expectations and preferences with self-reported outcomes and satisfaction. In this report we evaluate the psychometric performance of the Migraine Treatment Satisfaction measure (MTS) using participants from a randomized controlled trial of headache management. METHODS: Enrolled migraineurs completed the first two modules of the MTS upon enrollment in the treatment program and the final two modules at six-months. Internal consistency reliability was computed within each of the four modules. Discriminant validity was ascertained by comparison with the Migraine Disability Assessment Questionnaire (MIDAS), Patient Health Questionnaire (PHQ-9), and Migraine Symptom Frequency and Bothersomeness (MSFB) scores. For convergent validity, Pearson's correlation was used to measure associations between MTS scores, general health status (SF-36), MIDAS and MSFB. RESULTS: Overall, 124 migraineurs (mean age 45.4 years, 75% women, 54.1% Caucasian) were enrolled. Internal consistency statistics for the expectations, outcomes, importance ratings, and satisfaction measures were within acceptable ranges (0.83, 0.86, 0.85, and 0.95, respectively) and were consistent with earlier development work for this measure. Satisfaction (MTS) decreased significantly as depression (PHQ-9 scores) increased. MTS scores by symptom bothersomeness tertiles and symptom frequency tertiles showed a significant decrease in satisfaction among those experiencing moderate-severe symptom bothersomeness and symptom frequency. Derived MTS scores showed strong associations with MSFB scores (0.301; p < 0.01), MIDAS (0.267; p < 0.01), general health (0.253; p < 0.05), mental health (0.217; p < 0.05) and vitality subscales of SF-36 (0.214; p < 0.05). Patients on triptans reported a significantly higher satisfaction compared to patients on alagesics (39.5 vs. 32.9; p < 0.05). CONCLUSION: MTS can be considered as a valuable instrument to be used for the description of migraine treatment satisfaction.

DEVELOPMENT OF A UNIQUE INTERNET & PHONE BASED SYSTEM TO CAPTURE MIGRAINE TREATMENT OUTCOMES

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OBJECTIVES: To develop a patient-reported outcomes data collection system using the internet or the telephone for migraine patients being treated with Relpax (eletriptan HBr). METHODS: Physicians provided medication and study information to eligible migraine patients in their practice willing to participate. Patients were able to access the data collection system (The Relpax Challenge), either via the Internet or an interactive voice response system (IVR). Patient kits contained preprinted ID numbers that mapped them to their physicians. Upon enrolling, migraineurs answered a baseline survey of demographic information, migraine experience and associated health care utilization, and a prior migraine medication satisfaction survey. Following the baseline survey, patients were then asked to rate their satisfaction to treatment for three subsequent Relpax treated migraine attacks. Data was collected over an SSL protected website and stored in a SQL server database. The website was developed using Macromedia and ensured a user-friendly environment for data entry. The IVR also repositioned data into the same data warehouse. RESULTS: Currently 3604 registered patients have completed questionnaires for 5837 Relpax treated attacks. The majority of the respondents were female (87.53%) with an average age of 37.5 years. Forty-four percent completed data on all three attacks, of which 93.1% indicated that they would take Relpax again. Migraineurs were satisfied (four or five on a five point scale) with their relief of pain (70.20%), speed of relief (60.10%), relief of nausea (50.91%), relief of sensitivity to light (58.10%), relief of sensitivity to sound (57.29%) and their ability to return to their day (57.29%). CONCLUSIONS: Utilizing this technology, we have created a reliable and easy-to-use internet and phone based system for collecting patient reported outcomes. Satisfaction with Relpax treatment as well as other treatment outcomes were consistent with the results observed in the Relpax clinical trials.

NEUROLOGICAL DISORDERS—Multiple Sclerosis

EFFECT OF IMMUNOMODULATORY THERAPY AND OTHER FACTORS ON PRODUCTIVITY IN MS

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OBJECTIVE: Examine factors that influence work days missed among employees diagnosed with multiple sclerosis (MS). METHODS: This retrospective analysis used a claims database with inpatient and outpatient visits, prescription drug services, and time missed from work for the years 1999 through 2002. Employees with a diagnosis of MS were identified and examined over the calendar year of first observed diagnosis in the database (N = 284). Multivariate regressions controlling for demographic characteristics, overall severity of illness, and type of immunomodulatory medication examined factors that influence days missed from work. RESULTS: Demographic characteristics, overall severity of illness, and type of immunomodulatory therapy all impacted time missed from work. Individual comorbid diagnoses had no impact on time missed from work. Comparing individuals treated with interferon beta-1a (intramuscular), interferon beta-1b, or the specific immunomodulator glatiramer acetate to those who received no treatment for MS revealed that only glatiramer acetate was associated with significantly fewer days missed from work for short term disability (18.24 fewer days, p = 0.03), worker's compensation (29.30 fewer days, p = 0.04) or any reason (53.70 fewer days, p = 0.003). Average wage estimates of $22.18 and research that reveals productivity lost due to absence averages 1.61 times the wage suggest an annual productivity savings of $15,340 associated with glatiramer acetate. CONCLUSIONS: Demographic characteristics and overall severity of illness impact time missed from work for employees diagnosed with MS. Only MS treatment with glatiramer acetate was associated with significantly fewer days of work missed.

THE IMPACT OF MEDICARE PART D ON ECONOMIC BARRIERS TO PRESCRIPTION MEDICATIONS AMONG BENEFICIARIES WITH MULTIPLE SCLEROSIS

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OBJECTIVES: 1) Identify the prevalence of access barriers to prescription medications among beneficiaries with Multiple Sclerosis (MS); and 2) estimate the out of pocket price of commonly used prescription medications among insured and under-insured MS beneficiaries. METHODS: Using claims data from the Medicare Current Beneficiary Survey (MCBS) 1992–2001, we identified 156 beneficiaries with a diagnosis of multiple sclerosis on four or more claims (ICD-9 340). The MCBS is an overlapping panel survey linked to associate claims that includes questions on out-of-pocket price, access, and use of prescription medications. We estimated the average out-of-pocket price of prescription medications and prevalence of perceived economic barriers to address the hypothesis that the expansion of Medicare