were selected for inclusion in the Lupus Impact Tracker, a PRO intended for clinical practice use to monitor the impact of SLE on patients' lives and well being.

**PSY37**

**THE PAIN MANAGEMENT IS ALWAYS A PUBLIC HEALTH CHALLENGE**

Berzin P1, Rahali N2, Augue M1, Taieb C1

1Comité Interne de Recherche Clinique, Limoges, France, 2FPSA, Boullion Ballancourt, France

**OBJECTIVES:** A daily assessment of the speed of action and effectiveness of treatment of a combination of paracetamol and codeine in patients suffering from intense pain, which has progressed since less than 7 days.

**METHODS:** A multicenter longitudinal observational study carried out in metropolitan France using data collected by general practitioners who agreed to participate.

**RESULTS:** A total of 574 patients treated by a paracetamol-codeine combination (600mg/50mg and 400mg/20mg) were included. The severity of pain measured at inclusion using a visual analog scale (VAS, 0-10) was 8.0 ± 2.6 and 8.0 ± 2.8 at the end of the first 24 hours of treatment. A significant improvement in pain was observed from the first half-day (p < 0.001). The severity of the pain on the 2nd, 4th and 7th evenings was respectively 4.0 ± 1.8, 2.76 ± 1.76 and 1.79 ± 0.69 on D1, 6.7% declared treatment to be effective, 61.0% were satisfied with their treatment and 79.26% did not observe any side effects to the treatment. On D7, 96.15% (D3, 91.3%) declared treatment to be effective, 87.10% were satisfied with their treatment and 88.96% did not observe any side effects to the treatment. 8 out of 10 patients did not complain about side effects related to the treatment.

**CONCLUSIONS:** A reduction in pain within the first 24 hours showed the pertinence of treatment using a paracetamol-codeine combination. This pertinence was confirmed by two-thirds of patients who declared the treatment to be effective from the 1st day, and 91% of them declared this on the 3rd day.

**PSY33**

**PATIENT-REPORTED OUTCOMES IN SUBJECTS WITH PAINFUL DIABETIC PERIPHERAL NEUROPATHY: PAIN DESCRIPTION AND QUALITY OF LIFE**

Ko KS1, Cha BY2, Kim CH3, Kwon HS2, Kim CH3, Won JC2, Ko SK2, Park HP2

1Inje University Sanggye Park-Hospital, Seoul, South Korea, 2The Catholic University of Korea, St. Mary's Hospital, Seoul, South Korea, 3Sejong General Hospital, Bucheon-si, Gyeonggi-do, South Korea, 4Korea University Medical Center, Daegu-City, South Korea, 5Chonbuk National University Hospital, Jeonju-si, Jeollabuk-do, South Korea, 6Pfizer Pharmaceuticals Korea Ltd., Seoul, South Korea

**OBJECTIVES:** The diabetic peripheral neuropathy (DPN) is the most common chronic complication of diabetes. Neuropathic pain tends to be severe, chronic, and has a hugely negative impact on the physical and emotional functioning, and overall well-being of the diabetic patients. The aim of the study was to evaluate the scope of pain and quality of life among patients with painful diabetic peripheral neuropathy.

**METHODS:** A cross-sectional, observational study was carried out on type 2 diabetic patients from 40 medical centers throughout Korea. The standardized database of Michigan Neuropathy Screening Instrument (MNSI), Brief Pain Inventory-short form (BPI-sf), MOS 6-items Sleep Scale and EuroQol (EQ-SD) were used to diagnosis and estimate the quality of life in people with DPN. A patient with DPN was defined as the patient who showed positive physical exam and the basic neurological examination (Monofilament test).

