a skilled nursing facility (SNF) (13.5 ± 4.0 vs. 9.5 ± 3.3; p = 0.044) was longer on average for DRS patients. DLS patients had higher ER AD-related costs compared to CON patients ($353,680 vs. $353,443; p = 0.01). CONCLUSIONS: Significantly less AD-related health care utilization and costs were associated with continued D23 use compared to patients who discontinued. More patients who continued therapy had > 60 days on donepezil 10mg before starting the D23 treatment vs DLS patients, suggesting patients receive > 60 days of 10 mg prior to initiating D23.

NEUROLOGICAL DISORDERS - Patient-Reported Outcomes & Patient Preference Studies

PND46

RELATIONSHIP BETWEEN PATIENT ADHERENCE TO TREATMENT AND SPANISH HOSPITAL PHARMACY’S UNMET NEEDS FOR THE MANAGEMENT OF MULTIPLE SCLEROSIS

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OBJECTIVES: To evaluate the management of Spanish patients with multiple sclerosis (MS), to assess the unmet needs at the hospital pharmacy and the treatment adherence fulfilled by MS patients treated with disease-modifying therapies (DMT).

METHODS: Non-interventional and multicenter study that recruited 237 patients with relapsing-remitting MS (RRMS) or secondary progressive MS (SPMS) treated with DMT. Pharmacists completed a questionnaire on management actions and unmet needs. Adherence was assessed using an adaptation of the Morisky-Green test.

RESULTS: Mean age of patients was 40.1 ± 9.4 years (65.8% women). Average time since diagnosis was 5.6 ± 5.3 years, 95.4% RRMS and 4.6% SPMS. In the last year, most patients presented EDSS grade 0-2.6 (62.4%). Overall patient adherence was 77.1%. Treatment adherence was significantly higher among patients with DMT. Pharmacists completed a questionnaire on management actions and the treatment adherence fulfilled by MS patients treated with disease-modifying therapies (DMT).

PND47

ASSESSMENT OF QUALITY OF LIFE OF AUSTRALIANS WITH YOUNG ONSET PARKINSON’S DISEASE

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OBJECTIVES: To assess the health-related quality of life (HRQoL) of young onset Parkinson’s Disease (PD) people. METHODS: An online survey (2011) of PD people <65 years at diagnosis included demographics, disease management and the Assessment of Quality of Life (AQoL). AQoL utility score was calculated where 1.00 represented full and 0.00 death equivalent. HRQoL disease severity was classified by Hoehn & Yahr Stages (H&Y). RESULTS: There were 254 participants. Mean diagnosis age was 50 years (SD = 9); mean time since diagnosis was 6 years. PD was mild for most participants (n = 115, 65, 46, 11 and 4 for H&Y 1 to 5 respectively). The mean AQoL utility was 0.54 (SD = 0.26), which was below the 50-59 years population norm (0.80, SD = 0.24). HRQoL deterioration was monotonous by H&Y level: 0.67 for Level 1, 0.55 Level 2, 0.36 Level 3 and 0.10 (Levels 4/5). For those aged 20-39 years at diagnosis the mean AQoL score was 0.41, for 40-49 years 0.50, for those 50-59 years 0.58, and for 60 + years it was 0.68 (p < 0.01). Regarding time since diagnosis, for those with <10 years the mean AQoL score was 0.61, whereas the mean score was 0.48 for those diagnosed 3-5 years previously, 0.50 for those diagnosed 6-10 years previously, and 0.35 for those diagnosed >11 years previously (p < 0.01). AQoL scores varied by gender (females’ mean AQoL = 0.59, males’ = 0.51, p < 0.01) and labourforce participation (working vs. not working = 0.39, not in the labourforce = 0.50, p < 0.01).

PND50

ESTIMATION OF THE EFFECT OF DALFAMPRIDINE EXTENDED RELEASE ON HEALTH UTILITY IN PATIENTS WITH MULTIPLE SCLEROSIS USING TWO EQUATIONS FOR MAPPING THE MSWS-12 TO THE EQ-SD

