surgery in the Dutch health care setting. The hypothesis was that higher drug costs for the tramadol/paracetamol combination were offset by a reduction of costs associated with the treatment of side-effects. METHODS: Decision analysis was used to model the health economic outcomes. A cost-minimisation approach was appropriate since the efficacy of the two treatments proved to be the same in the dosages used. Probabilities, resource utilisation data, and unit costs were obtained from published literature, Delphi panel and official price and tariff lists (Dutch costing manual). The perspective taken was that of the health insurance.

RESULTS: The study showed that six days’ postoperative treatment with the tramadol/paracetamol combination is cost saving compared with codeine plus paracetamol and has fewer side-effects (costs for tramadol/paracetamol: €42.46; codeine/paracetamol: €43.56). Sensitivity analyses confirmed the robustness of the model, with the tramadol/paracetamol combination being similarly expensive or becoming the dominant strategy in 28 off 34 scenarios calculated. CONCLUSION: The results show that postoperative pain therapy with the tramadol/paracetamol combination is equally or less expensive and has fewer side effects compared with a codeine/paracetamol combination, resulting in favourable clinical and economic benefits.

THE MOS-SHORT-FORM-12 (SF-12) AS A MEASURE OF HEALTH-RELATED QUALITY OF LIFE IN NEUROPATHIC PAIN (NEP) PATIENTS: RELIABILITY, CONCURRENT AND DISCRIMINANT VALIDITY

Rejas J1, Masramon X2, Ruiz M3
1Pfizer Spain, Acobendas/Madrid, Spain; 2Euroclin Institute, Barcelona, Barcelona, Spain; 3Pfizer Spain, Acobendas, Madrid, Spain

OBJECTIVE: NeP pain is a devastating disorder that is likely to affect the patient’s quality of life. Generic tools are used to measure impact of pain on health-related quality of life (HRQoL) such as SF-12. The goal of this analysis was to assess the reliability, concurrent and discriminant validity of SF-12 in NeP or Mixed Pain (MP) patients. METHODS: Horizontal psychometric properties were tested in a sample of 1519, with pain for 1.1+2.8 years and 61.2% female patients enrolled in an observational, prospective and multicenter study in NeP or MP patients of broad etiologies. Participants completed a pain questionnaire (SF-MPQ), anxiety and depression scales for pain (SF-McGill Pain Questionnaire), anxiety (Covi), disability (Sheehan), and HRQoL (SF-12). The study showed that six days’ postoperative treatment with the tramadol/paracetamol combination is cost saving compared with codeine plus paracetamol and has fewer side-effects (costs for tramadol/paracetamol: €42.46; codeine/paracetamol: €43.56). Sensitivity analyses confirmed the robustness of the model, with the tramadol/paracetamol combination being similarly expensive or becoming the dominant strategy in 28 off 34 scenarios calculated. CONCLUSION: The results show that postoperative pain therapy with the tramadol/paracetamol combination is equally or less expensive and has fewer side effects compared with a codeine/paracetamol combination, resulting in favourable clinical and economic benefits.

HEALTH STATUS AS MEASURED BY PATIENT UTILITY DETERMINATION AMONG PATIENTS WITH PAIN: RESULTS FROM A CROSS-SECTIONAL SURVEY

Pérez C1, Gálvez R2, Insauti J3, Martínez-Valero C4, Ruiz M4, González P5, Díaz S6, Rejas J7
1La Princesa Hospital, Madrid, Madrid, Spain; 2Virgen de las Nieves Hospital, Granada, Granada, Spain; 3Severo Ochoa Hospital, Leganés, Madrid, Spain; 4Pfizer Spain, Alcobendas, Madrid, Spain; 5Euroclin Institute, Madrid, Madrid, Spain

