resources and work productivity were also recorded. RESULTS: The sample for this analysis was composed of patients treated with GBP (n = 44) and a random sample of 88 patients treated with PGB and matched for age, sex, and clinical characteristics. Mean (±SD) doses for GBP and PGB were 1263 (540) and 202 (119) mg/day, respectively. Patients treated with GBP showed greater reduction in pain intensity compared with GBP patients (39 ± 23 vs 28 ± 22 mm in the VAS SF-MPQ; p = 0.008), yielding to a significantly higher proportion of patients with a 50% reduction of baseline pain at the end of the study; 41% vs. 61%, respectively; p = 0.029. The remaining patient-reported outcomes improved significantly and to a similar extent after treatment with either drug. The significantly higher drug cost of PGB as compared with GBP was traded-off with the greater reduction in productivity cost in the former group. CONCLUSIONS: Both drugs were associated with a similar reduction of costs. However, results suggest that pregabalin showed a greater effectiveness than gabapentin in the control of NeP. These differences may reflect greater difficulties in reaching the therapeutic dose for gabapentin in routine medical practice.

**ASSESSING THE VALUE OF 24-HOUR CHRONIC PAIN CONTROL FROM THE PATIENT PERSPECTIVE: DO EXISTING PATIENT-REPORTED OUTCOMES INSTRUMENTS ADEQUATELY COVER THE RELEVANT CONCEPTS RELATED TO 24-HOUR CHRONIC PAIN CONTROL?**

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OBJECTIVES: One of the challenges for innovation in chronic pain treatment is to provide consistent pain control over a 24-hour period. How does this clinical objective translate into concepts relevant to patients, and do the existing instruments adequately capture these concepts? METHODS: Thirty face-to-face exploratory interviews were conducted by psychologists in France, Germany and the UK with patients with chronic pain (cancer-related pain excluded) to collect information on how they describe the course of pain over 24 hours and how changes in pain levels and the time they occur affects their everyday lives. In parallel, a list of related concepts and a description of the conceptual contents of existing instruments was extracted from the literature. RESULTS: Analysis of the patient interviews resulted in the identification of several concepts related to 24-hour pain control which are closely intertwined with one another: type of pain (background, breakthrough, and end-of-dose pain), description (occurrence, intensity, sensation), worsening, relieving, triggering factors, impact of pain (particularly patients’ activities of daily living, sleep and mood), pain medication (efficacy, time to efficacy, duration of efficacy, frequency medication is taken) and pain over time (evolution over one day). Most of these concepts are partially or extensively covered by existing instruments. However, no instrument is comprehensive enough to be used as a standalone measure. CONCLUSIONS: The control of 24-hour pain is complex and requires multidimensional assessment. Despite the considerable number of pain questionnaires available, no specific measurement instrument exists that fully addresses the concerns of patients. To accurately capture the benefits of once-daily treatments in pain control, researchers need either a new instrument, or the adaptation of a series of existing questionnaires to form a consistent and comprehensive battery.

**PATIENT-REPORTED OUTCOMES (PRO) IN SUBJECTS WITH REFRACTORY PAIN ASSOCIATED TO LOW BACK PAIN: A POST-HOC ANALYSIS OF THE EFFECT OF PREGABALIN IN A 12-WEEK PROSPECTIVE STUDY UNDER ROUTINE MEDICAL PRACTICE CONDITIONS**

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OBJECTIVES: To analyze prospectively the effect of adding Pregabalin (PGB) on PRO measurements evolution in the treatment of refractory Low Back Pain under routine medical practice conditions. METHODS: Post-hoc analysis of patients above 18 years, with 6-month chronic Low Back pain refractory to at least, one previous analgesic [previous mean (SD) number of drugs was 2.1 (1.3), 22.7% on one-drug], included in a prospective, naturalistic, 12-weeks two-visit study. This analysis compared patients receiving PGB as an add-on therapy (PGB add-on) versus subjects receiving any other analgesic pattern not including PGB (non-PGB). PRO measurements included evaluation of severity and interference of pain (Brief Pain Inventory), anxiety and depression symptoms (HAD scale), and quality-of-life (SF-12). RESULTS: A total of 683 [49.5% women, 55.0 (12.7) years] patients were analyzed: 82.6% received PGB add-on and 17.4% non-PGB. Twelve weeks therapy with PGB add-on was associated with higher reduction in pain severity than in non-PGB: −3.4 (2.0) pts, 61.6% responders [50% baseline pain reduction] vs. −2.0 (2.1), 37.3% responders; p < 0.0001, respectively. Pain interference was also reduced more with PGB add-on: −3.5 (2.1) pts vs. −2.0 (2.3), respectively; p < 0.0001, and showed greater reduction in depression [−4.0 (4.1) pts vs. −2.1 (3.3); p < 0.0001] and anxiety [−3.7 (3.6) pts vs. −1.9 (3.0); p < 0.0001] symptoms scores, yielding to a significant improvement in patient’s quality of life: mental and physical summary components change were higher in PGB add-on therapy group: +7.3 (10.6) vs. +2.0 (7.4); p < 0.0001, and +9.7 (9.6) vs. +5.8 (8.3); p < 0.0001, respectively. CONCLUSIONS: Compared with adding other any drug, the addition of PGB to the treatment pattern of refractory Low Back Pain seems to be associated with higher improvement in PRO measurements, including reduction of pain severity and interference and improvement of quality of life under routine medical practice condition.

