placebo or D-ER nonresponders, respectively, at weeks 6 (ES = 0.55, p < 0.01, ES = 0.76, p < 0.001, ES = 0.67, p < 0.01). Improvement was seen after D-ER. CONCLUSIONS: The Spanish version of the H-CSRI showed acceptable clinimetric properties. This study supports the usefulness of the H-CSRI questionnaire to assess the clinical status of patients, although it is limited by the small sample size.

PND53

PATIENT REPORTED SLEEP PROBLEMS IN THE UK
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OBJECTIVES: To assess the frequency, severity, use of hypnotics and impact of sleep problems in the community in the UK. METHODS: Questionnaires were sent in a national newspaper and patients with sleep problems requested to complete them and return by post. RESULTS: Two thousand and eighty-two questionnaires were returned. Thirty-eight percent of respondents were female, 92% aged forty or over and 57% over 60. 94% of patients reported insomnia for more than a year. Seventy-seven percent described sleep as bad or very bad. 64% complained of feeling tired after rising and starting the next day. Only 3% thought they got off to sleep in less than 20 minutes with 55% reporting taking more than an 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 patients get up regularly to use 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 not currently taking them and continuing the problem from 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.

PND54

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 related fatigue and the patients’ and physicians’ evaluation of fatigue and QoL. METHODS: The MOVE 1 (Mobility Imp- rovement) study already included a section of the quality of life (QoL) of MS spasticity patients, 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 (0-32; cut-off ≤ 17) subscores are assessed. The EQ-5D-5L questionnaire assesses 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 years (SD = 13.0) and 54.3% were women. 47.7% 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, as the physical fatigue subscale. Of all observations, 52.7% of patients had pain, 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 to 0.3; p < 0.001) and the number of patients with “extreme problems” raised, particularly in the domains “mobility” (6% to 13.6%), “self-care” (10% to 20.0%) and “usual activity” (2% to 25.5%). CONCLUSIONS: The occurrence of fatigue in MS patients increases with spasticity severity, impacting patients’ QoL in parallel. Patients’ and physicians’ evaluations are aligned.