**RESULTS:** Among 4,000 diabetic patients, 33.5% had DPN. Of those 1,338 DPN patients, 874 (65.3%) took pain medications or had pain. 10.6 years old (57.9% female) had diabetes for 15 years. Pain occurred in the legs in 97.2% of patients. 23.0% of patients taking pain medications or having pain had the worst pain score (BPI-sf, 0-10 scales). Patients who took pain medications had the worst pain scores (BPI-sf, 0-10 scale) and 1 worst pain score (2.4 ± 0.18) and mean age of 62 years. Pain was 1 worst pain score (2.4 ± 0.18) and median VAS - 50. 88.9% were satisfied with their treatment and 91.4% did not observe any side effects to the treatment. On D7, 96.15% (D3, 91.3%) declared treatment to be effective, 87.10% were satisfied with their treatment and 88.96% did not observe any side effects to the treatment. 8 out of 10 patients did not complain about side effects related to the treatment.

**CONCLUSIONS:** A reduction in pain within the first 24 hours showed the pertinence of treatment using a paracetamol-codeine combination. This pertinence was confirmed by two-thirds of patients who declared the treatment to be effective from the 1st day, and 91% of them declared this on the 3rd day.

**PSY39**

**EPIDEMIOLOGY OF HEREDITARY COAGULOPATHIES IN KAZAKHSTAN: PATIENT-REPORTED DATA**

Vorobyev P1, Borisenko O2, Zhulyov Y2, Krasnova L4, Bezmelnitsyna L4

1Russian Society for Pharmacoeconomics and Outcomes Research, Moscow, Russia, 2Russian Hemophilia Society, Moscow, Russia, 3Moscow State Medical University named after I.M.Sechenov, Moscow, Russia, 4Kazakhstan Hemophilia Society, Almaty, Kazakhstan

**OBJECTIVES:** To assess epidemiology of anemia cased by chronic renal failure in patients with hereditary coagulopathies in Kazakhstan. METHODS: Postal health survey. Questionnaires were distributed in May - August 2009. The questionnaire contained questions on clotting factor level, number of bleeding, injections of clotting factors, ways of receiving medications, number of ambulance calls and hospitalizations, and the way of administration of medicines. Analysis of experimental data was performed with such statistical parameters as t-test and Student’s criteria.

**RESULTS:** 154 completed questionnaires were received by September, 2009. Hemophilia A was reported by 103 responders (67%). 126 (81.8%) patients were adults. The detection of a level of coagulation factors during last year was done in 50 (40.4%) patients suffering from Hemophilia A and 2 had a level of clotting factors lower then 1%, i.e. they had a severe form of disease. The presence of antibodies was detected in 27 patients (17.5%). 80.6% of patients experienced bleeding during the last month (median - 4). 51.4% of patients with hemophilia A used clotting factor VIII during last month – 2). 7.4% of patients were hospitalized during last month (median frequency of hospitalization - 2). 56.0% of patients reported the injections of clotting factor themselves. 12.8% of patients reported use of prophylaxis scheme of treatment hemophilia, 70.6% of patients reported use of “on demand” scheme. CONCLUSIONS: Results of survey showed very low rate of self-administration of clotting factor VIII in patients with hemophilia A and B.

**PSY40**

**HEMATOLOGY OF HEREDITARY COAGULOPATHIES IN UKRAINE: PATIENT-REPORTED DATA**

Vorobyev P1, Borisenko O1, Zhulyov Y2, Krasnova L3, Bezmelnitsyna L4

1Russian Society for Pharmacoeconomics and Outcomes Research, Moscow, Russia, 2Russian Hemophilia Society, Moscow, Russia, 3Kazakhstan Hemophilia Society, Almaty, Kazakhstan, 4Moscow State Medical University named after I.M.Sechenov, Moscow, Russia

**OBJECTIVES:** To assess epidemiology of anemia cased by chronic renal failure in patients with hereditary coagulopathies in Ukraine. METHODS: Postal health survey. Questionnaires were distributed in May - August 2009. The questionnaire contained questions on clotting factor level, number of bleeding, injections of clotting factors, ways of receiving medications, number of ambulance calls and hospitalizations, and the way of administration of medicines. Analysis of experimental data was performed with such statistical parameters as t-test and Student’s criteria.

