

Conclusions Thermal FLIR camera is a promising and non-invasive end-point monitor to demonstrate the achievement of sympathetic block in the affected limb following sympathetic blocks.

OP014 PROSPECTIVE SURVEY OF HEALTH UTILITY STATE OF CHRONIC MIGRAINE PATIENTS TO ASSESS QUALITY-ADJUSTED LIFE-YEARS

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Background and Aims Migraine is a common neurologic disorder posing a significant economic burden from absenteeism and medical treatments. Despite its considerable disease impact, no studies have directly aimed to survey those with this disease to quantify their disease burden through validated measures. Our study aims to provide quantitative values to the significance of their disease.

Methods Standard Gamble (SG), Time Trade-Off (TTO), and Visual Analog Scale (VAS) methods were used to quantify the health utility states of those with chronic migraine to determine Quality-Adjusted Life-Years (QALY). Monocular and binocular blindness utility scores were used as controls. Mass General Brigham Human Research Committee approved the IRB protocol.

Results A total of 39 patients with migraine were included in this study, with 31 (79.5%) female. The mean age was 45.9 years (SD=11.8). TTO utility scores for monocular blindness (0.92±0.09) and binocular blindness (0.79±0.17) compared to chronic migraine (0.73±0.26) showed they are significantly worse than monocular blindness ($p < 0.01$) and trended toward significance for binocular blindness ($p=0.23$). Given that the cited mean United States population utility for 45 – 54-year-olds is 0.82, migraine resolution would cause a 0.09 increase in healthy utility annually. This provides a calculated cost-effective threshold for a potential treatment of \$279,000 per person over the remaining average lifetime, assuming a \$100,000 willingness to pay per QALY.

Conclusions Our study is the first to systematically survey patients with migraine to present descriptive statistics to quantify the significance of their disease. Further studies are needed to quantify the quality-of-life improvement that occurs with various migraine treatments.

OP015 ULTRASOUND-GUIDED CERVICAL SELECTIVE NERVE ROOT BLOCK VERSUS FLUOROSCOPY-GUIDED INTERLAMINAR EPIDURAL INJECTION FOR CERVICAL RADICULAR PAIN: A RANDOMIZED, BLINDED, CONTROLLED STUDY

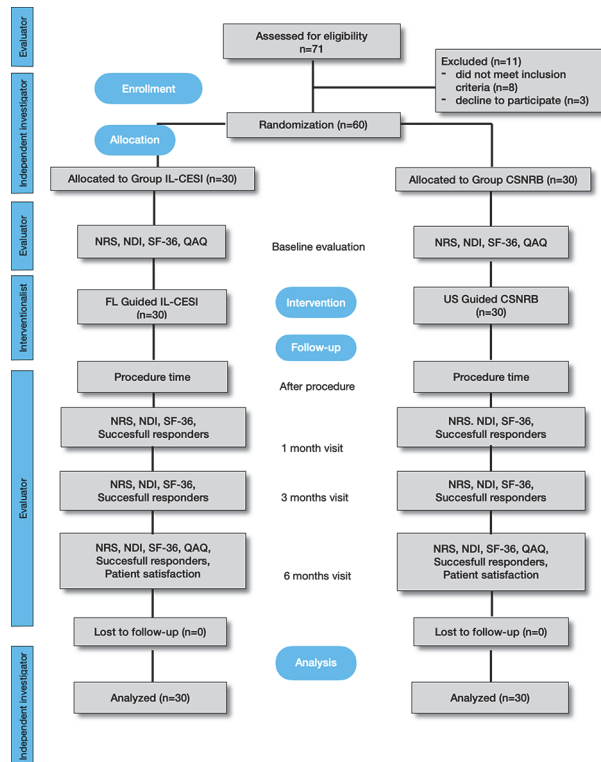
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Background and Aims Cervical radicular pain is a major problem throughout the world. Generally, when conventional treatments such as oral medications and physical therapy have failed, epidural injections are recommended. The controversy regarding the most optimal technique for cervical radicular pain persists due to safety concerns. Recently, there has been a shift from fluoroscopy (FL) to ultrasound (US) to guide interventional procedures.



Abstract OP015 Figure 1 Flowchart of the study