PAIN MANAGEMENT: IMPACT ON QUALITY OF LIFE

have worse quality of life than Russian patients. The average value of quality of life according to visual-analog scale was 0.44 (SD 0.22). More than half of patients reported problems within each of EQ-5D dimensions of quality of life observed directly through SF-12 was also confirmed by patient satisfaction. The improvement in quality of life was assessed with self-administrated validated version of Russian version of Euroqol-5D questionnaire. Comparison was made with data about health-related quality of life of Russian patients (P.Vorobeyv et. al., 2008, data of 1003 patients was considered). Analyses of quality of life have demonstrated high rate of problem among patients with chronic kidney disease, other diseases – 1.5%. Average level of hemoglobin was 107 ±16.2 g/l. 80% of patients reported that they got 12-14 procedures of dialysis during last month. The average length of one procedure was 4-5 hours just for 17% of patients. In other cases (80%) length of dialysis was shorter. Analysis of anesthetic therapy has shown that 85% got erythropoietin and 70% - iron supplements. More than half of patients reported problems within each of EQ-5D dimensions of health. Thus 42.5% of patients reported problems with mobility, 20% - difficulties with self-care, 58.7% - difficulties with usual activities, 67% - reported about pain or discomfort, 47% - reported about an anxiety or depression. The average value of quality of life evaluated with visual-analog scale (VAS) was 0.59 (SD 0.17), median – 0.6.

CONCLUSIONS: Analyses of quality of life have demonstrated high rate of problem with usual activity and pain and discomfort and low rate of problem with self-service.

PSY43

HEALTH-RELATED QUALITY OF LIFE IN UKRAINE PATIENTS WITH HEREDITARY COAGULOPATHIES

Vorobeev P1, Borsenko O2, Zhulyov Y3, Krasnova L3, Bezmelnitsyna L1
1Russian Society for Pharmacoconomics and Outcomes Research, Moscow, Russia, 2Russia Hemophilia Society, Moscow, Russia, 3Moscow State Medical University named after I.M. Sechenov, Moscow, Russia

OBJECTIVES: To assess health status, treatment patterns and quality of life in patients with hereditary coagulopathies in Ukraine. METHODS: Postal health survey. Questionnaires were distributed in May - August 2009. Health-related quality of life (HRQoL) was self-administrated according to the International version of Euroqol-5D questionnaire. Comparison was made with data about health-related quality of life of Russian patients (P. Vorobeev et. al., 2008, data of 1003 patients was used in analyses). Analysis of experimental data was performed with χ² criteria. RESULTS: 154 completed questionnaires were received by September, 2009. Health-related quality of life was assessed for patients older than 11 years (n = 142). More than half of patients reported problems within each of EQ-5D dimensions of health. Thus 88.8% of patients reported of problems (moderate and severe) with mobility (63.9% of Russian patients, p<0.05), 57.7% of patients inform of difficulties with self-care (55.2% of Russian patients, p<0.05). 81% of patients had problems with usual activities (61.9% of Russian patients, p<0.05); 90.9% of patients reported of presence of pain/discomfort (78.9% of Russian patients, p<0.05); 60.5% of patients had an anxiety or depression (54.2% of Russian patients, p<0.05). The average value of quality of life according to visual-analog scale was 0.44 (SD 0.22). CONCLUSIONS: The study of quality of life in patients with hereditary coagulopathies was performed for the first time in Ukraine. Results of the study shown high rate of problems all aspects of health-related quality of life. Patients with hemophilia have worse quality of life than Russian patients.

PSY44

PAIN MANAGEMENT: IMPACT ON QUALITY OF LIFE

Bertin P1, Bahali N2, Auger M2, Taibi C2
1Comité Lutte contre la Douleur, Limoges, France, 2FSPAA, Boulanger Billancourt, France

OBJECTIVES: The fight against pain, which represents a public health challenge more than ever, is no longer merely medical. Pain is an obstacle to the quality of life and a distressing symptom that affects patients' daily activities and their family. Physical pain and mental suffering experienced across all age groups renders those affected by illness even more vulnerable. Pain causes incapacity, handicap and considerable deterioration in the quality of life. Fighting against pain meets a legitimate expectation of every person. METHODS: To assess the quality of life in patients suffering from intense pain which has progressed since less than 7 days treated by a combination of paracetamol and codeine. A multi-centre longitudinal observational prospective study carried out in metropolitan France using data collected by general practitioners who agreed to participate. RESULTS: 574 patients treated by a paracetamol-codeine combination (600mg/50mg and 400mg/20mg) were included; at inclusion the quality of life assessed using SF-12 was affected as much in terms of the mental component (41.83 ± 7.92) as the physical component (35.88 ± 11.68) – the norm of the scores for each component is equal to 50 – on D7, the quality of life assessed in a similar manner using SF-12 was equal to 59.89 for the mental component and 40.93 ± 7.92 for the physical component. A statistically significant improvement was noted for each of the 2 mental (p<0.001) and physical (p<0.0001) components between the first day of treatment and the 7th day. CONCLUSIONS: The improvement in quality of life assessed directly through SF-12 was significant in the improvement of patients' quality of life from the first day: 61% of patients declared themselves to be satisfied. On the 7th day of treatment, 87.10% were satisfied with their treatment.

