PATIENT SATISFACTION WITH PAIN MANAGEMENT 28 DAYS
AFTER TOTAL KNEE ARTHROPLASTY
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OBJECTIVES: Suboptimally treated postoperative pain is common and is a risk factor for developing chronic pain. Additionally, improving postoperative pain relief may improve patient-reported outcomes such as satisfaction with care. The purpose of this study was to assess patient satisfaction with postoperative pain management among persons who underwent unilateral total knee arthroplasty. METHODS: Participants in the intent-to-treat population were randomly assigned to controlled-release oxycodone (CRO, n = 125) or placebo (Pla, n = 119) plus usual care on postoperative day two. Both groups were allowed supplemental analgesics as needed. Outcomes assessed in this analysis at baseline and overall were pain relief and impact of pain on daily functions using the Brief Pain Inventory (BPI; an objective pain outcome measure) and two items related to satisfaction with postoperative care, specifically, “How satisfied or dissatisfied are you with the relief you experienced from your post-surgery pain?” and “Overall how pleased have you been with the current care you have received for post-surgery pain?”

RESULTS: Patients on CRO compared to Pla reported greater perceived amount of pain relief from study medications (p = 0.007), with satisfaction of current care (p = 0.069) trending towards significance. In addition, 85.8% (CRO) and 72.0% (Pla; p = 0.033) would recommend the care they received, including pain management. Questions about satisfaction with pain management were positively and significantly associated with the Brief Pain Inventory pain relief item (r = 0.47 and 0.38, respectively). CONCLUSIONS: Patients who received CRO were more satisfied with their pain relief and were more likely to recommend their pain care to someone else.

THE COST-EFFECTIVENESS OF SUBSTITUTING DARBAPOETIN FOR EPOETIN: WHEN ECONOMIC MODELLING DOES NOT PREDICT REAL LIFE RESULTS
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OBJECTIVES: To determine if costs savings from a substitution of darbapoetin for epoetin as were predicted by an economic model. METHODS: Our hospital, part of a National purchasing consortium, was convinced to switch all patients receiving either thrice weekly or weekly epoetin, in connection with either chemotherapy of chronic renal disease, to once weekly darbapoetin. An economic model showed that under the assumptions provided, combined with a 22% rebate of cost from the manufacturer, that total costs would be lower with darbapoetin. Clinical literature was reviewed showing similar efficacy of the two agents. RESULTS: After implementing the switch, the costs of making the substitution were much higher than the benefits. Use and acquisition costs of darbapoetin was significantly greater than the prior year and then were predicted using the economic model. Significant findings were; a) demonstrated lack of clinical equivalence lead to physicians prescribing 2.8 times the recommended dose of darbapoetin and; b) paying for a week’s worth of therapy for patients who would only have received an average of 1.3 doses of epoetin based on their duration of stay in the hospital. A revised model based on more realistic assumptions showed a net cost would result if the substitution were continued. CONCLUSION: Despite the results predicted by the economic model, without restrictions on the amount of drug to be ordered, the total costs to our health care system turned out to be much greater after the substitution.