MULTIPLE PAIN RELIEF ASSESSMENT IN WOMEN UNDERGOING NATURAL VERSUS EPIDURAL DELIVERY WITH ROPIVACAINE OR BUPIVACAINE

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OBJECTIVES: To compare level of pain and pain relief by using different outcome measurement techniques in women undergoing natural and epidural delivery. To identify the relationship between categorical self-assessment and continuous VAS measures in painless delivery.

METHODS: 300 women at 10 centres in Hungary undergoing natural, epidural (ropivacain), or epidural (bupivacain) delivery were involved in this non-randomized, open study. To avoid selection bias, patients were recruited consecutively and natural delivery patients came from centres where epidural delivery was not offered. Pain was measured by 10cm visual analogue scale and by categorical self-assessment questions before pain relief, at 15, 30 minutes, and then hourly afterwards. Patient's preferred choice for possible future delivery was also recorded. ANOVA method was used to test statistical significance.

RESULTS: Initial average pain level measured by VAS was 6.9 cm. Initial pain level did not differ across groups. Changes in pain between the two epidural groups were not statistically significant. Decrease in VAS scores was 3.3, 5.3, and 5.1 cm at 15, 30, and 60 minutes after drug administration, respectively. Changes assessed by patients as some, good, and excellent pain relief was associated with an average change of 1.80; 3.75; and 5.67 cm in VAS, respectively. Good or excellent pain relief was experienced in 91% of epidural patients. All of the epidural group and 70% of the natural group would choose painless delivery at a possible future occasion. Most reasons related to decreased pain, less tiredness, better compliance with doctors, and more attention to the baby. P values were less than 0.05.

CONCLUSIONS: Large decrease in pain level can be achieved in epidural groups at small additional costs and this is reflected in patients’ preferences. Validation of the VAS method in painless delivery by assessment of importance can be highly useful in future VAS studies.

ADDRESSING PARADOXES IN ECONOMIC EVALUATIONS (EES). AN EXAMPLE USING MOTOR NEURON DISEASE (MND)

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BACKGROUND: MND results in progressive degeneration of the motor neurons, with intellect remaining largely unaffected. Average life expectancy from diagnosis to death is 2–5 years. Riluzole is the only treatment which has been shown to extend life in MND, though its cost-effectiveness has been questioned. In recent years, there has been a large increase in the number of EEs. Many have been criticised due to methodological deficiencies. Using MND as an example, it is clear that EEs can provide either valuable or misleading information in a decision-making context.

METHODS: Systematic search for, and critical appraisal of, available EEs of riluzole therapy for MND. RESULTS: The methodological quality of the six identified studies was variable. The study with the greatest validity concluded that riluzole is a cost-