**QUALITY OF LIFE IN RUSSIAN PATIENTS WITH HEREDITARY COAGULOPATHIES. INTERMEDIATE RESULTS**

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OBJECTIVES: The Government of Russian Federation provided up to US$377 million to the management of hereditary coagulopathies (hemophilia type A and type B, von Willebrand’s disease) since 2008. The amount of financing to the custom of coagulation factors increased 20 times for 2004–2008, and despite the present, aggregate 3.49 IU of clotting factor VIII fall on one citizen of Russia. Russian Society of Pharmacoeconomics and Outcomes Research jointly with the All-Russian Hemophilia Society made the first Russian postal survey of all registered
Russian patients with hereditary coagulopathies to determine quality of life. METHODS: Postal survey of 6309 patients using EUROQoL-5D (EQ-5D) was made in December 2007–January 2008. The questionnaire was proposed to all registered patients suffering from hereditary coagulopathies from 12 years old. The data of five dimensions of the questionnaire (mobility, self-care, usual activities, pain/discomfort anxiety/depression) and data from the visual-analog scale was analyzed. RESULTS: A total of 1030 (16.3%) completed questionnaires were received by May 11, 2008. Forty-eight questionnaires were excluded from analysis because of the absence of key elements. Data of 472 adult and children 12 years old were analyzed; 462 questionnaires are under analyses now. A total of 661 (10.5%) blank questionnaires returned (due to death, changing place of living). A total of 67.1% of patients reported any problems (moderate or severe) with mobility (no information about 1.5% of patients), 36.4% of patients inform of any problems with self-care (no data about 1.3% of patients). A total of 63.6% of patients had difficulties with usual activity (no data about 0.7% of patients). A total of 81.4% of patients report of presence of pain and discomfort (no data about 0.8% of patients). A total 52.1% of patients report of anxiety or depression (no information about 2.3% of patients). The average value of quality of life according to the visual-analog scale was 57.47. CONCLUSIONS: The intermediate results of postal survey, investigating a quality of life in Russian patients with hereditary coagulopathies, shows high rate of problems with mobility, usual activity and high rate of pain and discomfort.

SATISFACTION WITH IRON CHELATION THERAPY IS ASSOCIATED WITH IMPROVED QUALITY OF LIFE IN PATIENTS WITH IRON OVERLOAD

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OBJECTIVES: Traditional iron overload treatment can be very time-consuming for the patient, making it important to augment clinical assessments with patient-reported outcomes. This study investigated the link between satisfaction with ICT and health-related quality of life (HRQoL). METHODS: As part of a retrospective chart review and semi-prospective investigation, patients with thalassaemia (n = 81), sickle cell disease (n = 6) from eight study sites (four per country: US (n = 60) and UK (n = 50)) completed the Satisfaction with ICT instrument (SICT) and the Short Form 36-Item Health Survey (SF-36) at one study visit. Patients were receiving treatment only (47%) and 53% for the combination remedy. Factors of pharmacological and non-pharmacological treatments but the patients revealed that they received pharmacological treatment only (47%) and 53% for the combination remedy. Factors research is warranted using clinical trial data to validate these results. Clear a priori hypothesis could be developed and tested using regressions or structural equation modelling.

UNDERSTANDING PATIENT PERCEPTION OF THE BIOENTETERS INTRAGASTRIC SYSTEM FOR WEIGHT REDUCTION

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OBJECTIVES: To understand patients’ tolerability and perception of the effectiveness of the BIB system. METHODS: A paper-based survey was completed by 186 patients through 5 physician’s practices in Europe, Canada and South America. Surveys were completed either in person or via phone by a health care professional. Questions focused on patient demographics, current or prior use of the BIB system, self reported weight loss, and tolerability. Univariate analyses were performed to evaluate the amount of weight loss, side effects associated with the BIB system, patients’ overall satisfaction with the system, and the likelihood of recommending it to others. RESULTS: Of the 186 respondents, 40% were currently using the BIB system. The mean age of the population was 37 years (range 17–76 years). The average weight loss for patients who had completed the full 6 months at the time of the survey was 17.7 kg. While during the induction phase of using the BIB system, the majority of patients experienced moderate to severe nausea and vomiting, but their daily functioning was not greatly affected. While using the BIB system, more than half of the patients experienced nausea, cramping, and vomiting; however, most patients had complete resolution of symptoms within 7 days. About 87% of the patients were satisfied with the BIB system and 85% would recommend it to others. Reasons for satisfaction included: amount of weight loss and ability to effectively diet without feeling hungry. CONCLUSIONS: Most patients were satisfied with the BIB system, despite early side effects they experienced, and would consequently recommend BIB to others.

PAIN MANAGEMENT IN THAILAND: IMPLICATION FOR BETTER PATIENT EDUCATION

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OBJECTIVES: To explore the perspectives of both physicians and patients on how pain was assessed, managed and treated. METHODS: Face to face semi-structured questionnaires were administered with 70 physicians and 210 patients. Most of the physicians were specialists (78.6%) and practiced at private hospitals (61%). Patients were recruited through the physicians at their consultation. RESULTS: Most patients were female (71%) and aged less than 30 years were seen by GPs while the older ones 41–60 years, were seen by specialists. Lumbar/low back pain and osteoarthritis were the most common pain encountered and one-third of the patients suffered from pain for less than three weeks before seeing doctors. Overall the patients were quite satisfied with their doctors’ consultation time spent. However, the patients who were treated by GPs perceived that their doctors did not explain about the treatment options to the same level as physicians claimed that their patients were informed. Regarding the types of treatment, 93% physicians reported that they likely recommended both pharmacological and non-pharmacological treatments but the patients revealed that they received pharmacological treatment only (47%) and 53% for the combination remedy. Factors