

of 0.68–0.88. Scores correlated significantly with frequency of migraines in the past month and use of prophylactic medications daily (both $p < 0.0001$). Correlation of the QOLWM and HDI total scores for the 728 people who completed both questionnaires was 0.73. Item correlations with the HDI total score were 0.47–0.67, demonstrating external criterion validity. Additional studies are ongoing to assess reproducibility and responsiveness.

CONCLUSIONS: These data demonstrate the psychometric properties of the QOLWM. The brief questionnaire may be useful as a screening tool for clinicians to evaluate the impact of migraine on individuals. The two-dimensional approach to patient-reported quality of life allows individuals to weight the impact of both frequency and bothersomeness of chronic migraines on multiple aspects of daily life.

SR4**LONGITUDINAL ASSESSMENT OF ASTHMA AND WORK OUTCOMES**

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OBJECTIVE: Describe relationships between changes in work outcomes (WO) and changes in asthma severity over a one-year period.

METHODS: This longitudinal study surveyed adults enrolled in a managed care organization using identical mailed surveys. 106 respondents completed both the 1997 and 1998 questionnaires and reported working outside the home. Self-reported WO included missed work days due to asthma and work performance (WP) from the Functional Status Questionnaire, a 6-item scale using a 4-point Likert scale, transformed to a 100 point scale. A 4-week time reference was used. Perceived severity was determined by asking patients their perceived severity on a 5-point scale from very mild to very severe; evaluated severity was based on reported symptoms matched to national guidelines. Respondents were grouped by change in asthma severity: improvement; no change; or decline of at least one severity category. Analysis included descriptive statistics, paired Student's *t*-test, and McNemer's test.

RESULTS: Initially, respondent's mean age was 44.4 (± 10.9) years; 72 (68.6%) were female; 76.7% had an annual family income of $\geq \$40,000$; 96.2% were Caucasian; and 76.4% had some college education or more; 42.9% perceived their asthma severity as very mild or mild, 38.1% moderate, and 19.1% as severe or very severe. Based on symptoms, 32.4% were classified as intermittent mild, 28.6% mild persistent, 36.2% moderate, and 2.9% severe asthma. WP scores changed in the expected direction based on changes in asthma severity: no change in perceived severity ($n = 58$) had no significant change in WP score (91.3 ± 13.0 versus 92.9 ± 12.4 , $p = 0.52$); improvement in perceived severity (less severe, $n = 17$) had improved WP scores (91.8 ± 7.9 versus 94.4 ± 9.4 , $p = 0.30$); and worsening of perceived severity ($n = 26$) had a decline in WP score (94.4 ± 8 versus 91.3 ± 10.9 , $p = 0.07$). WP score trends were similar based on evaluated se-

verity. There were no significant differences in changes in the number of respondents who reported missing work.

CONCLUSIONS: Changes in WP are related to asthma severity. The measure of missed days work is less consistently related.

SR5**MEDICAL EVENTS AND RESOURCE UTILISATION IN CANCER PAIN PATIENTS TREATED WITH STRONG OPIOIDS: AN ANALYSIS OF THE UK-GPRD DATABASE**

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OBJECTIVES: To study the incidence of medical events and resource utilisation in patients treated for severe cancer pain with strong opioids with the general practitioner (GP).

METHODS: We analyzed data on 2,323 cancer patients who switched from a weak to a strong opioid. Patients started either on TTS Fentanyl (TTS: $N = 270$), Immediate Release Morphine (IR: $N = 1,909$) or Sustained Release Morphine (SR: $N = 144$). We compared the medical events during their pain treatment, the number of patients receiving concomitant medication and the number of GP visits. A descriptive analysis was performed as well as relative risks (RR) calculated, adjusting for relevant co-variates.

RESULTS: The groups were comparable for age (avg. 68 yrs). There were more female patients in the TTS group (61.5%) compared to 48.1% and 49.3% for IR and SR, respectively. Median duration of cancer prior to the start of strong opioids was 7.1 months for TTS, 6 for IR and 5.3 for SR. Mean duration of treatment: 68 days for TTS, 97 for IR and 92 for SR. No differences in concomitant illnesses were observed except for cancer types with significantly more GI and fewer lung cancers in the TTS group. Compared to TTS, patients on IR had more constipation (RR 1.49: 95% CI 1.14–1.94), more nausea and vomiting (RR 1.43: 95% CI 1.09–1.88) and more cardiac events (RR 1.95: 95% CI 1.15–3.29), while SR patients differed from TTS only with respect to cardiac events (RR 2.79: 95% CI 1.49–5.22). IR patients had also a higher rate of hospitalizations (RR 1.95: 95% CI 1.14–3.31) and GP visits (RR 1.21: 95% CI 0.98–1.49). Fewer TTS patients consumed additional pain medication, laxatives as well as antibiotics and CNS medication.

CONCLUSION: This analysis of GP derived observational data indicate that TTS Fentanyl results in a lower consumption of medication and other health care resources compared to morphine treated cancer patients.

ECONOMIC & OUTCOMES STUDY RESULTS OF GASTROINTESTINAL DISORDERS**GI1****COST-EFFECTIVENESS OF THE COMBINATION OF MISOPROSTOL WITH DICLOFENAC IN THE TAYSIDE POPULATION**