

tion in relation to subsequent statements, therefore appropriate clarifications had to be added. The response scale “very completely, completely, average, incompletely, very incompletely” was impossible to translate literally. The following equidistant responses were substituted: “completely, quite a bit, average, a little bit, not at all.”

CONCLUSIONS: A rigorous translation methodology was performed to ensure conceptual equivalence and acceptability of translations. International feedback obtained through the translation process revealed issues regarding the original instrument, indicating that future amendments to the original may be necessary. Psychometric testing will be conducted to ensure reliability and validity of each translation, appropriateness of the questionnaire in each country, and comparability of data across countries.

PCP5

USE OF OPIOID ANALGESICS FOR NONMALIGNANT PAIN CONDITIONS: A CROSS-SECTIONAL CHARACTERIZATION

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OBJECTIVE: The purpose of this study was to evaluate prescribing of opioid analgesics for the treatment of non-malignant pain conditions.

METHODS: The 1995 MarketScan® database was used to identify patients without malignant diagnoses and at least one prescription for an opioid. The resulting cohort was classified into three mutually exclusive categories: transdermal fentanyl (TDF, n = 118), long-acting opioids (LA, n = 136), and short-acting opioids (SA, n = 92,412). Demographics, diagnosis categories, and resource utilization (outpatient, inpatient, and prescription claims) were examined.

RESULTS: The number of patients in the SA group was disproportionately larger than the other groups preventing a direct comparison. Their average age was 40 years, primarily female, and 71% working full time. The most common diagnosis category was musculoskeletal (MSK) and lumbago was the most frequent condition. For comparative purposes, we examined diagnoses groups and resource utilization for the TDF and LA groups. Age, gender, and employment status was similar for both groups. The MSK category and lumbago diagnoses were also the most common conditions. TDF patients had more lumbago physician visits but less cost/patient compared to the LA group (median 6 visits, \$49.50 versus 2.5 visits, \$74.50, respectively). Inpatient use was similar between groups with a median of two occurrences/patient. The median prescription use/patient of TDF was slightly less than LA (3 versus 4.5) and both groups used a similar number of other opioid analgesics (median = 13).

CONCLUSION: This study suggests a similar distribution of conditions associated with the use of TDF, LA, and SA opioids. However, SA opioid utilization in non-malignant pain differs from TDF and LA agents. Further

analysis is necessary to identify characteristics that differentiate these groups.

PCP6

OPIOID ANALGESICS USE IN PATIENTS WITH NONMALIGNANT PAIN: SELECTING AN APPROPRIATE COMPARISON GROUP

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OBJECTIVE: The purpose of the study is to compare the resource utilization and costs related to the total medical care of Duragesic patients with those incurred by patients who have been prescribed long-acting opioids. This abstract focuses on the methodology utilized to select a comparison group for the Duragesic patients.

METHODS: We identified all patients without cancer in a New England insurer database with at least one prescription for Duragesic from January 1, 1995 through December 31, 1997. We required each patient to be enrolled 30 days prior to the prescription index date and the ensuing 90 days, and to have drug benefits (n = 420). We similarly identified patients with at least one prescription for a long-acting opioid (n = 1239). We characterized the patients by age, gender, health services utilized, costs incurred, diagnosis, and drugs dispensed in the 30 days prior the index date.

RESULTS: Duragesic and long-acting opioid patients had similar distributions of age, sex, and inpatient and outpatient diagnoses. For both groups, musculoskeletal/connective tissue conditions were among the most frequent diagnoses, and costs were highest in the month preceding the first opioid dispensing, dropping by about 50% over the ensuing 90 days.

CONCLUSIONS: Patterns of health resource utilization and cost are similar for the two groups. Total costs incurred are highest in the 30 days prior to the initial dispensing and drop considerably during the following 90 days. There is overlap among the non-malignant conditions treated with Duragesic and long-acting opioids. These results suggest that it may be possible to identify a useful and appropriate comparison group for the Duragesic patients.

PCP7

COSTS AND OUTCOMES OF REGIONAL VERSUS GENERAL VERSUS COMBINATION ANESTHESIA AND ANALGESIA TECHNIQUES IN GREEK PATIENTS UNDERGOING HIP ARTHROPLASTY

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