**RESULTS:** 154 completed questionnaires were received by September, 2009. Hemophilia A was reported by 103 responders (67%). 126 (81.8%) patients were adults. The detection of a level of coagulation factors during last year was done in 50 (40.4%) patients suffering from Hemophilia A and 2 had a level of clotting factors lower then 1%, i.e. they had a severe form of disease. The presence of antibodies was detected in 27 patients (17.5%). 80.6% of patients experienced bleeding during the last month (median - 4). 51.4% of patients with hemophilia A used clotting factor VIII during last month – 2. 7.4% of patients were hospitalized during last month (median frequency of hospitalization - 2). 56.0% of patients reported the injections of clotting factor themselves. 12.8% of patients reported use of prophylaxis scheme of treatment hemophilia, 70.6% of patients reported use of “on demand” scheme. CONCLUSIONS: Results of survey showed very low rate of self-administration of clotting factor VIII in patients with hemophilia A and B.
PAIN MANAGEMENT: IMPACT ON QUALITY OF LIFE

All aspects of health-related quality of life. Ukraine patients with hemophilia presence of pain/discomfort (78.9% of Russian patients, p 0.05), 57.7% of patients inform of difficulties with usual activities (61.9% of Russian patients, p 0.05); 81% of patients had difficulties with anxiety or depression. The average value of quality of life evaluated with visual-analog scale (VAS) was 59.3 (SD 1.7), median – 66.

CONCLUSIONS: Analyses of quality of life have demonstrated high rate of problem with usual activity and pain and discomfort low rate of problem with self-service.

PSY43 HEALTH-RELATED QUALITY OF LIFE IN UKRAINE PATIENTS WITH HEREDITARY COAGULOPATHIES

Vorobyev P1, Birkenko O2, Zhilyou Y3, Krasnova I3, Bezmelintsyyna L1
1Russian Society for Pharmacoeconomics and Outcomes Research, Moscow, Russia, 2Russia Hemophilia Society, Moscow, Russia, 3Moscow State Medical University named after I.M. Sechenov, Moscow, Russia

OBJECTIVES: To assess health status, treatment patterns and quality of life in patients with hereditary coagulopathies in Ukraine. METHODS: Postal health survey. Questionnaires were distributed in May - August 2009. Health-related quality of life was assessed with self-administered version of Euroqol-5D questionnaire. Comparison was made with data about health-related quality of life of Russian patients (P Vorobyev et al., 2008, data of 1003 patients was used in analyses). Analysis of experimental data was performed with χ2 criteria. RESULTS: 154 completed questionnaires were received by September, 2009. Health-related quality of life was assessed for patients older than 11 years (n = 142). More than half of patients reported problems within each of EQ-5D dimensions of health. Thus 88.8% of patients reported problems with mobility, 20% - difficulties with self-care, 58.7% - difficulties with usual activities, 67% - reported about pain or discomfort, 47% - reported about an anxiety or depression. The average value of quality of life assessed using SF-12 was affected as much in terms of the mental component (11.68) – the norm of 9.89 for the mental component and 40.93 (9.89) – the norm of 11.68 for the physical component.

CONCLUSIONS: The study of quality of life in patients with hereditary coagulopathies was performed for the first time in Ukraine. Results of the study shown high rate of problems all aspects of health-related quality of life. Ukraine patients with hemophilia have worse quality of life than Russian patients.