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OBJECTIVES: To evaluate the effect of dalファプリドニン extended release (D-ER, sustained-, modified-, prolonged-release fampridine outside the US) on utility scores in multiple sclerosis (MS) patients, estimated using two equations mapping the 12-item Multiple Sclerosis Walking Scale (MSWS-12) item scores to the EQ-5D and the EQ-SD (one derived in a North American [NA] registry, the other a United Kingdom [UK] registry). MS-203 participants were categorized as D-ER responders (defined as achieving a –0.15 to –0.50 change on the Timed 25-Foot Walk, D-ER nonresponders, or placebo). Mean change in utility from baseline to each secondary end-point treatment (visits 3-6 occurring at post-randomization visits 2, 6, 10, 14) and each off-drug follow-up evaluation (visits 7-9 occurring at weeks 16, 18) were calculated as effect sizes (ES). RESULTS: Using the NA-derived equation, D-ER responders demonstrated improvement in utility vs. placebo or D-ER nonresponders, respectively; starting at week 6 (mean difference in ES = 0.37, p = 0.01, ES = 0.40, p = 0.01) and maintained at weeks 10 (ES = 0.26, p = 0.17, ES = 0.31, p = 0.03) and 14 (ES = 0.48, p = 0.01, ES = 0.54, p = 0.04). Improvements were not apparent after D-ER discontinuation (p = 0.05 at weeks 16 and 18). Using the UK-derived equation, improvement was seen in D-ER responders vs.
placebo or D-ER nonresponders, respectively, at weeks 6 (ES = -0.55, p < 0.01; ES = -0.76, p < 0.01) versus the p = 0.04, ES = -0.55, p < 0.01) and 14 (ES = -0.71, p < 0.01; ES = -0.67, p < 0.01). The improvement was seen at D-ER at the weeks 16 and 18 (p < 0.05 for both). D-ER nonresponders did not show improvement vs. placebo at any visit using either equation. CONCLUSIONS: Regardless of the mapping equation used, D-ER response was associated with an improvement in utility. The UK-derived equation resulted in larger estimates of improvement than the NA-derived equation.

PND51

UTILITY MEASUREMENT IN EPILEPSY: EXPLORATORY ANALYSIS OF THE IMPACT OF SEIZURES ON CHILDREN

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OBJECTIVES: Although information is available on how adults with epilepsy value their quality-of-life (QoL), there are no published data regarding the short-term impact of seizures on children. Seizures appear to have a major impact on the QoL of both children and their parents/caregivers. Although short-term in nature, seizures are also associated with disproportionate recovery times, with a resulting impact on QoL.

PND52

VALIDATION OF SPANISH VERSION OF THE HUNTINGTON CLINICAL SELF-REPORTED INSTRUMENT (H-CSRI)

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OBJECTIVES: The Huntington Clinical Self-Reported instrument (H-CSRI) is the first subjective clinimetric scale for patients with Huntington’s disease (HD). Such an instrument is an important tool for the follow-up and, combined with other scales, can provide information on the development of the disease, functional and behavioural symptoms of HD, perceived by the patients themselves. The objective of this study was to adapt and cross-culturally validate the H-CSRI for Spain. METHODS: The original questionnaire was translated into Spanish and the three subscales assessing patients’ motor ability (13 Likert-type items in four dimensions), functional capacity (seven Yes/No questions) and behavioural ability (13 Likert-type items in four dimensions) of the instrument was translated forwards and backwards by native speakers. The hospital ‘Hospital Ramón y Cajal, Madrid, Spain’, and ‘Hospital Ramón y Cajal, Madrid, Spain’ provided their patients with the questionnaire. Classical test theory and item response theory were used to assess its clinimetric properties. Cross-cultural validation was assessed by differential item functioning analysis (DIF). RESULTS: A total of 59 patients filled in the H-CSRI questionnaire. The H-CSRI showed satisfactory psychometric properties. Item response rates ranged from 84% to 94%. A floor effect was found for five items in the behavioural dimension. The H-CSRI showed an acceptable reliability, as Cronbach’s alpha coefficients were higher than 0.85. Factor analyses demonstrated that the data were structured in the same way as for the French and the Italian versions. Item internal consistency (ICC) and item discriminant validity criteria were met for most items (i.e. ICC was > 0.40, and correlations between items and their respective rest-scores in one dimension were all higher than correlations with another dimension). The DIF analyses showed no item effect for the H-CSRI on French versions. The Spanish version of the H-CSRI showed acceptable clinimetric properties. This study supports the usefulness of the H-CSRI questionnaire to assess the clinical status of patients, although it is limited by the small sample size.

