OBJECTIVES: Surveys based on patient registries in headache clinics have concluded that a significant proportion of headache sufferers have chronic daily headaches (CDH). However, there is as yet no information on the socio-economic impact of CDH in the general population. To address this shortcoming, we have conducted this study. METHODS: We have exploited the data obtained in a recent large, nationwide study of the clinical epidemiology of headache disorders performed in France (GRIM-2000). This study screened 10585 subjects, representative of the total French population, and involved face-to-face interview with 1486 subjects identified as suffering from headaches. A positive reply to question “Do you suffer from headaches every day?” led to a diagnosis of CDH. As well as collecting epidemiological data, this study also assessed data on the clinical presentation, quality of life, disability, and healthcare consumption. Individuals with CDH were compared to subjects with migraine as diagnosed according to IHS criteria. RESULTS: The prevalence of CDH in French general population was 2.95%. Prevalence was significantly higher in females than in males. The CDH individuals were older than migraine sufferers. A significant degree of disability was confirmed in CDH individuals who scored worse than migraine sufferers. Individuals with CDH also scored worse than individuals with migraine for quality of life. Concerning the consumption of healthcare resources, main results were that: (i) the number of visits to GPs was significantly greater in CDH individuals than in migraine sufferers, (ii) psychiatrists were the medical speciality most often consulted, (iii) drug consumption was over six times higher in the CDH group than in the migraine group. CONCLUSIONS: This study indicates that CDH is associated with an important burden of suffering in the general population and with considerable expenditure in the health service.

DIRECT COSTS OF BACK PAIN IN THE UNITED STATES: A NATIONAL ESTIMATE

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OBJECTIVES: Prior studies of direct costs of back pain have primarily used Workman's Compensation claims, resulting in varying cost estimates and limiting generalizability of findings to specific employee groups. The objectives of this study were to determine the direct costs of back pain among the general population and to stratify those costs by type of medical care. METHODS: Retrospective analysis was conducted of the 1996 Medical Expenditure Panel Survey. The survey files included data collected from a nationally representative sample of 22,601 respondents and from respondents' medical care and health insurance providers. Data included medical conditions, use and payments for medical care, and health insurance and employment information. Back pain patients were identified using ICD-9-CM codes determined by an expert panel of physicians and coders as indicative of back pain. Direct costs were calculated using patient and third-party payments for back pain related medical events by category of back pain and type of medical care. Sample estimates were projected to the population and 95 percent confidence limits were calculated using the Taylor expansion method. RESULTS: The direct