PSY44 PAIN MANAGEMENT: IMPACT ON QUALITY OF LIFE

Bertin P1, Bahrai N2, Augs M2, Taube C3
1Comité Lutte contre la Douleur, Limoges, France, 2FPSA, Boulogne Billancourt, France

OBJECTIVES: The fight against pain, which represents a public health challenge and an essential component of health system, above all objectives to meet objectives of humanity, ethics and human dignity. Physical pain and mental suffering experienced across all age groups renders those affected by illness even more vulnerable. Pain causes incapacity, handicap and considerable deterioration in the quality of life. Fighting against pain meets a legitimate expectation of every person. METHODS: To assess the quality of life in patients suffering from intense pain which has progressed since less than 7 days treated by a combination of paracetamol and codeine. A multi-centre longitudinal observational prospective study carried out in metropolitan France using data collected by general practitioners. A multi-centre longitudinal observational prospective study carried out in metropolitan France using data collected by general practitioners. Questionnaires were distributed in May - August 2009. Health-related quality of life was assessed with self-administered version of Euroqol-5D questionnaire. Comparison was made with data about health-related quality of life of Russian patients (P Vorobyev et al., 2008, data of 1003 patients was used in analyses). Analysis of experimental data was performed with χ2 criteria. Results: 154 completed questionnaires were received by September, 2009. Health-related quality of life was assessed for patients older than 11 years (n = 142). More than half of patients reported problems within each of EQ-5D dimensions of health. Thus 88.8% of patients reported problems of moderate and severe) with mobility (63.9% of Russian patients, p < 0.05), 57.7% of patients inform of difficulties with usual activities (55.5% of Russian patients, p < 0.05); 81% of patients had difficulties with usual activity (61.9% of Russian patients, p < 0.05); 90.9% of patients reported of presence of pain/discomfort (78.9% of Russian patients, p < 0.05); 60.5% of patients had an anxiety or depression (54.2% of Russian patients, p < 0.05). The average value of quality of life according to visual-analog scale was 0.44 (SD 0.22).

CONCLUSIONS: The quality of life in patients with hereditary coagulopathies was performed for the first time in Ukraine. Results of the study shown high rate of problems all aspects of health-related quality of life. Ukraine patients with hemophilia have worse quality of life than Russian patients.

PSY45 CHARACTERISTICS OF CAREGIVERS AND THEIR EXPERIENCE ASSOCIATED WITH CONGENITAL HEMOPHILIA OF INHIBITOR PATIENTS

Wendorff L1, Perotta AA2, DeKoeven M1, Lee WC3, Cooper DL3, Holot N1, von Mackensen S3
1Novo Nordisk, Inc., Prinston, NJ, USA, 27MS Health, Falls Church, VA, USA, 3University Medical Centre Hamburg-Eppendorf, Hamburg, Germany

OBJECTIVES: Congenital hemophilia is a chronic disease diagnosed early in life in severe cases. Development of alloantibody inhibitors to exposure to replacement factor VIII and IX concentrates is the most serious treatment complication among patients. It is estimated that 900-1,200 patients have congenital hemophilia with inhibitors in the United States (US). Limited research exists to document the experience of their caregivers. METHODS: As part of a cross-sectional survey evaluating preservation of joint health and quality of life among CHW patients in the US, caregivers’ experience was assessed via the HAEMO-Qol, instrument, containing 7 domains and 60 questions caring about caregivers’ burden. Data were assessed for trends and consolidated into categories. Descriptive analyses were employed to evaluate caregivers’ demographic characteristics and their burden with the disease. RESULTS: Questionnaires were received from 60 caregivers. Mean age of patients under care was 10.6 years (SD=10). 91.7% of patients under care had hemophilia A, and 68.3% had inhibitors. Forty-six percent of caregivers responded that the result of the interview was positive as a result of the caregiver responsibilities was reported by 28.1%. 31.7% reported having health insurance with a lifetime cap. Among these, 73.8% were “somewhat” to “very concerned” about reaching the cap. Among 55 HAEMO-Qol respondents 26.3% were “considerably” to “very much so” bothered by the patient’s disease. A total of 159 open-ended responses were provided by 51 caregivers concerning their experience about living with hemophilia and its treatment: 22.6% highlighted emotional stress, 15.1% emphasized financial burden including work time, 12.0% involved lost time excluding work, and 13.3% involved medical management issues.

