

treatment among occupational injury cases. **METHODS:** An analysis of a state-based Worker's Compensation claims data captured prescription reimbursement information of all injuries that occurred between January 1, 2001 and December 31, 2001. Payment information was followed over a 24-month period following date of injury. A prescription sequence analysis was carried out to estimate treatment incidence rates of potential addiction due to narcotic analgesic use. **RESULTS:** Of the 48,598 occupational injury cases, about 10% (N = 4644) received at least 1 narcotic analgesic (therapeutic class H3A). Average length of therapy was 183 days, with 40% of patients receiving narcotic analgesics for greater than 120 days. The majority of narcotic prescriptions were for hydrocodone (55%). Nine percent of patients received less than four different types of narcotic analgesics. From the prescription sequence analysis, we identified 65 cases who received either methadone or clonidine, medications indicated for addiction treatment or detoxification. The incidence rate of receiving treatment for narcotic withdrawal or detoxification was 14 per 1000 patients on narcotic analgesic therapy (95% CI: 10.6, 17.4). Among patients who received potential detoxification treatment, the median duration from initiation of narcotic analgesic therapy to need for withdrawal or detoxification therapy was 232 days. A Cox Proportional Hazards model identified greater risk of suspected methadone use in oxycontin treated patients compared to other narcotic treated patients (P < 0.01). **CONCLUSIONS:** To our knowledge, this is the first study that estimated the incidence rates of suspected addiction treatment due to narcotic analgesics used in the Worker's Compensation population using sequential prescription analysis. The study has implications for developing strategies to manage narcotic analgesic prescribing practices and reduce the risk of addiction among injured workers who are narcotic analgesic users.

PAIN

PAIN—Methods and Concepts

PPN11

DEVELOPMENT OF AN INSTRUMENT TO CAPTURE EASE-OF-CARE OUTCOMES IN PATIENTS TREATED WITH PCA DELIVERY SYSTEMS

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Patient Controlled Analgesia (PCA) is a common method of post-surgical pain management. The extent to which this method is optimal in terms of overall convenience, ease of use, and effectiveness of managing pain from a patient's perspective has not been determined. **OBJECTIVES:** To develop a questionnaire to measure "ease-of-care" outcomes from the perspective of patients who use PCA delivery systems for post-operative pain management. **METHODS:** We conducted qualitative interviews among a convenience sample of 15 patients who had undergone hip or lower abdominal surgery and who received intravenous (IV) PCA for their post-operative pain at Thomas Jefferson University Medical Center during June 2003. A content analysis approach was used to identify domains of relevance and generate an item pool. Content validation of the draft "ease of care" questionnaire was performed by subjects who participated in the initial interviews. Subjects were asked to rate the relevancy of each item on a scale of zero (not at all relevant) to four (highly

relevant). Each item was assessed for clarity and relevance, and revised as appropriate. Cognitive debriefing interviews to evaluate patient experiences completing the instrument were conducted with a separate sample of 10 patients from the same institution who completed the questionnaire approximately 36–48 hours post-surgery. **RESULTS:** The final Patient Ease-of-Care Questionnaire consists of 28 items and covers seven aspects associated with acute care pain management systems: control/self-efficacy, device function, mobility, quality of pain control, confidence, knowledge/understanding, and satisfaction. All items are scored on a 6-point Likert scale. **CONCLUSION:** We developed an instrument to capture "ease-of-care" outcomes among patients who use PCA delivery systems for the management of their acute pain. The instrument is currently being used in clinical trials comparing two PCA delivery systems. Psychometric properties of the instrument are currently being evaluated.

PPN12

DEVELOPMENT OF TWO INSTRUMENTS TO CAPTURE EASE-OF-CARE OUTCOMES IN HEALTH-CARE PROVIDERS WHO CARE FOR PATIENTS TREATED WITH PCA DELIVERY SYSTEMS

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OBJECTIVES: To develop questionnaires to measure "ease-of-care" outcomes from the perspective of nurses and physical therapists who manage the care of patients treated for acute pain with PCA delivery systems. **METHODS:** We conducted four focus group sessions of 8–12 participants to explore nurses' and physical therapists' experiences with patients using intravenous (IV) PCA during July 2003. A content analysis approach was used to identify general themes and specific issues and concerns associated with "ease of care" using the IV-PCA. Two item pools were generated for the development of two draft questionnaires, one from the perspective of nurses' and the other from physical therapists, to address clinical and practical problems encountered in routine care. Items were selected based on relevance to the underlying concepts, clarity of item, and the overall flow and comprehensiveness of the instruments. Subjects who participated in the focus group sessions also participated in a cognitive debriefing of the draft questionnaires. **RESULTS:** The final Nurse and Physical Therapist Ease-of-Care Questionnaires each consist of 22 items that capture aspects of care delivery associated with acute care pain management systems. All items are scored on a 6-point Likert scale. **CONCLUSION:** We developed two instruments to capture "ease-of-care" outcomes among health-care providers to be used in upcoming studies of alternative PCA delivery systems for the management of post-operative pain. The instruments are currently being used in clinical trials comparing two PCA delivery systems. Results will be used to examine the instruments' psychometric properties.

RESPIRATORY DISEASES/DISORDERS

RESPIRATORY DISEASES/DISORDERS—Clinical Outcomes Studies

PRSI

EVALUATION OF MONOTHERAPY AND COMBINATION ANTIBIOTIC TREATMENT REGIMENS FOR PSEUDOMONAS AERUGINOSA PNEUMONIA

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