PND53

PATIENT REPORTED SLEEP PROBLEMS IN THE UK

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OBJECTIVES: To assess the frequency, severity, use of hypnotics and impact of sleep problems in the community in the UK. METHODS: Questionnaires were set up in a national newspaper and patients with sleep problems were requested to complete them and return by post. RESULTS: Two thousand and eighty-two questionnaires were returned. Within the questionnaires returned not all of the questions were answered with some questions being more frequently completed than others. We report the outcome for individually completed questionnaires. Forty-four percent of respondents were female, 92% aged forty or over and 57% over 60; 94% of patients reported insomnia for more than a year. Seventy-seven percent described sleep as bad or very bad. 64% complained of feeling tired after rising and starting the next day. Only 3% thought they got off to sleep in less than 20 minutes with 55% reporting taking greater than 1 hour to get to sleep. A total of 86% visited the doctor less than 4 times per year but apparently did not complain of insomnia; 44% reported having received hypnictics from the doctor in the past but only 2% currently taking them. Seven percent of patients attributed their sleep problems to pain; 42% of the patients washed up regularly to use the bathroom but in general did not attribute their sleep problems to this reason. In contrast 40% of respondents felt that their problems were purely age-related. CONCLUSIONS: Insomnia is a common, long-standing, serious problem which affects and impacts upon older rather than younger people. While most respondents had received hypnotics in the past they were not currently taking them. Given that the diagnosis of insomnia is complex and multifactorial, the inability to recognize the impact of insomnia on an individual’s QoL suggests the need for routine reviews of insomnia. This study demonstrates the need for patient education and for physicians to address the problem of insomnia in older age.

PND54

FATIGUE AND QUALITY-OF-LIFE IN MULTIPLE SCLEROSIS PATIENTS WITH SPASTICITY IN GERMANY - RESULTS OF THE MOVE 1 STUDY

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OBJECTIVES: Spasticity and fatigue are common in patients with Multiple Sclerosis (MS) and can highly affect patients’ quality-of-life (QoL). A burden-of-disease study was performed to gain real-life data on related-fatigue and the patients’ and physicians’ evaluation of fatigue and QoL. METHODS: The MOVE 1 (Mobility Improvement and Fatigue Evaluation in MS) study included a cross-sectional observational analysis of 419 MS patients with spasticity patients, using the “Zürscher Erschöpfungsinventar bei Multipler Sklerose” (WEIMuS, German MS-related fatigue questionnaire) and the EQ-5D QoL instrument. WEIMuS total score [0-68; cut-off ≤32], cognitive (0-36; cut-off ≤17) and physical (0-32; cut-off ≤17) subscores are available. Fatigue is defined as mild, moderate and severe spasticity. The EQ-5D includes 5 domains (mobility, self-care, usual activities, pain/discomfort and anxiety/depression) with 3 answer levels (no, some and extreme problems). RESULTS: In total, 419 MS patients with spasticity were enrolled at 42 German centres from 4/2011 to 9/2011. 414 patients fulfilled selection criteria and were analyzed. Mean age was 48.6 (SD 12.9) years and 65% were female. 77.2% of the patients suffered from mild, 44.0 moderate and 28.7% severe spasticity. Fatigue was recorded by physicians in 49.4% and by patients in 50.0% of cases as one of the most disturbing spasticity associated symptoms. According to WEIMuS, total fatigue cut-off score was reached by 48.0%, 53.8% and 54.5% of patients with mild, moderate or severe spasticity. The physical fatigue subscore was observed in 52.9, 69.6 and 66.3% and cognitive fatigue in 37.3, 35.7% and 37.6% of these subgroups, respectively. With increasing spasticity severity the mean EQ-5D index value decreased (0.6±0.2 to 0.3±0.3) and the number of patients with “extreme problems” raised, particularly in the domains “mobility” (0% to 13.6%), “self-care” (1.0% to 20.0%) and “usual activities” (2% to 25.5%). CONCLUSIONS: The occurrence of fatigue in MS patients increases with spasticity severity, impairs patients’ QoL in parallel. Patients’ and physicians’ evaluations are aligned.

PND55

MULTIPLE SCLEROSIS IMPACT SCALE (MSIS-29): ITS VALIDITY AND RESPONSIVENESS IN CLINICAL TRIAL-BASED SUBJECTS

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OBJECTIVES: The psychometric properties of the Multiple Sclerosis Impact Scale (MSIS-29) have been well examined in community-based samples using cross-sectional data. This analysis assessed MSIS-29’s validity and responsiveness using longitudinal data from patients with relapsing-remitting multiple sclerosis (RRMS) enrolled in the trial of daclizumab (IFP). METHODS: The MSIS-29 and EQ-SD with visual analogue scale (VAS) were administered at baseline, 3, 6, and 12 months to 600 patients with RRMS who had mean age of 35.8 (SD = 8.91) years and Expanded Disability Status Scale of 2.7 (SD = 1.77) at baseline. The convergent and discriminant validity of MSIS-29 was assessed by examining the strength of correlations between the five subscale scores and 0.35) and the number of patients with “extreme problems” raised, particularly in the domains “mobility” (0% to 13.6%), “self-care” (1.0% to 20.0%) and “usual activities” (2% to 25.5%).