PP96 PATIENT-REPORTED OUTCOMES (PRO) IN REFRACTORY BACK PAIN: AN ANALYSIS OF THE EFFECT OF PREGABALIN IN A 12-WEEK NATURALISTIC STUDY

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Background and Aims: To analyze the effect of adding pregabalin (PGB) on PRO measures in the treatment of refractory low back pain (LBP) under routine medical practice conditions.

Methods: Post hoc analysis of adult patients with refractory chronic LBP included in a prospective, non-naturalistic, 12-week study. This analysis compared patients receiving PGB as an add-on therapy (PGB add-on) vs. subjects receiving any other analgesic pattern not including PGB (non-PGB). PRO measurements included evaluation of severity and interference of pain (Brief Pain Inventory), moods and depression symptoms (HAD scale), and quality of life (SF-12).

Results: Six hundred and eighty-three patients were analyzed: 82.6% received PGB add-on and 17.4% non-PGB. PGB add-on was associated with higher reduction in pain severity than in non-PGB, −3.4 (2.0) pts vs. 61.6% responders (≥50% baseline pain reduction) vs. −2.0 (2.1), 37.3% responders; P < 0.0001, respectively. Pain interference was also reduced more with PGB add-on: −3.3 (2.1) pts vs. −2.0 (2.3), respectively; P < 0.0001, and showed greater reduction in depression (−4.0 [4.1] pts vs. −2.1 [3.3]; P < 0.0001) and anxiety (−1.7 [1.3] pts vs. −1.9 [3.0]; P < 0.0001) symptom scores, yielding a significant improvement in quality of life; mental and physical components change were higher in PGB add-on therapy group (+7.3 [10.6] vs. +2.0 [7.4]; P < 0.0001, and +9.7 [5.8] vs. +5.8 [8.5]; P < 0.0001, respectively.

Conclusion: Compared with adding other any drug, addition of PGB to the treatment of refractory LBP seems to be associated with higher improvement in PRO measurements, including reduction of pain severity and interference and improvement of quality of life.
Results: The SDC reached 15.8 points while the optimal cut-off point (OCP) of the QIPDS was found to be 5 points (with AUC = 0.85, Sensitivity = 78%, and Specificity = 77%). A complementary ROC analysis based on the QIPDS score change expressed in % revealed OCP of 18.1% (with AUC = 0.85, Sensitivity = 72%, and Specificity = 85%). QIPDS baseline scores and the way the baseline scores are used to cluster patients influenced responsiveness and interpretability indicators.

Conclusions: This study proposes MIC values for patients with CLBP referred for multidisciplinary treatment. The baseline scores and the way to cluster patients with regard to their scores have to be taken into account while interpreting the score changes after treatment.

PB99 EPIDURAL STEROID INJECTION AS A MINIMAL INVASIVE APPROACH FOR CHRONIC SCIATIC PAIN
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Background: Regarding to the prevalence of low back pain in the community, we came to evaluate epidural steroid injection as a minimally invasive way in patients with acute radicular LBP.

Method and Materials: Forty patients were studied prospectively during one year whom referred to orthopedic clinics of Emadi Hospital with acute radicular LBP. Patients with discal herniation which were diagnosed in 6 weeks of initiation of acute pain without any response to medical therapy, entered this study.

MRI was done for all patients. Patients were scored through PROLOI assessing system. Patients were injected 40 mg of triamcinolone in combination with lidocain 2% epidurally every other day for 3 times. Patients were evaluated before, just after 3 months and 6 months later.

Results: Among all patients 62.5% were male and 37.5% were female. 40% of patients complained of paresthesia and all mentioned intermittent LBP. SLR test differed statistically before first and after the third injection (P < 0.05). Pain relief in response to epidural injection and as a result decrease in analgesic drug intake was obvious and statistically meaningful in second and third follow up (P < 0.03), but it was not the same in function and effectiveness (p > 0.03). In general after injection 27.5% of patients were fully satisfied and 62.5% were relatively satisfied.

Conclusion: Sciatic pain is more prevalent among male. There was little improvement in effectiveness and physical condition of patients after steroid injection. Pain relief happened quickly and dramatically after injection and in parallel analgesic drug application decreased obviously.

PB100 LONG-TERM EFFECTS OF A COMBINED EXERCISE AND MOTIVATION PROGRAM IN PATIENTS WITH CHRONIC LOW BACK PAIN: A FIVE-YEAR FOLLOW-UP
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Background and Aims: There is appreciable evidence of a transient positive effect of exercise in the treatment of chronic low back pain. In a study on the effects of a combined exercise and motivation program on compliance and the level of disability in patients with chronic low back pain, positive effects were still present one year after termination of supervised combined treatment. The aim of this study was to investigate the 5-year effects of the program.

Methods: Of the 93 chronic low back pain patients randomly assigned to either a standard exercise program or a combined exercise and motivation program, 56 patients were available for 5-year follow-up. The main outcome measures were disability (low-back pain outcome score), pain intensity, physical impairment (finger-tip-to-floor-distance and abdominal muscle strength), working ability, and compliance as measured based on patient reports of the number of years they continued exercising regularly after the termination of supervised treatment.

Results: Five years after study entry, there was a significant difference in favor of the motivation group with regard to the disability score (P = 0.001), pain intensity (P = 0.001), and working ability (P = 0.013). No significant differences were found in the impairment parameters. With regard to compliance, a significant difference in favor of the control group was seen (P = 0.023).

Conclusions: More than 5 years after conclusion of the combined exercise and motivation program, the positive effects on disability, pain intensity, and work ability were still present.

PB101 CHRONIC LRBP IN A DEVELOPING COUNTRY, AT AN UNDER RESOURCED STATE HOSPITAL— IS THERE A CASE FOR FIRST LINE INTERVENTIONAL PAIN MANAGEMENT?
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Background and Aims: Chronic low back pain poses a significant social and economic burden.

The literature is recommending a multidisciplinary approach involving pharmacologic, cognitive behavioral therapy, occupational therapy, physiotherapy, etc.

In our unit we apply a conservative multidisciplinary approach, however shortages of allied therapy staff, patients financial circumstances and the erratic availability of primary and secondary analgesics are frustrating and discouraging for patients and medical staff.

Methods: A retrospective analysis of data collected from our records was conducted. Parameters analyzed were the compliance with multidisciplinary modalities, availability of drugs,VAS, activity level, mood, and satisfaction with therapy. The interventional modalities that were employed in our unit were analyzed separately.

Results: We have reviewed 164 consecutive records. Parameters analyzed were quality of life, activity, mood, and VAS. The cost of multidisciplinary intervention was compared to that of interventional modalities.

Conclusion: We postulate that in the cash strapped environment of a developing country, the population suffering from chronic low back pain cannot be adequately treated following a strict multidisciplinary program.

We suggest that evidence based interventional procedures could be brought forward on the treatment ladder, allowing carefully selected interventions to become a first line treatment in our patient population.

We hypothesize that the lack of continuity of service by allied practitioners, limited choices of analgesics, shortages and unplanned withdrawal of medication and patient's financial inability to comply with multidisciplinary treatment, make a case for early interventional therapy. We analyze the outcome and financial implications of this approach.

PB102 ATTACHMENT AND PAIN
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Pain, a multidimensional phenomenon, is influenced by psychosocial and biological variables. Research in attachment theory starts from the assumption that types of attachment and the corresponding mental models of the self, of others and of the social environment are determined by early interpersonal experience. These types can provide crucial clues to