MCO formulary managers for a migraine treatment that has a good chance of relieving pain within 15 minutes, allowing quick return to normal activities. We also found that patients and physicians are willing to pay much more than MCO formulary managers for other quality-of-life benefits, including preferred dosage form, nausea relief and avoiding drowsiness.

CONCLUSIONS: The results support our hypothesis that physicians and patients value quality-of-life benefits more highly than MCO formulary managers. However, the sample sizes involved are too small to permit strong inference.

WHAT IS IMPACT OF INSOMNIA ON MEDICAL DISORDERS, QUALITY OF LIFE AND ABSENTEEISM? A STUDY IN A FRENCH WORKING POPULATION
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Despite insomnia induces a great number of medical and psychiatric visits, the role of co-morbidity in the medical and professional consequences of this sleep disorder is poorly documented.

OBJECTIVES: Our study seeks to evaluate the impact of insomnia on the health status and absenteeism; and to identify the part of co-morbidity in the severity of insomnia.

METHODS: We used data from the Gazel cohort (a cohort of employees of the French electrical and gas company) providing medical, professional and demographic information; the Epworth sleepiness scale; the Nottingham Health Profile; the Basic Nordic Sleep Questionnaire and a 3-week sleep log. Firstly, we compared a group of insomniacs (n = 986) with another one free of sleep complaints (n = 584). Secondly, all subjects suffering from mood and organic sleep complaints (snoring and nocturnal periodic leg movements) were excluded.

RESULTS: In the non-adjusted by mood and organic sleep complaints comparison (n = 986) we found a higher absenteeism than in insomniac group than in control (9.6 +/- 31 days versus 5.8 +/- 19 days, U Mann-Whitney, p < 0.01). However, no differences (6.39 vs. 6.02 days, U Mann-Whitney, p = NS) in absenteeism between the control group and insomniacs free of depression or organic sleep complaints were observed. Nevertheless, insomniacs (complaining or not of mood or organic sleep complaints) showed a poorer health status defined by the Nottingham Health Profile than control subjects.

CONCLUSIONS: Insomniac complaints are strongly associated with an alteration of quality of life. Absenteeism in insomniacs is related to associated mood disorders or organic sleep complaints.

NEUROLOGICAL/PAIN DISORDERS—Health Policy Presentations

THE MIGRAINE IN FRANCE IN 2000
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OBJECTIVE: A French national epidemiological study on migraine was presented 10 years ago at the Migraine trust. It was the first study to cover an entire country (HENRY P. et al.: Migraine prevalence in France. In New advances in headache research: 2. Ed. Clifford Rose 1991 Smith Gordon-pp.: 11–14). This study has provided also data on the burden of migraine in terms of its economic and social impact. We would like today to update the data.

METHODS: 1486 persons, aged over 15 and suffering from headaches were randomly selected from a large representative sample of the French population. They were asked to complete a questionnaire, which allowed discriminating sufferers of migraine according to IHS criteria.

RESULTS: Among the 1486 headache sufferers, we find 880 migrainous people (1-1, 1-2 and 1-7 IHS criteria), 454 without migrainous headache and 152 with chronic daily headache. If we compare the results of the certain migraine group (1-1 and 1-2 IHS) we find that they are identical (8.1% (1989) versus 8.2% (1999)). However, if we include the migrainous disorder group fulfilling all criteria but one (1-1, 1-2 and 1-7 IHS) we find that they are 3% with 1.8% for men and 3.9% for women in 1999.