PSY47 PATIENT-REPORTED OUTCOMES (PRO) IN SUBJECTS WITH REFRACTORY PAIN ASSOCIATED WITH NECK PAIN: A POST-HOC ANALYSIS OF THE EFFECT OF PREGABALIN IN A 12-WEEK PROSPECTIVE STUDY UNDER ROUTINE MEDICAL PRACTICE CONDITIONS

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OBJECTIVES: To analyze prospectively the effect of adding Pregabalin (PGB) on PRO measurements evolution in the treatment of refractory Neck pain under routine medical practice conditions

METHODS: Post-hoc analysis of patients above 18 years, with 6-month chronic Neck pain refractory to, at least, one previous analgesic [previous mean (SD) number of drugs was 2.1 (1.3), 22.4% on one-drug], included in a prospective, naturalistic, 12-weeks two-visit study. This analysis compared patients receiving PGB as an add-on therapy (PGB add-on) versus subjects receiving any other analgesic pattern not including PGB (non-PGB). PRO measurements included evaluation of severity and interference of pain (Brief Pain Inventory), anxiety and depression symptoms (HAD scale), and quality-of-life (SF-12). RESULTS: A total of 312 [65.3% women, 54.2 (12.1) years] patients were analyzed: 78.2% received PGB add-on and 21.8% non-PGB. Twelve weeks therapy with PGB add-on was associated with higher reduction in pain severity than in non-PGB; −2.3 (2.0), 38.2% responders (50% baseline pain reduction) vs. −2.3 (2.0), 38.2% responders; p < 0.0001, respectively. Pain interference was also reduced more with PGB add-on: −3.1 (1.9) pts vs. −2.2 (2.2), respectively; p < 0.0001, and showed greater reduction in depression [−3.9 (4.0) pts vs. −2.4 (3.4); p < 0.0001] and anxiety [−3.6 (3.5) pts vs. −1.9 (3.2); p < 0.0001] symptoms scores, yielding to a significant improvement in patient’s quality of life: mental and physical summary components change were higher in PGB add-on therapy group: +6.7 (10.2) vs. +3.9 (11.1); p = 0.025, and +9.1 (8.7) vs. +5.8 (7.1); p = 0.024, respectively. CONCLUSIONS: Compared with adding other any drug, the addition of PGB to the treatment pattern of refractory Neck pain seems to be associated with higher improvement in PRO measurements, including reduction of pain severity and interference and improvement of quality of life under routine medical practice condition.

PSY48 EPIDEMIOLOGY OF HEREDITARY COAGULOPATHIES IN RUSSIA: PATIENT-REPORTED DATA. INTERMEDIATE RESULTS

Part 2
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OBJECTIVES: The Government of the Russian Federation provide up to US$377 million to the management of hereditary coagulopathies (hemophilia type A and type B, von Willebrand’s disease) since 2008. The amount of financing to the custom of coagulation factors increased 20 times more for 2004–2008. At the present time, an aggregate 3.49 IU of clotting factor VIII falls on one citizen of Russia. Russian Society of Pharmacoeconomics and Outcomes Research jointly with All-Russian Hemophilia Society made the first in Russia postal survey of all registered

PSY49 PATIENT-REPORTED OUTCOMES, HEALTH CARE RESOURCES UTILIZATION, WORK PRODUCTIVITY AND THEIR ASSOCIATED COSTS IN PATIENTS WITH NEUROPATHIC PAIN: A CASE CONTROL COMPARISON OF TREATMENT WITH PREGABALIN VERSUS GABAPENTIN IN ROUTINE MEDICAL PRACTICE

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OBJECTIVES: Both Pregabalin (PGB) and Gabapentin (GBP) are anti-convulsive drugs used in the first-line therapy of Neuropathic pain (NeP). Evidence of head-to-head comparison in routine medical practice is reduced. METHODS: Post-hoc case-control comparison from two 12-week, multicentre, naturalistic, and prospective studies. Male and female above 18 years, refractory to previous analgesia (at least one drug), suffering chronic pain (duration over 6 months) secondary to diabetic neuropathy, post-herpetic or trigeminal neuralgias, cervical or lumbar sacral radiculopathies were included. Subjects were assessed at baseline and end of the study using the SF-MPQ (pain), SDI (disability), MOS-sleep (sleep), HADS (anxiety and depression symptoms), and EQ-5D (health status) scales, and utilization of health care