9.6% trigeminal neuralgia, 12.8% CRPS, 14.8% post-herpetic neuralgia, 19.1% entrapment neuropathies, 3.6% post-stroke pain, 2.7% phantom limb, and 26.5% others. MOS-sleep was acceptable (items with missing data <10% and floor and ceiling effects <50% per item and <15% per domain) and reliable (Cronbachxs α between 0.64 and 0.87, and test-retest intraclass correlation coefficients between 0.79 and 0.91, $p < 0.001$ for all cases). After adjusting by covariates, MOS-sleep was able to distinguish between sex, present pain severity, level of disability and presence of anxiety or depression: sleep-problems index scores higher in female and patients with horrible/excruciating pain, anxiety, depression and extreme disability ($p < 0.05$, all cases). Concurrent validity with other scales was moderate; Spearman's rho coefficients between −0.21 and 0.57 ($p < 0.01$, all cases). MOS-sleep was sensitive to change after treatment with gabapentin; after adjusting, responders (baseline pain reduction >50%) showed a reduction in sleep-problems index of −25.6 + 14.3 pts versus −12.1 + 14.5 pts in non responders ($F = 80.5$, $p < 0.0001$). Scoring reduction in summary index and sleep subscales correlated significantly with pain improvement (Pearson r-coefficients between 0.428 and 0.116, $p < 0.01$, all cases). **CONCLUSIONS:** MOS-sleep showed good psychometric properties and was sensitive to changes in patients with Neuropathic pain.

SKIN

PSN1

USING THE GENERAL PRACTICE RESEARCH DATABASE TO ESTIMATE THE INCIDENCE, PREVALENCE AND MANAGEMENT OF HYPERHIDROSIS IN THE UK

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OBJECTIVES: No epidemiological data are available for hyperhidrosis (excessive sweating) in the UK, although a 2.9% prevalence rate recently was reported in a census-type study in the USA. A retrospective cohort study was designed to estimate age- and sex-specific incidence and prevalence in patients presenting to UK general practitioners over 1994–2003. Longitudinal trends including seasonality were examined and patient management was analysed in terms of prescription, referral and test rates. **METHODS:** The UK General Practice Research Database (GPRD) includes computerised medical records for 3 million active patients (~5% of UK population) from over 350 practices. GPRD coding dictionaries were reviewed to compile a list of hyperhidrosis-related medical codes (HMC) and prescription codes (HPC). Many HMCs and HPCs are not used exclusively for hyperhidrosis, so three cohort definitions were tested to explore their specificity and sensitivity. Prevalence was estimated by assuming that the condition is chronic with no resolution. **RESULTS:** In 2003 the estimated incidence of hyperhidrosis was 0.21% (n = 4267) for patients with an HMC, and 0.08% (n = 1598) for patients with an HMC and an HPC. Incidence doubled over 1994 to 2003; was 1.5 times higher in females than males; and was 1.4 times higher in summer (Apr–Sept) than winter (Oct–Mar). Prevalence was estimated at 1.62% (32,406) in 2003. There were 2831 referrals associated with HMCs over 1994–2003, of which 986 were to pathology, 541 to general medical and only 425 to dermatology. Prescriptions for anti-perspirants were written for 6324 patients, but only 713 received more than 5 prescriptions in total over 1994–2003. **CONCLUSIONS:** The GPRD is a useful tool to investigate the epidemiology and treatment of hyperhidrosis in the UK. Potential misclassification of cases was explored using different cohort definitions. Referral rates by general practitioners were low and relatively few patients persisted with anti-perspirants.

PSN2

COST-EFFECTIVENESS ANALYSIS: ALDARA™ (IMIQUIMOD) CREAM, 5% IN THE TREATMENT OF SUPERFICIAL BASAL CELL CARCINOMA IN NORWAY

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OBJECTIVES: The aim of this study was to assess the cost-effectiveness of imiquimod cream 5%, in the treatment of superficial basal cell carcinomas (sBCC) compared to usual care in Norway. **METHODS:** The cost-effectiveness analysis was performed using a decision model, comparing imiquimod, a topical immune response modifier, with usual care in a Norwegian practice setting. Estimates of initial clearance and recurrence in sBCC are from randomized clinical trials of imiquimod and from literature reviews supplemented by assessments from structured interviews with clinical dermatologists. **RESULTS:** Dermatologists reported the distribution of treatment options for sBCC in Norway as surgery (30%), cryosurgery (40%) and photodynamic therapy (30%). A weighted composite outcome of these three alternatives (usual care) was used as basis for the comparison. Adverse events and their consequences in terms of treatment costs were considered in the model. The model estimates of initial clearance with imiquimod compared to usual care in sBCC was 94% vs. 88%. The analysis found imiquimod to be slightly more expensive per patient (NOK133 per year). The incremental cost-effectiveness ratio (ICER) for imiquimod compared to usual care was NOK1973 per recurrence avoided based on a 1-year time perspective. For individual therapy options, imiquimod dominated PDT, was more expensive but with better outcomes than cryosurgery, yet was dominated by excision surgery. **CONCLUSION:** The total cost of treatment with imiquimod was marginally higher than the weighted average for usual care, but the treatment with imiquimod substantially reduced recurrence of sBCC. Similar to most other measures of effect, there are no general accepted levels for the societies' willingness to pay for avoided recurrences of sBCC; even so, based on this analysis it is reasonable to conclude that imiquimod provides a cost-effective treatment option for sBCC in Norway.

PSN3

ECONOMIC EVALUATION OF PIMECROLIMUS, A NEW TREATMENT OF CHILDREN WITH ATOPIC DERMATITIS IN HUNGARY

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OBJECTIVE: To assess the costs, consequences and cost-effectiveness of Elidel (pimecrolimus cream 1%) in treatment of children with atopic dermatitis in Hungary. **METHODS:** A Markov model for atopic dermatitis developed by the Erasmus University (Rotterdam, The Netherlands) was adapted to the Hungarian health care settings. The model based on a double-blind, multicenter, randomized, parallel-group study. Patients were randomised (2:1) to receive pimecrolimus treatment paradigm (i.e. emollients, pimecrolimus, medium potency topical corticosteroids) or standard of care (emollients, vehicle, medium potency topical corticosteroids). The study was conducted in children and adolescents (2 to 18 years of age). Hungarian cost vectors were calculated by linking severity of disease as defined by Investigator's Global Assessment (IGA) to average resource use. Resource use was multiplied by drug costs and unit costs as published in official databases. **RESULTS:** Pimecrolimus treatment has an