disease (PD). We evaluated the independent impact of dyskinesia on QoL in patients with PD and evaluated whether commonly used QoL instruments are sensitive enough to measure dyskinesia effects in clinical trials. METHODS: We analyzed data from the German PD Competence Network comprising generic (EuroQol [EQ-5D]) and disease-specific (PD Questionnaire 39 [PDQ-39]) QoL instruments and clinical variables including the Unified Parkinson’s Disease Rating Scale (UPDRS). We used 4 dyskinesia-specific UPDRS items (i.e., duration, disability, painfulness of dyskinesias and presence of early-morning dystonia) to predict totals and subscores of EQ-5D and PDQ-39, values of the visual analogue scale (VAS) and EQ-5D derived utilities. We performed ordinal logistic regression to predict EQ-5D subscales and multiple linear regression to predict all remaining QoL outcomes. Potential confounders were specified a priori by an expert panel and final confounders were selected based on statistical criteria (univariate Spearman’s rank correlation, multivariate forward selection, p < 0.05). RESULTS: A total of 68 models were investigated (4 dyskinesia × 17 QoL variables), of which 9 showed a statistically significant association after controlling for confounding. The most relevant confounder was severity of disease. All 4 dyskinesia variables were associated with at least 1 QoL variable. Dyskinesia duration was shown to be the most robust predictor. Subscales of EQ-5D and PDQ-39 addressing pain/(bodily) discomfort were associated with all 4 dyskinesia variables. In addition, EQ-5D index was associated with duration of dyskinesia. CONCLUSIONS: Dyskinesia has a significant impact on QoL measured by EQ-5D and PDQ-39 and with duration of dyskinesia.

PNL23
CHRONIC NEUROPATHIC PAIN (NEP) Impact ON PATIENT QUALITY OF LIFE AND DISABILITY: RESULTS FROM THE DONEGA STUDY
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OBJECTIVES: The goal of this cross-sectional analysis was to determine pain impact on Quality of Life (QoL) and interference with disability among patients with chronic NeP. METHODS: Participants in an observational, prospective and multicentre study in Spain (DONEGA study) with NeP of different etiologies, completed the Short Form-McGill Pain Questionnaire (SF-MPQ), the MOS Short Form-12 (SF-12), and the Sheehan Disability Scale at baseline. RESULTS: A total of 1519 patients [mean ± SD; 56.0 ± 13.7 years old (58.8% female)] with NeP were enrolled in the study. Patients had NeP for 1.1 ± 2.8 years, and 83.3% were on any type of analgesic treatment at baseline: oral analgesics (51.2%), topical analgesics (26.9%), NSAID’s (11.1%), antiepileptics (7.3%), and psychoanaleptics (3.5%). Average Pain scores were 13.1 ± 8.2 pts., 10.0 ± 5.8 pts., and 3.1 ± 3.3 pts., for total scale (range 0–45), sensory domain (range 0–33), and affective domain (range 0–12), respectively. Present pain intensity was 2.8 ± 1.0 (range 0–5) and mean pain past week on a VAS scale was 71.2 ± 18.9 mm. Pain substantially interfered (≥5 on 0–10 scale) with normal work (6.0 ± 3.1), life (5.7 ± 3.0), and family life (5.3 ± 3.0), then producing disability; Sheehan total (on 0–30 scale): 17.0 ± 8.4 pts. Country normalized physical (PCS) and mental health (MCS) component summary scores (SF-12) indicated significant impairment in both domains compared to the general Spanish population: PCS; 37.6 ± 6.0 vs. 50.1 ± 9.5, and MCS; 45.9 ± 8.1 vs. 50.0 ± 9.6, respectively. Increasing levels of refractory pain, as assessed by number of medications, corresponded to increasing levels of disability (Sheehan total: 14.2 ± 8.8 to 16.4 ± 8.3, to 18.7 ± 8.1, and to 20.6 ± 7.0, by 0, 1, 2, and 3 medications respectively, p < 0.01 for all between group comparisons except 2 vs. 3). CONCLUSIONS: NeP decreases patients’ physical and mental components of QoL, while increasing level of disability and impaired normal work. The disability increases with level of pain treatment resistance.

PNL31
NEUROPATHIC PAIN (NEP) IMPACT ON PATIENT MENTAL FUNCTIONING, SYMPTOM LEVELS OF ANXIETY AND DEPRESSION, AND SLEEP DISTURBANCE: RESULTS FROM THE DONEGA STUDY
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OBJECTIVES: The goal of this cross-sectional evaluation was to assess pain impact and interference with mental functioning,