placebo or D-ER nonresponders, respectively, at weeks 6 (ES = -0.55, p = 0.01; ES = 0.07, p = 0.05 vs. the -p=0.05 for the [-p=0.05, p = 0.01] and 14 (ES = -0.71, p = 0.01; ES = 0.67, p = 0.01). Improvement was seen at D-ER in both groups to the next day. Only 3% thought they got off to sleep in less than 20 minutes with 55% reporting taking after 1 hour to get to sleep. A total of 86% visited the doctor less than 4 times per year but apparently did not complain of insomnia; 44% reported having received hypnotics from the doctor in the past but only 2% currently taking them. Seven percent of patients attributed their sleep problems to pain; 42% of the doctors up regularly to the bathroom but in general did not attribute their sleep problems to this reason. In contrast 40% of respondents felt that their problems were purely age-related. CONCLUSIONS: Insomnia is a common, long-standing, serious problem which affects and impacts upon older rather than younger people. While most respondents had received hypnotics in the past they were currently only taking them for insomnia. There appears a common acceptance that sleep problems are simply a function of ageing. This study demonstrates the need for patient education and for physicians to address the problem of insomnia in older age.

PND4

FATIGUE AND QUALITY-OF-LIFE IN MULTIPLE SCLEROSIS PATIENTS WITH SPASTICITY IN GERMANY - RESULTS OF THE MOVE 1 STUDY

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OBJECTIVES: Spasticity and fatigue are common in patients with Multiple Sclerosis (MS) and can highly affect patients’ quality-of-life (QoL). A burden-of-disease study was performed to gain real-life data on the related factors and the patients’ and physicians’ evaluation of fatigue and QoL. METHODS: The MOVE 1 (MObility Imp- rovement Evaluation) study included a multi-centred investigation of 367 MS patients' fatigability factors, using the "Würzburger Erschöpfungsinventar bei Multipler Sklerose" (WEIMuS, German MS-related fatigue questionnaire) and the EQ-5D QoL instrument. WEIMuS total score [0-68; cut-off = 32], cognitive (0-36; cut-off ≥17) and physical subscales were used, the cut-off for fatigue is >50. The EQ-5D QoL scale includes 5 domains (mobility, self-care, usual activities, pain/discomfort and anxiety/depression) with 3 answer levels (no, some and extreme problems). RESULTS: In total, 419 MS patients with spasticity were enrolled at 42 German centres from 4/2011 to 9/2011. 414 patients fulfilled selection criteria and were analyzed. Mean age was 48.6 (SD 11.4) years, 56.4% were female, 41.6% were married, 27.3% of patients had mild, 44.0% moderate and 28.7% severe spasticity. Fatigue was recorded by physicians in 49.4% and by patients in 50.0% of cases as one of the most disturbing spasticity associated symptoms. According to WEIMuS, total fatigue cut-off score was reached by 48.0%, 53.8% and 54.5% of patients with mild, moderate or severe spasticity respectively. The physical fatigue observed in 52.9%, 69.6% and 66.3% and cognitive fatigue in 37.3%, 35.7% and 37.6% of these subgroups, respectively. With increasing spasticity severity the mean EQ-5D index value decreased (0.6-0.2 vs. 0.3-0.3) and the number of patients with "extreme problems" raised, particularly in the domains "mobility" (0% to 13.6%), "self-care" (1.0% to 20.0%) and "usual activities" (2.9% to 25.5%). CONCLUSIONS: The occurrence of fatigue in MS patients increases with spasticity severity, impairs patients’ QoL in parallel. Patients’ and physicians’ evaluations are aligned.

PND5

MULTIPLE SCLEROSIS IMPACT SCALE (MSIS-29): ITS VALIDITY AND RESPONSIVENESS IN CLINICAL TRIAL-BASED SUBJECTS

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OBJECTIVES: The psychometric properties of the Multiple Sclerosis Impact Scale (MSIS-29) have been well examined in community-based samples using cross-sectional data and have not been yet in trial-based samples using longitudinal data. This analysis examined MSIS-29’s validity and responsiveness using longitudinal data from patients with relapsing-remitting multiple sclerosis (RRMS) enrolled in the MOVE 1 (MObility Improvement Evaluation) trial of daclizumab (IFX). METHODS: The MSIS-29 and EQ-5D-5L Multi-Cultural-Index (D-ER) psychometric properties were well examined in community-based samples using cross-sectional data and have not been yet in trial-based samples using longitudinal data. This analysis examined MSIS-29’s validity and responsiveness using longitudinal data from patients with relapsing-remitting multiple sclerosis (RRMS) enrolled in the MOVE 1 (MObility Improvement Evaluation) trial of daclizumab (IFX). RESULTS: As expected, both physical and psychological subscales of the EQ-SD-5L physical scale was more highly correlated with the EQ-SD dimensions at all time points. MSIS-29 responsiveness was evaluated by examining the direction, magnitude, and pattern of change in MSIS-29 scores in three patient subgroups defined by achieving an established minimal important ES = -0.55, p = 0.05, worsening trend (p = 0.05). RESULTS: As expected, both physical and psychological subscales of the EQ-5L physical scale was more highly correlated with the EQ-SD dimensions at all time points. MSIS-29 responsiveness was evaluated by examining the direction, magnitude, and pattern of change in MSIS-29 scores in three patient subgroups defined by achieving an established minimal important change on the physical and psychological subscales of the EQ-5L physical scale was more highly correlated with the EQ-SD dimensions at all time points. MSIS-29 responsiveness was evaluated by examining the direction, magnitude, and pattern of change in MSIS-29 scores in three patient subgroups defined by achieving an established minimal important