CONCLUSIONS: One quarter of caregivers were “considerably” to “very much” bothered by the patient’s condition. They reported emotional stress and financial burden as negative experiences dealing with hemophilia and its treatment. Medical care burden is also an area of concern. A caregiver’s negative experience might impact children’s HRQoL, which should be analyzed in future research.

PSY46 DISEASE SYMPTOMS, TREATMENT SATISFACTION, AND COPING STRATEGIES IN PATIENTS WITH LUPUS

Lestrat X1, Cramming M2, Govoni M1, Nikifor C1, Merrill J4, Isenberg D5
1Lupus Foundation of America, Washington, DC, USA, 2Lupus Lupus Foundation of America, Washington, DC, USA, 3UCB, Brussels, Belgium, 4OhioLupus Medical Research Foundation, Oklahoma City, OK, USA, 5University College London Hospitals, London, UK

OBJECTIVES: The impact of lupus on patients’ everyday lives is important to understand. We therefore investigated the perceptions of lupus patients on disease symptoms and coping strategies. METHODS: Participants (USA and Europe) completed a patient-led internet-based questionnaire between April and May 2009. RESULTS: 914 respondents reported having lupus (95% female, 80% 20-50 years of age). The most common lupus symptoms reported were fatigue (92%), muscle pain/weakness or tendinitis (89%). Antimalarials were the most commonly used lupus treatment (53%), followed by corticosteroids (51%). Less than half of the respondents were satisfied/very satisfied with their current treatment (49%). Approximately one-third of respondents stated that lupus had a highly significant effect on their careers (37%), on their physical well-being (34%) and on everyday things (30%). Furthermore, approximately one-fifth of respondents felt that lupus had a highly significant effect on their social life (23%) and mental health (20%), which perceived it had a highly significant effect on their relationship with their family. Most patients reported talking to family (93%) and friends (89%) about lupus or sharing with them they had lupus (97% and 95%, respectively); 79% reported talking to others with lupus. 77% reported it was “easy/easy” to talk to their doctors about the symptoms. The most difficult symptoms to explain were depression (45%) and CNS problems (34%). The most helpful forms of support were understanding from family and friends (73%), ability to speak with healthcare professionals (63%), and being connected to other lupus patients via the Internet (50%). CONCLUSIONS: Lupus impacts greatly on patient’s everyday lives with the most common symptom reported being fatigue. Many patients remain unsatisfied with their treatment. Communication with family members, friends, healthcare professionals and other lupus patients are important strategies to facilitate coping with lupus symptoms.

PSY47 WILLINGNESS TO PAY (WTP) FOR WEIGHT LOSS COACHING: RESULTS FROM THE POWER TRIAL

Alavi L1, Appel L1, Brancati F2, Clark J1, Mohr P3, Daumit G4
1Johns Hopkins University, Baltimore, MD, USA, 2Center for Medical Technology and Policy, Hopikins, MD, USA

OBJECTIVES: Efficacious medical or behavioral weight-loss programs are not routinely covered by insurance. Understanding how patients value weight loss interventions by assessing their willingness to pay (WTP) is critical to translating findings from effectiveness trials into practice. Upon completion of a randomized clinical trial comparing in-person vs. call center directed coaching interventions plus web-based education and tracking support. At the end-of-study visit, we interviewed participants and used double bound dichotomous-choice to assess their WTP. Using linear regression, we examined baseline characteristics (age, sex, income, race, education, insurance, BMI) associated with WTP. RESULTS: To determine the trial to date, 206 (88%) reported on WTP. Mean age was 57 years, 61% were women, 56.3% were White, mean BMI at baseline (2 years earlier) was 36 kg/m2, 33% had graduated or professional degrees, 61% had annual family income>$75,000. Participants thought their intervention was worth $70.9 (95%CI 60.3-