were enrolled. Only 4.5% were not assessable and 659 (86.5%) were able to answer the SATMED-Q. The orietal 6 factor solution explained 82.8% of the available variance; it was well defined, and all communalities were above 0.76. A strong correlation between Effectiveness and Impact on Daily Activities ($r = 0.890–0.905$, 95% CI) and Gutman two-half index was 0.935. No significant correlation was found between age and Treatment Satisfaction ($r = 0.055$), Anxiety ($r = −0.17$), and Depression ($r = 0.075$). Neither between educational level and Anxiety ($r = −0.038$), but educational level showed to be related with Depression ($r = −0.204$; $p < 0.001$) and Treatment Satisfaction ($r = 0.169$; $p < 0.001$). Treatment Satisfaction dimension levels interact significantly with Depression ($p < 0.001$) and Anxiety ($p < 0.011$) severity levels. CONCLUSIONS: The psychometric properties of the SATMED-Q are good in this specific population. Significant differences in Treatment Satisfaction are found depending on the Anxiety and Depression level.

**TREATMENT OF NEUROPATHIC PAIN IN MULTIPLE SCLEROSIS: A POPULATION BASED WILLINGNESS-TO-PAY ANALYSIS**

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**OBJECTIVES:** Multiple Sclerosis (MS) is a chronic neurological disease affecting the central nervous system with a prevalence rate of 240 per 100,000 in Canada. The prevalence of pain in MS ranges from 10%–80% (70% in a study we previously performed). Sativex® (SAT) is a new cannabis-based drug approved in Canada for neuropathic pain in patients with MS. Willingness-to-pay (WTP) elicits the extent of subjects' preference for their chosen treatment, expressed as the amount they would hypothetically be willing to pay in insurance premiums in order to have access to the treatment. **METHODS:** The WTP instrument had a decision board (DB) and a questionnaire. A DB is a visual aid to help clinicians present clinical information about treatment options in a standardized manner. Two treatment options were presented on the board used in this study, with text and data describing them obtained from clinical experts and the literature. The first option was a “cocktail” of three medications: gabapentin, amitryptilin, and acetaminophen (“pills”), while the comparator was the same “cocktail” but adding SAT (“pills and oral spray”). The WTP instrument was administered to 500 participants from the general Canadian population, using the bidding game approach. Descriptive statistics were calculated. **RESULTS:** The mean age of the study population was 39 ± 13 years, 56% were female. The DB was facilitated in English (85%) and French (15%). Of the 500 interviews conducted, 253 respondents chose the “pills and oral spray” option. For these subjects, the mean WTP per month in additional insurance premium was CAD $8 (range = $0–$200, median = $4). **CONCLUSION:** Assuming only 51% in a general population are willing to pay additional premiums as reported, the obtained WTP would be able to fund the drug for all MS patients with pain (assumed 70%), with a remaining surplus of $3.24/person.

**RELAPSING-REMITTING MULTIPLE SCLEROSIS (RR-MS) PATIENTS’ VALUATION OF MS TREATMENT BENEFITS**

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**OBJECTIVES:** This study used a stated preference discrete choice experiment (DCE) to explore the preferences and willingness to pay (WTP) of RR-MS patients in the UK regarding the benefits of treatments. **METHODS:** The attributes in the DCE included the number of future relapses, presence of new nerve damage, progression in disability level and out of pocket cost (to estimate WTP for changes in attribute levels). Participants were asked to indicate their preference for hypothetical treatment profiles that varied attribute levels based on an orthogonal fold-over design. The patient sample ($n = 194$) was recruited through advertisement with a patient advocacy group. WTP was estimated using logit analysis. **RESULTS:** Eighty-three percent of patients (mean age 44 years, 82% female) had experienced 1 or more relapses in the last 2 years and 46% required aid with ambulation. Patients had a mean annual household income of £33,000 and monthly MS-related expenditures of approximately £50. The estimated monthly WTP for a combined benefit of no disability progression, new nerve damage or relapses was approximately 9 times their current expenditures and 16% of their mean annual income. The most highly valued treatment outcome was avoidance of disability progression in the next year. Segmented analyses indicated that patients not currently experiencing a relapse and those with lower self-reported levels of disability had higher WTP for improvements in the other treatment benefit attributes. **CONCLUSION:** RR-MS patients indicated a differential demand for avoidance of MS related disability progression, relapses and nerve damage. Patients who were less severely affected by their RR-MS were willing to pay more to reduce the burden of their disease. This study underlines the high value patients place on the avoidance of MS sequelae, particularly disability progression.

**OSTEOPOROSIS**

**EFFECT OF COMORBIDITIES ON THE EARLY MORTALITY AFTER FEMORAL NECK FRACTURE IN ELDERLY IN HUNGARY**

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**OBJECTIVES:** Aim of our study is to analyse the 30 days mortality of patients over 60 with femoral neck fracture according to comorbidities at admission. **METHODS:** Data derives from the database of National Health Insurance Fund Administration and based on the 57200 code (femoral neck fracture) of International Classification of Diseases (ICD) tenth revision and the codes of comorbidities. The retrospective study is based on patients discharged in 2000 from the institutions providing definitive care after the primary treatment of femoral neck fracture. Financial data has been controlled with a nationwide institutional questionnaire. We calculated 30 days mortality as a time between hospital admission and death. Early mortality rates are presented according to the dominant occurrence most frequently found comorbidities. **RESULTS:** Altogether 3783 patients over 60 years met the inclusion criteria. The overall 30 days mortality was 9%. The mortality of patients with comorbidities was 9.65%, while without comorbidities it was 2.1%. The early mor-