for data-analysis. Diabetic (n = 62) and Postherpetic (n = 33) neuropathic pain were most prominent where 86% of the patients reported their worst pain within the last 24 hours as moderate 33% or severe 53% (all indications). The pain severity index results were nearly similar but moderate was reported mostly (57%). EQ-5D-scores was comparable for worst pain within the last 24 hours and pain severity index and was low in patients reporting "severe pain experience" (0.3/0.13). Ten percent (10%) of patients were early retired, 12% were disabled due to neuropathic pain, 17% had to reduce scheduled work and 27% of the patients reported a substantial reduction in work productivity because of their NeP. Analgesics (77%) were prescribed most commonly followed by antiepileptics (53%), antidepressants (37%) and Hypnotics (30%). Combination is common. Patient satisfaction by using the prescribed medication was high. In total, 21% were "extremely satisfied" and 55% were "somewhat satisfied". **CONCLUSIONS:** Treatment of NeP should be optimized since a high percentage of patients reported a considerable pain within 24h. However, it is astonishing that in general patients satisfaction with their current treatment was high. The mismatch