fation. Both subscale scores and a composite score (CSS) can be calculated, with higher scores indicating greater satisfaction. The OPSAT-Q, Osteoporosis Targeted Quality of Life (OQtiQol), three single-item global measures related to satisfaction, and demographic questionnaires were self-administered to eligible women recruited from four US clinics. Participants were diag-
nosed with osteoporosis or osteopenia and currently taking daily or weekly bisphosphonate treatment. Reproducibility was assessed via a follow-up questionnaire completed by participants two-weeks post baseline. Analyses included item and scale per-
formance, internal consistency reliability, reproducibility, and construct validity. RESULTS: A total of 104 women with a mean age of 65 years participated. The majority was white (64.4%), living with someone (74%), and not currently employed (38.7%). On a scale of 0–100, individual patient subscale scores ranged from 17 to 100 and CSS scores ranged from 44–100. All scores showed acceptable internal consistency reliability (Cron-
bach’s α > 0.70) (range 0.72 to 0.89). Reproducibility exceeded 0.70 for all scores except Confidence with Daily Activity (0.62) and Overall Satisfaction (0.64). Significant correlations were found between the OPSAT-Q subscales and conceptually similar global measures (p < 0.001). CONCLUSIONS: The findings from this study provide evidence of the validity and reliability of the OPSAT-Q and support the proposed composition of four subscales and a composite score. They also support the use of the OPSAT-Q to examine the impact of potentially more conven-
ient bisphosphonate dosing on patient satisfaction.

PAIN

REDUcing MORTALITY IN PATIENTS WITH SUBSTANCE ABUSE AND CHRONIC NON-MALIGNANT PAIN THROUGH A MULTIDISCIPLINARY OPIOID RENEWAL CLINIC

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OBJECTIVE: Is it safe to treat patients with opioids for chronic non-malignant pain who have histories of substance abuse or addiction? Mortality rates for substance abusers are three times the general population rate. There are few outcome studies in the medical literature. The Opioid Renewal Clinic follows patients closely with drug testing, laboratory monitoring, and provides group education with outside speakers. On site drug counseling is provided to those determined to be in need. A full range of consultation services are available. The disciplines that make up the clinic include Pharmacy, Nursing, Social Work, Internal and Addiction Medicine. Disease management guidelines are incorporated into the structure of the clinic.

METHODS: This was a retrospective age adjusted mortality study of 250 Primary Care consults over a two-year period to a multidisciplinary Opioid Renewal Clinic. The most common reason for consultation was the difficult to manage patient second to substance abuse. The renewal clinic maintains between 80 to 100 patients. Kaplan-Meier survival curves were performed for pain patients on opioids in Primary Care and the opioid renewal clinic. Key variables were evaluated by regression analysis. RESULTS: There were six deaths in patients in Primary Care and two deaths in patients followed in the Renewal Clinic. The odds ratio of deaths in usual care to clinic is three, or three times the rate of the Renewal Clinic. Patients were between 40–60 years of age. Deaths due to known cancer, cardiac or liver disease were excluded. Cancer deaths were predominantly lung, and associated with tobacco use. CONCLUSIONS: A Multi-
disciplinary Opioid Renewal Clinic can reduce short term mor-
tality in high risk patients. Further studies are recommended to assess long term mortality rates and secondary outcomes on cancer prevention, disease management, and control of depression.

EVALUATION OF THE DIRECT COSTS OF PURE NEUROPATHIC PAIN MANAGEMENT IN FRANCE BEFORE A FIRST CONSULTATION IN A PAIN MANAGEMENT CENTER

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OBJECTIVES: Pain management centers provide the most appropriate care for pure neuropathic pain. But before consult-
ing such a center, patients often indulge in “medical nomadism”, thereby incurring substantial additional costs. This study aimed to describe the medical trajectory and to estimate the direct costs of a patient sample with pure neuropathic pain (i.e. with no noc-
ceptive component) during the year before their first consulta-
tion in a pain management center. METHODS: Retrospective data collected by patient questionnaires were used for this cross-
sectional study, in which ten pain management centers partici-
pated between January and April, 2004. A total of 116 patients who gave written consent and were able to answer the question-
naire were assessed. The economic outcomes were the total and refunded Direct Medical Consumption (DMC), including all costs directly related to the pathology: medical and para-
medical consultations, drugs, other treatments (surgery, nerve stimulation, etc.), examinations, and hospitalizations. Costs were determined by medical fees, official drugs and examinations tariffs, and Diagnosis Related Groups (DRGs). A bootstrap technique was used to improve statistical strength. RESULTS: The total and refunded average cost per patient ranges from 4630 € to 6830 € and from 3500 to 5690 €, depending on the hospitalization sector, private or public. The most costly items are “Hospitalizations” and “other treatments”, represent-
ing 31% and 24% respectively of the total cost in the private sector, and 46% and 23% in the public sector. The “drugs” item only represents 12% in the private and 8% in the public sector. CONCLUSION: This study, based mainly on recalled declarative data, may be subjectively biased. Nonetheless, the results give a plausible estimation of direct annual costs of neuropathic pain management in France before its appropriate management in a specialized center, a field where few data are available.

