between treatment quality and patient satisfaction is open to debate. Further investigations regarding the alternative “coping strategies” beyond pharmacological treatment are needed.

USE OF THE NEUROPATHIC PAIN SCALE IN AN INTERNATIONAL STUDY
Nadjari A¹, Conway K², Jensen MP³, Galer BS⁴, Hutchings A¹
¹Mapi Research Institute, Lyon, France; ²University of Washington, Seattle, WA, USA; ³Endo Pharmaceuticals, Inc, Chadds Ford, PA, USA; ⁴GlaxoSmithKline, Greenford, UK

OBJECTIVES: Measuring different qualities of pain in an international study required the linguistic validation of the 9-item Neuropathic Pain Scale (NPS) in 24 languages. The original scale was developed in US English. A rigorous methodology was required to ensure conceptual equivalence and cultural relevance across different languages. METHODS: The translation process was conducted by a specialist in each target country using the following standardized methodology: 1) two forward translations by professional translators who were native speakers of the target language and fluent in English; 2) comparison and reconciliation of the translations by the specialist in the target country and the translators; 3) backward translation by a native English speaker; 4) comparison of source and backward version; and 5) comprehension test on three patients suffering from general pain and two from neuropathic pain. RESULTS: Issues encountered equivalence across different language versions to facilitate intertranslation methodology. The process aims to ensure conceptual versions of the NPS were established according to a rigorous measure. For some of the pain descriptions and synonyms on the instructions to be placed in a more relevant location on the of the individual language versions. Patient feedback allowed describe the different aspects of pain emerged during the creation of the individual language versions. Patient feedback allowed the instructions to be placed in a more relevant location on the measure. For some of the pain descriptions and synonyms on the original US English version of the NPS, country-specific substitutes had to be identified. CONCLUSIONS: The 24-language versions of the NPS were established according to a rigorous translation methodology. The process aims to ensure conceptual equivalence across different language versions to facilitate international comparison and pooling of data. Issues encountered during the linguistic validation process support the advantage of integrating international feedback on concepts and wording before a questionnaire is finalized.

RESPONSIVENESS OF THE SHUTTLE WALKING TEST COMPARED WITH DISEASE SPECIFIC AND GENERIC OUTCOME MEASURES IN PATIENTS WITH CHRONIC BACK PAIN
Rivero-Arias O¹, Campbell H¹, Gray A¹, Johnston K¹, Fairbank JC², Frost H², Spine Stabilisation Trial S³
¹Oxford University, Oxford, UK; ²Nuffield Orthopaedic Centre, Oxford, UK; ³Spine Stabilisation Trial Office, Oxford, UK

OBJECTIVES: To determine the responsiveness of the Shuttle Walking test (SWT) (a dimension specific outcome measure measuring metres walked) compared to a disease specific measure Oswestry Disability Index and two generic outcome measures (SF-36 and EQ-5D). Although there are a number of studies assessing the responsiveness of outcome measure in back pain, no study has explored the responsiveness of the shuttle walking test relative to other outcome measures for patients with chronic back pain. METHODS: The shuttle-walking test was administered at a rehabilitation clinic. The Oswestry disability index, SF-36 and EQ-5D were assessed by questionnaire at baseline and 12 months. Responsiveness was assessed using conventional measures such as effect size, standardised response mean (SRM) and receiver operating (ROC) curves. RESULTS: Mean figures of each instrument suggest an improvement in outcomes over time. The physical component of the SF-36 yielded the highest effect size (1.65) and the ODI the highest SRM (1.23) in the improved group. The lowest effect size and SRM for the improved group was recorded on the mental component of the SF-36 at ~0.20 and ~0.18 respectively. The greater responsiveness in the ROC curves among the instruments was achieved by the ODI and the SF-36 physical component. CONCLUSIONS: The results presented in this paper appear to demonstrate that the ODI, EQ-5D and the SF-36 physical component are more sensitive to change in patients with chronic low back pain than the SWT. The large sample size and the consistency of the different methods across the improved and non-improved groups support the results achieved.

AGREEMENT BETWEEN PATIENTS’ AND CLINICIANS’ REPORTED OUTCOMES IN 3 CHRONIC DISEASES
Chassany O¹, Le Jeune P²
¹Assistance Publique-Hopitaux de Paris, Paris, France; ²Thales observatoire epidemiologique, Boulogne, France

OBJECTIVES: Irritable bowel syndrome (IBS), chronic venous insufficiency disease (CVID), and peripheral arterial occlusive disease (PAOD) are prevalent diseases in general practice (GP). Their impact on QoL is often underestimated by clinicians. The objective of the study was to compare patients’ and clinicians’ perception on pain and QoL using validated QoL questionnaires. METHODS: A cross-sectional survey included patients with IBS (n = 239), CVID (n = 240) and PAOD (n = 68), recruited by respectively 163, 120 and 61 GPs. Patients completed a specific QoL questionnaire according to their disease (FDDQL, CIVIQ or CLAU-S), and scored their pain on a 10-cm VAS [0–10 (maximal pain)]. GPs were asked to estimate the pain intensity and the QoL of their patients. RESULTS: Pain perception is underestimated by clinicians vs patients in IBS and CVID (respectively 3.0 ± 2.1 vs. 3.9 ± 2.5 and 3.0 ± 2.0 vs. 4.2 ± 2.5) and overestimated in PAOD (4.3 ± 2.1 vs. 3.5 ± 2.0). Similarly, clinicians underestimate QoL impairment in most dimensions of the IBS questionnaire (i.e. diet, sleep, discomfort, coming, control, stress), and in CIVD (global score 28 ± 19 vs. 39 ± 20 patients, 100 = worst QoL). Clinicians overestimate the impact on QoL in PAOD (global score 54 ± 21 vs. 66 ± 23, 100 = best QoL). Levels of correlations between PROs and clinician-reported outcomes are moderate (e.g. r = 0.47 for pain score and r = 0.43 for QoL between CIVD patients and clinicians). Correlations between PRO’s are also not perfect (e.g. r = 0.63 for pain vs QoL in IBS patients). CONCLUSIONS: Clinicians’ and patients’ perspectives although overlapping to some extent, are not similar. Thus, perception of pain cannot be accurately inferred from the clinician’s point of view. Similarly, patient’s perception of pain cannot completely reflect the impact on QoL.

PAIN—Health Policy

QUANTIFICATION OF SUSPECTED ADDICTION TREATMENT OF NARCOTIC ANALGESICS USING PRESCRIPTION SEQUENCE ANALYSIS: EXPERIENCE OF A STATE-BASED WORKER’S COMPENSATION SYSTEM
Islam S¹, Hassan MK¹, Doyle E¹, Becker J¹, Weikle P², Ducatman A¹
¹West Virginia University, Morgantown, WV, USA; ²West Virginia Worker’s Compensation Commission, Charleston, WV, USA

OBJECTIVES: To describe the utilization pattern of narcotic analgesics and estimate the incidence of suspected addiction