depression. Our objective was to see if depression was present in patients undergoing treatment for chronic pain with opioids and if improving pain, improves depression. METHODS: A standardized depression scale was administered to chronic stable pain patients on opioids for chronic non-malignant pain. They were scored and ranked. RESULTS: Out of 98 patients, only 15% had minimal to no depression by standardized testing. There was good correlation with subsequent clinical evaluation. Eighty-five percent (85%) had mild to severe depression. Those with moderate to severe depression were referred for specialty consultation. CONCLUSIONS: Depression is common in chronic pain and the level of depression may not be predicted by level of pain, analgesic, anti-depressant usage, or mental health follow-up. Depression is easily missed and under-treated. Depression does not always respond to the concomitant treatment of pain. Patients with chronic pain should be regularly screened for depression and appropriately referred for care.

**CONCLUSION:**

Costs were £13.10, £22.06 and £11.09.

**OBJECTIVES:** Although use of long-acting opioid analgesics has increased for chronic pain, little is known about treatment patterns. Purpose of this study was to compare office-based utilisation data before and after initiating treatment with different long-acting opioids. METHODS: Retrospective analysis of Disease Analyzer (MediPlus) data over 5 years for patients with malignant diseases and orthopaedic diseases/chronic pain. Patients have not been treated with opioids in the 18 months before prescription. Observation period for resource utilisation (outpatient consultations, referrals, drug costs) started 6 months before and ended 6 months after first index prescription for the long-acting opioid of interest. RESULTS: Corresponding to the course of the disease number of referrals, consultations, costs of other drugs except of analgesics increased after initial prescription of opioids. When opioids were administered, costs for other analgesics decreased slightly compared to the pre-opioid period. Drug costs differed significantly. Highest opioid costs were determined for patients with malignant diseases which were treated with fentanyl (mean £681 in first six months), followed by oxycodone (£412) and morphine (£321). Costs for opioid treatment for patients with non-malignant chronic pain and orthopedic conditions were £589 (fentanyl), £370 (oxycodone) and morphine (2436) respectively. No significant differences for costs for other medication were found. Patients treated with oxycodone showed significant less consultations compared to fentanyl or morphine. CONCLUSION: Type of opioid is an important factor for costs of treatment of chronic pain in the office-based setting in Germany. The analysis indicates that other resource utilization like consultation of physician could also be influenced. Due to the observational and retrospective nature of the database study patient reported outcomes were not included. Thus these outcomes and direct costs from hospitals associated with long-acting opioids treatment would merit further analysis in Germany.

**RESOURCE UTILISATION OF PATIENTS WITH CHRONIC PAIN CONDITIONS BEFORE AND DURING TREATMENT WITH LONG-ACTING OPIOIDS IN GERMANY**

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