SUMMARY OF HOSPITAL LOGISTICS ASSOCIATED WITH INTRAVENOUS PATIENT-CONTROLLED ANALGESIA (IV PCA) FOR ACUTE POSTOPERATIVE PAIN MANAGEMENT

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OBJECTIVES: To characterize hospital IV PCA pump and anal-
gesia acquisition, inventory, and logistics for acute postoperative pain management. METHODS: Data were collected via interviews with 13 geographically diverse US hospitals during an ongoing prospective, multi-center, observational study of IV PCA for acute postoperative pain management among subjects undergo-
ing total knee or hip replacement or abdominal hysterectomy. An interim analysis was performed on data from 13 of 32 planned hospitals. RESULTS: Average IV PCA pump inventory
per hospital is 105 with 81% among three models: Abbott Life-care 4100 PCA Plus II, Baxter Health care PCA II, and Baxter Ipump Pain Management System. Average pump life is 7.7 years.

Sixty-nine percent of hospitals use only one pump model. Approximately 92% of hospitals own most (93%) of their pumps. The mean and median pump utilization rates are 68% and 78%, respectively (n = 9 hospitals). Fifty-four percent of hospitals use both pre-filled reservoirs (PFR) and staff-filled reservoirs (SFR); 31% use only SFR, and 15% use only PFR. For PFR, 69% of hospitals use morphine, 54% use meperidine, 23% use hydromorphone, and 8% use fentanyl. For SFR, 77% use hydromorphone, 39% use fentanyl, 31% use morphine, and 17% use meperidine. Hospitals store pumps in multiple locations, with 77% storing them in nursing units, 69% in recovery rooms, 54% in central supply, 23% in operating rooms, and 13% in pharmacies, adding to the complexity of IV PCA management. Reservoirs also are stored in multiple locations, with 100% of hospitals storing them in nursing units, 85% in recovery rooms, 31% in operating rooms, and 23% in satellite pharmacies.

Transportation of pump and analgesia from storage to patient takes approximately 5.7 and 7.6 minutes, respectively. CONCLUSIONS: The results of this interim analysis suggest hospital IV PCA pump logistics vary widely and may significantly affect economics of IV PCA.

PARENTS’ PERCEPTION OF THE SAFETY OF PEDIATRIC NON-PRESCRIPTION DRUGS—ACETAMINOPHEN AS AN EXAMPLE

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Drugs containing Acetaminophen as a single active ingredient are included in the list of over-the-counter (OTC) drugs allowed to be sold in non-pharmacy stores in Israel beginning mid-2005. In an event of severe overdose, Acetaminophen may cause severe liver damage, which may result death if not treated urgently.

OBJECTIVE: 1) To examine the knowledge and perception of parents to children and adolescents regarding the safety, adverse effects and toxicity of Acetaminophen OTC preparations; and 2) To compare this knowledge to scientific facts from medical literature and the experience of leading pediatricians and clinical pharmacologists.

METHODS: 1) Interviews of four leading Pediatricians/Clinical pharmacologists; and 2) A survey of 193 parents, which took place in three emergency pediatric clinics of “Maccabi Healthcare Services” (HMO) in central Israel and among non-medical headquarters staff. The answers were processed using statistical software. Influences of several demographic factors on parents' answers were examined. RESULTS: In total, 65% of the enrolled parents had the perception that non-prescription drugs might be harmful if not used properly, while 53% of them thought that Acetaminophen might be harmful if not used properly. In the higher education group more parents thought that Acetaminophen had had adverse effects. Higher proportion of parents of two or more children felt they had knew how to use Acetaminophen brands properly compared to parents of one child. More than 60% of the parents reported that they usually purchase Acetaminophen brands without a prescription. About 80% read the patient’s insert. CONCLUSIONS: Enrolled parents perceive Acetaminophen brands to be safer than the average non-prescription drug, even though it is known that in an event of over-dosage Acetaminophen is more toxic than most other non-prescription drugs. More educated parents in the survey sample were more aware of the dangers of improper use of Acetaminophen.