non-health resources utilization under routine medical practice derived in substantial costs when treating refractory painful due to cervical or lumbar radiculopathy. About two-thirds of the total costs were derived from non-health resources.

**LONGITUDINAL HEALTH AND NON-HEALTH RESOURCES UTILIZATION AND DERIVED COSTS OF TREATING REFRACTORY PAINFUL RADICULOPATHY IN PRIMARY CARE SETTING (PCS): A 12-WEEKS POST-HOC ANALYSIS OF THE PREGABALIN EFFECT UNDER ROUTINE MEDICAL PRACTICE**

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**OBJECTIVES:** To analyze the Pregabalin (PGB) effect under routine medical practice on longitudinal health and non-health resources utilization and derived costs of treating refractory painful Radiculopathy in Primary Care Setting (PCS) during 12-weeks.

**METHODS:** A representative sample of PC centres included men and women above 18 years, with chronic pain (6-month or more) due to cervical (17%) or lumbar (83%) radiculopathy refractory to, at least, one previous analgesic [mean (SD) number of drugs: 2.6 (1.4)], in a prospective, naturalistic, 12-weeks two-visit study. Health resources included all-type medical visits, hospitalizations, complementary test and pharmacological and non-pharmacological therapies. Non-health included wages lost due to long-visit days (LWDE) due to lost productivity due to pain. Pain severity was measured by McGill-pain scale. Descriptive statistics and ANCOVA models were applied to compare 12-weeks periods of treatment.

**RESULTS:** One-thousand-three-hundred-fifty-one PGB-naive patients [55.8% women, 56.7 (12.5) years] were analyzed: 490 (36%) switched to PGB as monotherapy (PGBm), 702 (52%) patients received PGB as add-on therapy (PGBadd-on), and in 159 (12%) previous treatment was replaced by a regimen not including PGB (Non-PGB). As compared to non-PGB, both PGBm and PGBadd-on showed significantly higher HRU reduction. The extra costs of drugs, particularly in PGB subgroups [€15.4 (39.1), €148.6 (109.1) and €145.3 (119.6), respectively (p < 0.001 within and between groups)] was off-set by higher significant reductions in all other components of health costs (except non-pharmacological therapies in non-PGB group) yielding to a greater total cost between groups.

**CONCLUSION:** In the primary care setting either as add-on or monotherapy with pregabalin under routine medical practice was associated with a significant longitudinal reduction in HRU and total costs when compared with non-PGB therapy in subjects with painful radiculopathy of cervical or lumbar origin.

**RESOURCE UTILIZATION DUE TO BREAKTHROUGH PAIN: RESULTS FROM A PROSPECTIVE STUDY ON PATIENTS WITH CHRONIC PAINFUL CONDITIONS**

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**OBJECTIVES:** In this prospective study, we captured resource utilization and work productivity due to breakthrough pain (BTP).

**METHODS:** The sample consisted of outpatients at a large U.S. academic medical center who had chronic pain due to headache, musculoskeletal problems, arthritis/rheumatism, and sickle cell anemia. Patients were administered a 1-week diary which captured demographics, disability, pain (10-point VAS), resource utilization due to BTP (hospitalizations, emergency room visits, outpatient visits, and calls to physician offices), and work productivity (Health-Related Productivity Questionnaire-Diary).

**RESULTS:** Among the 161 patients enrolled, 142 reported at least 1 BTP flare during the diary week (90.5%). Of these, 36 suffered from chronic headache (25.3%), 16 from arthritis/rheumatism (11.3%), 16 from sickle cell anemia (11.3%), 9 from musculoskeletal problems (6.3%), and 1 from neuropathy (0.7%). The remainder reported 2 or more painful conditions (45.1%; n = 64). The cohort experienced 2361 BTP flares (mean per patient per week = 18). Mean pain levels were 5.3 for headache, 5.2 for arthritis/rheumatism, 6.2 for sickle cell anemia, 6.8 for musculoskeletal problems, and 6 for those with 2 or more painful conditions. BTP flares resulted in 8 hospitalizations, 9 emergency room visits, 30 outpatient medical visits, and 24 calls to physician offices during the diary week and