individuals infected by any new agent will have health and economic benefits.

**PSY38**

**IMPACT OF TENSION HEADACHE ON WORK PRODUCTIVITY LOSS AND ACTIVITY IMPAIRMENT**

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**OBJECTIVES:** To quantify the impact of tension headache on work productivity loss and activity impairment of adults aged 18 to 64 in 5 European countries. **METHODS:** We analyzed data from the 2007 European National Health and Wellness Survey (NHWS), an annual, cross-sectional study of adults (aged 18+) in France, Germany, Italy, Spain, and the UK. NHWS data were collected via self-administered, Internet-based questionnaires. The analysis sample consisted of respondents aged 18 to 64, who reported three or more tension headaches in the past month. The control group included respondents who did not experience any types of headache in the past year. Work productivity loss and activity impairment were assessed using the general health version of the Work Productivity and Activity Impairment (WPAI) questionnaire. Linear regression models were developed to adjust for gender, age, country of residence, number of physical comorbid conditions, and presence of a psychiatric condition. **RESULTS:** Across the five countries, there were a total of 5,144 (20.1%) adults with tension headaches and 20,453 (79.9%) controls. Adults with tension headaches were significantly more likely to be female, younger, reside in Germany or the UK, have a greater number of physical comorbid conditions, and have a psychiatric condition than adults without headaches (p < 0.001 for all). Adjusting for demographics and comorbidity, adults with tension headaches who worked full-time experienced 4.93% greater impairment while working (presenteeism), and 4.86% greater overall work impairment than controls (p < 0.001 for both). Missed work time (absenteeism) was not significantly affected by tension headache. Overall, adults with tension headaches experienced 6.21% greater activity impairment than controls (p < 0.001). **CONCLUSIONS:** The study results showed significant reduction in productivity in patients with tension headaches. Because patients often self-medicate patient reported outcomes may help employers and payers to better understand and manage the disease.

**PSY39**

**IMPACT OF HIGH WAIST CIRCUMFERENCE ON PRODUCTIVITY IN US AND GERMAN OVERWEIGHT/OBSESE SUBJECTS**

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**OBJECTIVES:** To evaluate how abdominal obesity (AO) measured by waist circumference (WC) affects productivity and indirect costs over 3 months in a population of overweight and obese (25 ≤ BMI ≤ 35 kg/m²) subjects in the US and Germany. **METHODS:** Subjects were recruited by the internet; 5410 (US) and 5406 (Germany) eligible and consented subjects were stratified by BMI and gender into normal weight (BMI 20–24.9, n = 404), overweight (BMI 25–29.9, n = 8009), and obese (BMI 30–35 kg/m², n = 1403) groups. Weight, height and WC were self reported and validated. In overweight and obese groups, subjects were further classified into high and low WC groups using the observed gender-specific median WC. Impairment at work among employed respondents (presenteeism) was assessed using the validated questionnaire WPAI, General Health version. Absenteeism was assessed based on self-reported number of days missed from work due to a health problem in the past 3 months. Indirect costs were calculated by adding cost of absenteeism and presenteeism (both monetized by using country specific estimated quarterly earnings). **RESULTS:** The percentage of subjects in each group working for pay (low/high WC respectively) were 70%/62% (overweight), 64%/55% (obese) in the US; and 73%/66% (overweight), 67%/56% (obese) in Germany. In both countries and overweight/obese groups, subjects above median WC had a significantly higher mean percent of overall impairment while working than subjects with low WC. In both countries, except for obese German, subjects with high WC had a significantly higher mean indirect cost than subjects with low WC (low, high WC, respectively); in US: $804, $1070 in overweight subjects and $958, $1391 in obese subjects; in Germany: €907, €1095 in overweight subjects and €1178, €1352 in obese subjects. **CONCLUSIONS:** Within each overweight and obese group, subjects with high WC had a 7% to 11% lower employment rate, significant overall impairment at work and consequently higher indirect costs.

**PSY40**

**BURDEN OF FIBROMYALGIA TO THE UK NATIONAL HEALTH SERVICE (NHS)**

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**OBJECTIVES:** To estimate the health care burden of patients in UK primary care with a diagnosis of fibromyalgia, a chronic pain disorder characterised by widespread pain, sleep disturbance, fatigue, anxiety and depression. **METHODS:** The CSD Patient Data database was used to identify a cohort of patients presenting with fibromyalgia (FM) during 2006. Each patient was randomly matched by age and sex to one control patient with no FM, in the same GP practice. Consultations, prescriptions, hospital referrals, hospital admissions, sick notes, and alternative therapy were compared for the 12 months following the FM diagnosis. **RESULTS:** Each cohort contained 1033 patients: most (82%) were aged 35–64, and 88% were female. Twenty-five percent of the FM cohort was newly diagnosed with FM during 2006; 73% had pre-existing FM. Compared to the control cohort, 37% of the FM cohort had a major adverse event (versus 17%); 24% of the FM cohort had aches/pains (versus 11%). Headache/migraine, depression, and sleep problems were also more prevalent in the FM cohort. Patients in the FM cohort were issued 51 prescriptions in the tracking year (versus 16 prescriptions for the controls), and consulted their GP 15 times in the year (8 times for the controls). Compared to the controls, twice as many patients in the FM cohort were referred to hospital, and 50% more FM patients were issued a sick note by their GP. Importantly, less than 50% of this additional resource use could be specifically attributed to FM. **CONCLUSIONS:** UK patients diagnosed with fibromyalgia present a considerably greater burden to the UK NHS than patients without FM. In addition, less than 50% of this additional burden can be attributed to FM, suggesting that patients with FM suffer much greater co-morbidity alongside their condition. Future research should evaluate the financial impact of this additional burden to the UK NHS.