**OBJECTIVES:** PEGylated interferon beta-1a (PEG-IFN beta-1a) is being developed for the treatment of relapsing remitting multiple sclerosis (MS). PEGylated drugs are commonly used in medical therapeutic areas, including oncology and hepatitis, but none are currently approved for MS. This study was conducted to gain a better understanding of the published humanistic and patient quality of life benefits of PEGylated drugs currently available for the treatment of other diseases.

**METHODS:** A comprehensive search of medical literature published between 1985 and 2010 was conducted using PubMed/MEDLINE and supplemental searches. Reviewed references were prospective or retrospective studies reporting the tolerability, health-related quality of life (HRQoL), convenience, compliance, and patient preferences associated with PEGylated drugs. Only studies comparing PEGylated drugs to their corresponding non-PEGylated counterparts in the same therapeutic area were included in the analysis.

**RESULTS:** Fifty-nine articles and 12 conference abstracts were reviewed. Eleven PEGylated drugs were identified, 6 of which had corresponding non-PEGylated counterparts. All 6 of the non-PEGylated drugs were adapted less frequently than their non-PEGylated counterparts yet exhibited similar or greater efficacy, along with greater patient convenience. PEGylated drugs were generally tolerated as well as or better than their non-PEGylated counterparts. In HRQoL studies, patients who received PEGylated drugs reported better HRQoL than those receiving non-PEGylated drugs across a broad spectrum of domains, as well as in global HRQoL scores. For studies measuring quality-adjusted life-years (QALYs), PEGylated drugs were reported to produce more QALYs than their non-PEGylated counterparts. While few studies have evaluated patient medication compliance and patient preference/satisfaction, the published results of these studies also favor PEGylated drugs.

**CONCLUSIONS:** PEGylated drugs are reported to be tolerated at least as well as their non-PEGylated counterparts and to be associated with higher HRQoL and greater patient preference/satisfaction, convenience, and compliance. PEG-IFN beta-1a may offer similar benefits to patients with MS.

**PND33**

**IS EQ-5D A PROXY FOR SUBJECTIVE WELL-BEING? A STUDY OF THE RELATIONSHIP BETWEEN HEALTH AND HAPPINESS IN PARKINSON’S DISEASE PATIENTS**

**OBJECTIVES:** To investigate and report utilization and patient perceptions of migraine prophylaxis in chronic and episodic migraine.

**METHODS:** A web-based survey evaluating the burden of migraine was administered to 32,782 subjects from 6 countries. Responders (n=16,663) were eligible for the main questionnaire if they were ≥18 years of age, reported at least 1 headache during the previous 3 months, and did not receive prophylaxis, based on screening diagnostic criteria for migraine. Eligible responders (n=1,183) were classified as CM or EM, based on reported headache frequency (>15 and <15 headache days per month, respectively). For four medication classes (antidepressants, antiepileptics, beta blockers and corticosteroids), subjects reported their current usage rate, their overall satisfaction, perception of headache improvement and experience with adverse effects.

**RESULTS:** Respondents (n=1,165) were predominantly female (75.0%) with a mean age of 43.6 ± 12.2 years. 42.3% (n=493) of subjects were classified as CM. More CM subjects reported ever taking prophylaxis (CM vs. EM: 62.8% vs. 39.9%, p<0.001) and trying two or more prophylactic therapies (CM vs. EM: 46.0% vs. 22.8%, p<0.001). Adjusting for age and gender, EM subjects were more likely to agree or strongly agree that their headaches had improved and that they were satisfied with their prophylactic therapy (respectively: OR 2.1, p<0.001; OR 1.9, p=0.004). Adjusted multivariate analyses yielded similar results, but statistical significance was maintained for headache improvement only (respectively: OR 2.0, p=0.026; OR 1.2, p=0.584).

**CONCLUSIONS:** These findings support previous reports that most migraineurs, including many CM patients, have never tried prophylaxis. Though migraineurs are sensitive to treatment benefits that influence patient perceptions of prophylaxis, perceptions are multifactorial.