OBJECTIVE: Pain is associated with an important comorbidity, related with sleep problems and mood disorders. This study was aimed to describe the health status of patients according to pain severity and symptom descriptors among patients with neuropathic (NeP) or nociceptive pain (NoP). METHODS: We surveyed 133 patients with pain (85 NeP and 50 NoP) of broad origin attending three Pain Units. Patients completed the Short-Form McGill Pain Questionnaire (SF-MPQ), Health status (utility) was determined by means of the Health Utility Index Mark 3 (HUI 3, Spanish version). Present Pain Intensity item (PPI) of SF-MPQ was used to classified pain severity as mild, discomforting, distressing, horrible and excruciating, and the 15 items of questionnaire to describe descriptors of pain. A descripotor was considered absent in case of a score of 0, and present if scoring ranged from 1 to 4. Analysis of covariance models and multivariate regression were used. RESULTS: Mean (± sem) age was 62.6 ± 1.3 years (range: 22–88) and 58% were female. Eighty-seven percent were prescribed pain medications. Most reported mild (22%), discomforting (36%) or distressing (24%) pain, with 11% scoring the pain as horrible and 6% excruciating. Male and NoP patients were associated with poorer adjusted HUI 3 scores: 0.41 ± 0.04 (F = 4.22, p = 0.042) and 0.37 ± 0.04 (F = 9.75, p = 0.002), respectively. Adjusted HUI 3 scores were statistically associated with poorer PPI scoring: 0.66 ± 0.05, 0.53 ± 0.04, 0.30 ± 0.05, 0.20 ± 0.09 and 0.39 ± 0.15, respectively (F = 8.33; p < 0.001). Tiring-exhausting and punishing-cruel (affection symptoms) were both associated with lower HUI 3 scores: β-coefficients; −0.149 (p = 0.010) and −0.171 (p = 0.005), respectively. Health status was not associated with sensory symptoms descriptors. CONCLUSIONS: Present pain intensity and presence of affection symptoms were both associated with a poorer health status; the more severe the pain the more impaired the health status, and was independent of age. Male and Noci- ceptive Pain patients showed worst health status.

PSYCHOMETRIC PROPERTIES OF THE MOS-SLEEP SCALE IN NEUROPATHIC PAIN (NEP) SYNDROMES

Rejas J1, Ribera MV2, Ruiz M3, Masramon X3
1Pfizer Spain, Alcobendas, Madrid, Spain; 2Hospital Vall d’Hebrón, Barcelona, Barcelona, Spain; 3Euroclin Institute, Barcelona, Barcelona, Spain

OBJECTIVE: This work assessed the psychometric properties of the MOS-sleep scale in NeP syndromes. METHODS: Psychometric properties were tested in NeP patients enrolled in a naturalistic, prospective, multicenter study exploring the effectiveness of gabapentin for 3 months. Participants completed scales for pain (SF-McGill Pain Questionnaire), anxiety (Covi), depression (Raskin), disability (Sheehan), and HRQoL (SF-12). Feasibility, reliability, validity and sensitivity to change were measured within this study. RESULTS: Six-hundred-three patients [58.4 ± 14.4 years (65.1% female), mean +, with pain for 1.2 ± 3.3 years were included. Pain intensity in a VAS scored]SD 0–100 was 70.9 ± 19.4 and in an ordinal item 0–5 was 2.8 ± 1.1. The 10.9% of patients suffered neuropathies,
9.6% trigeminal neuralgia, 12.8% CRPS, 14.8% post-herpetic neuralgia, 19.1% entrapment neuropathies, 3.6% post-stroke pain, 2.7% phantom limb, and 26.5% others. MOS-sleep was acceptable (items with missing data <10% and floor and ceiling effects <50% per item and <15% per domain) and reliable (Cronbach’s α between 0.64 and 0.87, and test-retest intraclass correlation coefficients between 0.79 and 0.91, p < 0.001 for all cases). After adjusting by covariates, MOS-sleep was able to distinguish between sex, present pain severity, level of disability and presence of anxiety or depression: sleep-problems index scores higher in female and patients with horrible/excruciating pain, anxiety, depression and extreme disability (p < 0.05, all cases). Concurrent validity with other scales was moderate; Spearman’s rho coefficients between −0.21 and 0.57 (p < 0.01, all cases). MOS-sleep was sensitive to change after treatment with gabapentin; after adjusting, responders (baseline pain reduction >50%) showed a reduction in sleep-problems index of ~25.6 + 14.3 pts versus −12.1 + 14.5 pts in non responders (F = 80.5, p < 0.0001). Scoring reduction in summary index and sleep subscales correlated significantly with pain improvement (Pearson r-coefficients between 0.428 and 0.116, p < 0.01, all cases).

CONCLUSIONS: MOS-sleep showed good psychometric properties and was sensitive to changes in patients with Neuropathic pain.

S K I N

USING THE GENERAL PRACTICE RESEARCH DATABASE TO ESTIMATE THE INCIDENCE, PREVALENCE AND MANAGEMENT OF HYPERHIDROSIS IN THE UK

Brown B1, Odeyemi IA1, Christova L1, Aristides M1, Tilden D1

1M-TAG, a division of IMS Health Economics and Outcomes Research, London, UK
2Allergan Ltd, High Wycombe, UK

OBJECTIVES: No epidemiological data are available for hyperhidrosis (excessive sweating) in the UK, although a 2.9% prevalence rate recently was reported in a census-type study in the USA. A retrospective cohort study was designed to estimate age- and sex-specific incidence and prevalence in patients presenting to UK general practitioners over 1994–2003. Longitudinal trends including seasonality were examined and patient management was analysed in terms of prescription, referral and test rates. METHODS: The UK General Practice Research Database (GPRD) includes computerised medical records for 3 million active patients (~5% of UK population) from over 350 practices. GPRD coding dictionaries were reviewed to compile a list of hyperhidrosis-related medical codes (HMC) and prescription codes (HPC). Many HMCs and HPCs are not used exclusively for hyperhidrosis, so three cohort definitions were tested to explore their specificity and sensitivity. Prevalence was estimated by assuming that the condition is chronic with no resolution.

