

to include an outpatient drug benefit will decrease beneficiaries' burden of multiple sclerosis. **RESULTS:** Few MS beneficiaries (5%) reported that they did not get prescription medications that were prescribed for them. Some beneficiaries (15%) reported delaying health care due to the cost. The average out-of-pocket cost of commonly used medications (e.g., baclofen (Baclofen®), interferon beta-1B (Betaseron®), and fluoxetine (Prozac®)) among the insured is about half the price borne by the under-insured beneficiaries. For example, interferon beta-1B is \$27 per prescription among insured beneficiaries, and \$58.50 among under-insured beneficiaries. Similar results were found for other medications that are common among MS beneficiaries. **CONCLUSIONS:** Our findings suggest that MS beneficiaries perceive few economic barriers to necessary health care, particularly prescription medications. However, we find substantial differences exist in the out-of-pocket price of commonly used medications between under-insured and insured beneficiaries. These differences should attenuate with the expansion of Medicare to include a drug benefit decreasing the economic burden of multiple sclerosis.

## PNL19

**DEVELOPMENT OF THE MULTIPLE SCLEROSIS TREATMENT SATISFACTION QUESTIONNAIRE (MSTCQ)**Cramer JA<sup>1</sup>, Cuffel B<sup>2</sup><sup>1</sup>Yale University, West Haven, CT, USA; <sup>2</sup>Pfizer, New York, NY, USA

**OBJECTIVE:** To develop a measure of treatment satisfaction that assesses attributes specific to injected medications for multiple sclerosis (MS). **METHODS:** Item development for the MS Treatment Satisfaction Questionnaire (MSTCQ) was initiated with review of MS websites, literature, adverse effects, as well as interviews and focus groups with MS patients. Pilot testing resulted in aggregation of items postulated to assess adverse effects, difficulty of use, inconvenience, and discomforts. The MSTCQ test instrument included nine items describing "Satisfaction with the Injection System" and 11 items describing "Side Effects." The instrument was completed by 317 patients, ages 18–60 years, who had been using interferon-beta-1a subcutaneously for > six-months. **RESULTS:** The "Satisfaction with the Injection System" subscale fit a one-component solution with internal consistency coefficient with good cross-sectional reliability ( $\alpha = 0.70$ ). A principal components analysis of the 11 items assessing "Side Effects" resulted in a three-component solution: flu-like side effects ( $\alpha = 0.82$ ); injection-site reactions ( $\alpha = 0.68$ ), and global items ( $\alpha = 0.75$ ). Test-retest reliabilities at one-week ( $N = 55$ ) were Satisfaction  $r = 0.68$  (intraclass correlation coefficient); Side Effects: flu-like side effects,  $r = 0.86$ ; global evaluation of side effects,  $r = 0.77$ ; injection site side effects,  $r = 0.73$ . Almost all correlations were statistically significant ( $p < 0.001$ ). Correlations with demographic variables showed significant associations with the MSTCQ total and subscale scores. Age, falling behind in work and home activities, and level of activity/independence exhibit the most consistent relationships to the various MSTCQ measures. **CONCLUSIONS:** The initial development and testing shows that the MSTCQ should provide insight into the concerns of MS patients about their use of injected medications. These data indicate that older respondents and respondents who are relatively more active and independent have a more favorable view of their MS treatment.

**NEUROLOGICAL DISORDERS—Other**

## PNL20

**RESTLESS LEGS SYNDROME PLACES A SUBSTANTIAL BURDEN ON THE HEALTH-RELATED QUALITY OF LIFE OF US AND EUROPEAN PATIENTS**Martin MC<sup>1</sup>, Nikam P<sup>2</sup>, Blaisdell B<sup>1</sup>, Kushida CA<sup>3</sup>, Ferini Strambi L<sup>4</sup>, Ware J<sup>1</sup><sup>1</sup>Quality Metric Incorporated, Lincoln, RI, USA; <sup>2</sup>GlaxoSmithKline, Collegeville, PA, USA; <sup>3</sup>Stanford Center of Excellence for Sleep Disorders, Stanford, CA, USA; <sup>4</sup>Università Vita-Salute, Milan, Italy

**OBJECTIVES:** Restless Legs Syndrome (RLS) is a sensorimotor disorder resulting in a desire to move the limbs, which often leads to severe sleep disturbances. This study aims to compare the health-related quality of life (HRQOL) burden that RLS places on US and European (EU) individuals. **METHODS:** Analyzed cross-sectional data (with screening, RLS symptom, and SF-36 items) from EU (France,  $N = 75$ ; Germany,  $N = 25$ ; Italy,  $N = 42$ ; Spain,  $N = 37$ ; UK,  $N = 44$ ) and US ( $N = 158$ ) samples. SF-36 scores of persons with RLS were compared with patient (type-2 diabetes, depression, osteoarthritis [OA]) and US general population norms. Regression methods were applied to estimate sociodemographically adjusted norm values and test for significance. Comparisons to norm were conducted: 1) maintaining the case-mix of conditions that both RLS and general population respondents presented ("total" burden); 2) statistically adjusting for conditions not attributed to RLS ("unique" burden). Burden is defined as a negative deviation in SF-36 scores from norm associated with the presence of a medical condition (e.g. RLS). **RESULTS:** Relative to an average adult, total burden ranged from 0.44 to 1.07 standard deviations (SD) below general population norm for US, and 0.49 to 1.04 SD for EU. Relative to an average healthy adult, the unique burden ranged from 0.63 to 1.36 SD and from 0.91 to 1.48 SD below norm for both US and EU samples, respectively, (where 0.5 SD is viewed as meeting standards of minimal clinically important difference). US RLS sufferers reported the greatest burden on physical domains; EU on mental health. For both samples, RLS burden was greater than type-2 diabetes and OA, and similar to depression. **CONCLUSIONS:** RLS places a sizable burden on HRQOL—similar for US and EU samples, affecting both physical and mental health. The EU sample is more affected in mental health; the US sample is more affected in physical health.

## PNL21

**FUNCTIONAL LIMITATIONS, MENTAL HEALTH, AND RESOURCE USE ASSOCIATED WITH THE HEALTH-RELATED QUALITY OF LIFE OF PATIENTS WITH RESTLESS LEGS SYNDROME**Martin MC<sup>1</sup>, Nikam P<sup>2</sup>, Blaisdell B<sup>1</sup>, Kushida CA<sup>3</sup>, Ferini Strambi L<sup>4</sup>, Ware J<sup>1</sup><sup>1</sup>Quality Metric Incorporated, Lincoln, RI, USA; <sup>2</sup>GlaxoSmithKline, Collegeville, PA, USA; <sup>3</sup>Stanford Center of Excellence for Sleep Disorders, Stanford, CA, USA; <sup>4</sup>Università Vita-Salute, Milan, Italy

**OBJECTIVES:** Restless legs syndrome (RLS) is a sensorimotor disorder characterized by an irresistible urge to move the limbs, which often results in disturbed sleep. This study aims to contextualize the impact of RLS on health-related quality of life (HRQOL) in terms of functional limitations, mental health and resource use. **METHODS:** Cross-sectional data from an omnibus questionnaire (with screening and RLS symptom items) and the SF-36 Health Survey (to assess HRQOL) from a US sample of 158 participants with RLS were analyzed. Capitalizing on prior work that linked external criteria to patients differing in general health self-evaluations, we assessed SF-36 physical and mental