social life and expectations between women and men. Deeper societal changes are needed to reduce the inequities in pain experience between women and men.

**PPN5**

**ASSESSING PATIENT SATISFACTION WITH PHARMACOLOGICAL PAIN TREATMENT IN AMBULATORY PRIMARY CARE PATIENTS**

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**OBJECTIVES:** To develop a reliable, valid and sensitive tool to assess satisfaction with pharmacological pain treatment among primary care patients. **METHODS:** Content sources for the initial version (IV) were bibliographic review, focus groups with patients, and expert opinion. IV was tested in a prospective study with ambulatory pain patients. Item-total statistics and exploratory factor analysis (FA) were performed for item reduction. The final version (FV) was psychometrically assessed by: internal consistency (Cronbach’s alpha—CA), test-retest reliability in patients maintaining treatment (intraclass correlation coefficient ICC), convergent/discriminant validity (SF-12 and pain intensity—VAS), construct validity (linear multiple regression), extreme groups validity for patients presenting pain relief (ROC curves) and responsiveness in patients changing treatment (effect size—ES). **RESULTS:** The IV was administered to 362 patients (58% women, age 51y, 48% suffering from osteoarthritis). Four items were deleted from the IV owing to a low item-scale homogeneity, leading-weight in FA and/or contribution to CA values. The final FA explained 70.2% of the variance. Four dimensions were identified: adverse events (AE), speed-duration of effect, functional benefit and overall satisfaction. A total of 97.2% of patients full-completed the FV. CA for the global score (GS) was 0.88 and over 0.80 for all dimensions. ICC for GS was 0.73 and ranged from 0.59 (functional benefit) to 0.80 (AE). Correlations were low to moderate with SF-12 (0.11–0.30) and moderate to good with VAS (0.48 to 0.55, except AE, 0.20). Pain frequency, intensity and relief were independently associated with satisfaction GS, accounting for 43.5% of variance. Area under the curve was 0.78 for GS and over 0.65 for all dimensions (except AE, 0.57). ES were large for GS and dimensions (0.8 to 2.5). **CONCLUSIONS:** This new 10-item measure has proved to be reliable, valid and sensitive to assess pharmacological pain treatment satisfaction in primary care patients.

**PPN6**

**CRITICAL PATHWAY STATUS: A COMPARISON OF PATIENT OUTCOMES**

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**OBJECTIVES:** To compare patient reported outcomes of pain and quality of life (QOL) between breast cancer surgery patients. The analysis compared one patient group that was on a critical pathway to a patient group that was not on a critical pathway during their hospital stay. **METHODS:** A quasi-experimental study of patients discharged for breast cancer surgery at a community-based teaching hospital. The analysis for this study included 3 distinct patient-reported pain ratings 3–6 days post-discharge: highest and lowest levels since discharge and current level of pain at the time of assessment. Additionally, patients completed the Functional Assessment of Cancer Therapy-Breast Subscale (FACT-B) six months post-discharge. Data were collected via telephone interview. **RESULTS:** Study groups were found to have similar sociodemographic characteristics. There were no statistically significant differences between the study groups for the pain or QOL outcomes. Length of stay (LOS) was found to be statistically significant between the pathway and non-pathway groups (p = 0.020). A total of 77.3% of the pathway group and 76.7% of the non-pathway reported pain ratings ≥3 when rating their highest level of pain since discharge. **CONCLUSIONS:** Regardless of pathway status, patients reported similar outcomes of pain and QOL. The implementation of the pathway helped formalize the care delivered at the institution. While the findings illustrate consistent delivery of care regardless of pathway status, they also indicate further attention to pain management post-discharge is needed. Over 75% of patients in both groups did not meet the pathway standard when rating their highest level of pain. The pathway can serve as an informative tool by identifying areas for improvement. The data gathered can be used as a baseline comparison measure once these areas have been identified and changes implemented. Future research should evaluate pathways and their impact on patient care after a patient has been discharged from the hospital.

**PPN7**

**THE WILLINGNESS-TO-PAY APPROACH IN THE COST-BENEFIT ANALYSIS: THE TREATMENT OF PATIENTS AFFECTED FROM PAINFUL PATHOLOGY**

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**OBJECTIVES:** To measure the willingness-to-pay of patients who suffer from benign and intense chronic pain and to investigate the relationship with the social and demographic characteristics of the sample and the stated and perceived quality of life. **METHODS:** Data from a research on a sample of 205 and 138 patients suffering from intense and chronic pain will be discussed, as in the questionnaire it was asked how much every patient would...