RESULTS: In 2003 the estimated incidence of hyperhidrosis was 0.21% (n = 4267) for patients with an HMC, and 0.08% (n = 1598) for patients with an HMC and an HPC. Incidence doubled over 1994 to 2003; was 1.5 times higher in females than males; and was 1.4 times higher in summer (Apr–Sept) than winter (Oct–Mar). Prevalence was estimated at 1.62% (32,406) in 2003. There were 2831 referrals associated with HMCs over 1994–2003, of which 986 were to pathology, 541 to general medical and only 425 to dermatology. Prescriptions for antiperspirants were written for 6324 patients, but only 713 received more than 5 prescriptions in total over 1994–2003. CONCLUSIONS: The GPRD is a useful tool to investigate the epidemiology and treatment of hyperhidrosis in the UK. Potential misclassification of cases was explored using different cohort definitions. Referral rates by general practitioners were low and relatively few patients persisted with antiperspirants.

C O S T - E F F E C T I V E N E S S A N A L Y S I S : A L D A R A ™ ( I M I Q U M O D ) C R E A M , 5% IN THE TREATMENT OF SUPERFICIAL BASAL CELL CARCINOMA IN NORWAY

Sverre JM1, Kristensen FK1, Hamel-Gariépy L2, Albrektsen T3

1PharmEcon AS, Asker, Norway; 2Laboratoires 3M Santé, Cergy-Pontoise, France; 33M Pharma, Skjetten, Norway

OBJECTIVES: The aim of this study was to assess the cost-effectiveness of imiquimod cream 5%, in the treatment of superficial basal cell carcinomas (sBCC) compared to usual care in Norway.

METHODS: The cost-effectiveness analysis was performed using a decision model, comparing imiquimod, a topical immune response modifier, with usual care in a Norwegian practice setting. Estimates of initial clearance and recurrence in sBCC are from randomized clinical trials of imiquimod and from literature reviews supplemented by assessments from structured interviews with clinical dermatologists.

RESULTS: Dermatologists reported the distribution of treatment options for sBCC in Norway as surgery (30%), cryosurgery (40%) and photodynamic therapy (30%). A weighted composite outcome of these three alternatives (usual care) was used as basis for the comparison. Adverse events and their consequences in terms of treatment costs were considered in the model.

The model estimates of initial clearance with imiquimod compared to usual care in sBCC was 94% vs. 88%. The analysis found imiquimod to be slightly more expensive per patient (NOK133 per year). The incremental cost-effectiveness ratio (ICER) for imiquimod compared to usual care was NOK1973 per recurrence avoided based on a 1-year time perspective. For individual therapy options, imiquimod dominated PDT, was more expensive but with better outcomes than cryosurgery, yet was dominated by excision surgery.

CONCLUSION: The total cost of treatment with imiquimod was marginally higher than the weighted average for usual care, but the treatment with imiquimod substantially reduced recurrence of sBCC. Similar to most other measures of effect, there are no general accepted levels for the societies’ willingness to pay for avoided recurrences of sBCC; even so, based on this analysis it is reasonable to conclude that imiquimod provides a cost-effective treatment option for sBCC in Norway.


Kósa J

Novartis Hungary, Budapest, Pest, Hungary

OBJECTIVE: To assess the costs, consequences and cost-effectiveness of Elidel (pimecrolimus cream 1%) in treatment of children with atopic dermatitis in Hungary. METHODS: A Markov model for atopic dermatitis developed by the Erasmus University (Rotterdam, The Netherlands) was adapted to the Hungarian health care settings. The model based on a double-blind, multicenter, randomized, parallel-group study. Patients were randomised (2:1) to receive pimecrolimus treatment paradigm (i.e. emollients, pimecrolimus, medium potency topical corticosteroids) or standard of care (emollients, vehicle, medium potency topical corticosteroids).

The study was conducted in children and adolescents (2 to 18 years of age). Hungarian cost vectors were calculated by linking severity of disease as defined by Investigator’s Global Assessment (IGA) to average resource use. Resource use was multiplied by drug costs and unit costs as published in official databases.

RESULTS: Pimecrolimus treatment has an