PSY45

CHARACTERISTICS OF CAREGIVERS AND THEIR EXPERIENCE ASSOCIATED WITH CONGENITAL HEMOPHILIA OF INHIBITOR PATIENTS

Wisniewski T1, Petrilla AA2, DeKoeven M2, Lee WC2, Cooper DL1, Holot N1
1Medical Centre Hamburg-Eppendorf, Hamburg, Germany, 2University of Colorado Denver, Denver, CO, USA

OBJECTIVES: Congenital hemophilia is a chronic disease diagnosed early in life in severe cases. Development of alloantibody inhibitors to exposure to replacement factor VIII and IX concentrates is the most serious treatment complication among patients. It is estimated that 900-1,200 patients have congenital hemophilia with inhibitors in the United States (US). Limited research exists to document the experience of their caregivers. METHODS: As part of a cross-sectional survey evaluating preservation of joint health and quality of life among GHW patients in the US, caregivers’ experience was assessed via the HAEMO-Qol instrument, containing 2 criteria. RESULTS: Caregivers’ burden was assessed for trends and consolidated into categories. Descriptive analyses were employed to evaluate caregivers’ demographic characteristics and their burden with the disease. RESULTS: Questionnaires were received from 60 caregivers. Mean age of patients under care was 10-6 years (SD –10). 91.7% of patients under care had hemophilia A, and 68.3% had inhibitors. Caregiver responsibilities was reported by 28.1%. 31.7% reported having health insurance with a lifetime cap. Among these, 73.3% were “somewhat” to “very concerned” about reaching the cap. Among 55 HAEMO-Qol respondents 26.3% were “considerably” to “very much so” bothered by the patient’s disease. A total of 159 open-ended responses were provided by 51 caregivers concerning their experience about living with hemophilia and its treatment: 22.6% highlighted emotional stress, 15.1% emphasized financial burden including work time, 12.0% involved lost time excluding work, and 11.3% involved medical management issues.

CONCLUSIONS: One quarter of caregivers were “considerably” to “very much” bothered by the patient’s condition. They reported emotional stress and financial burden as negative experiences dealing with hemophilia and its treatment. Medical care is an also an area of concern. A caregiver’s negative experience might impact children’s HRQoL, which should be analyzed in future research.

PSY46

DISEASE SYMPTOMS, TREATMENT SATISFACTION, AND COPING STRATEGIES IN PATIENTS WITH LUPUS

Lestrham K1, Cirmingm M2, Govoni M3, Nikit P4, Merrill J5, Isenberg D6
1Lupus Foundation of America, Washington, DC, USA, 2UCF, Orlando, FL, USA, 3Oxford University, Oxford, UK, 4Columbia University, New York, NY, USA, 5University of Chicago, Chicago, Illinois, USA, 6Imperial College London, London, UK

OBJECTIVES: The impact of lupus on patients’ everyday lives is important to understand. We therefore investigated the perceptions of lupus patients on disease symptoms and coping strategies. METHODS: Participants (USA and Europe) completed a patient-led internet-based questionnaire between April and May 2009. RESULTS: 814 respondents reported having lupus (85% female, 80% 20–50 years of age). Common lupus symptoms reported were arthritis, fatigue, muscle pain/weakness or tendinitis. 81% of the respondents were “considerably” to “very much” affected by lupus. Most reported it was ‘easy/very easy’ to talk to their family. Most patients reported talking to family (93%) and friends (89%) about lupus. 77% reported it was ‘easy/very easy’ to talk to their healthcare professionals and other lupus patients are important strategies to facilitate coping with lupus. 73% of patients were “considerably” to “very much” bothered by the patient’s condition. They reported emotional stress and financial burden as negative experiences dealing with hemophilia and its treatment. Medical care is an also an area of concern. A caregiver’s negative experience might impact children’s HRQoL, which should be analyzed in future research.

PSY47

WILLINGNESS TO PAY (WTP) FOR WEIGHT LOSS COACHING: RESULTS FROM THE POWER TRIAL

Alavi R1, Appel L1, Brancati F1, Clark J1, Mohr P2, Daumit G1
1Johns Hopkins University, Baltimore, MD, USA, 2Center for Medical Technology and Policy, Boulder, CO, USA

OBJECTIVES: Efficacious medical or behavioral weight-loss programs are not routinely covered by insurance. Understanding how patients value weight loss interventions by assessing their willingness to pay (WTP) is critical to translating findings from effectiveness trials into practice. Upon completion of a randomized clinical trial comparing an internet-based directed coaching intervention plus web-based education and support training. At the end-of-study visit, we interviewed participants and used double bound dichotomous-choice to assess their WTP. Using linear regression, we examined baseline characteristics (age, sex, income, race, education, BMI) associated with WTP. RESULTS: The trial stopped early. 206 (88%) reported on WTP. Mean age was 57 years, 61% were women, 56.3% were White, mean BMI at baseline (2 years earlier) was 36.4 kg/m², 33% had graduate or professional degrees, 61% had annual family income >$75,000. Participants thought their intervention was worth $70.9 (95% CI 60.3-