poor, very poor). In addition the treatment preference with regard to the prior analgesic treatment and the quality of life (SF-36) has been documented. Regarding the safety unexpected events and vital parameters have been documented.

Results 59% of the patients were treated for 12 months, 41% discontinued treatment earlier (5% because of inadequate effect, the rest for other reasons). The primary target parameter of subjective weekly assessment of pain control was consistently rated very good to moderate (50 to 80%). 77% of patients preferred fentanyl TTS to the former opioid therapy. There was a significant improvement in SF-36 (quality of life) after 12 months in terms of physical pain, mental health, average pain intensity and pain frequency. The mean fentanyl TTS dose was 67 µg/h in month 1, 90 µg/h in months 6 and 97 µg/h in month 12. The most frequently reported adverse reactions caused by fentanyl TTS (>10%) were nausea, vomiting, headache, increased perspiration, constipation, drowsiness, fatigue, dizziness and depression.

Conclusion In this trial patients with chronic, therapy-resistant back pain showed benefit of a treatment with fentanyl TTS. There was not only pain reduction but also improvement in quality of life over a period of one year. At the same time the dosage of fentanyl remained stable. The success of this pain therapy may offer the possibility to initiate a causal therapy like physiotherapy. Fentanyl TTS offer stable pain control for failed back surgery syndrome patients and improves their quality of life. It is safe and well tolerated.

FRI0240 LASER NUCLEOLYSIS FOR THE TREATMENT OF LOMBOSCIATICA. RESULTS IN A COHORT OF 30 PATIENTS WITH A 6 MONTHS FOLLOW UP

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Background Since 1986, laser is used for percutaneous treatment of discal herniation. Due to a thermic effect, it infers an evaporation of the nucleus pulposus and allows a discal decompression that seems to be responsible for the improvement of the patients.

Objectives To estimate the efficacy of the laser nucleolysis on pain, functional incapacity and quality of life of patients suffering of lumbosciatica due to discs herniation.

Methods Thirty patients suffering from lumbosciatica due to a disc herniation for more than three months were selected on clinical and radiological criteria. All were not relieved although they underwent a well-driven medical treatment. They were treated with percutaneous way with a laser diode 940 nm. All were followed prospectively for six months by an examiner different from the operator. Evaluation criteria consisted of level of lumbar and radicular pain (VAS), level of functional incapacity (Oswestry) and quality of life (SF-36).

Results 30 patients were included in this study. 6 months after the intervention 23 of them (76.6%) were relieved of their radicular pain (EVA < 20%). Lumbar pain and level of functional incapacity decreased whereas the quality of life increased. The patients who failed to improve three months after the procedure (23.4%) were all relieved later after a surgical discectomy.

Conclusion Laser nucleolysis allows a significant decrease at month 6 of pain, functional incapacity and an increase of the

quality of life in a group of selected patients suffering from lumbosciatica resistant to the medical treatment.

FRI0241 LUMBAR LORDOSIS IN ACUTE AND CHRONIC LOW BACK PAIN PATIENTS

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Objectives Low back pain (LBP) is a major health problem affecting the adult population. Postural changes are one of the risk factor in some cases. Abnormal posture makes a strain on ligaments and muscles that indirectly affects the curvature of lumbar spine. The purpose of this study was to investigate the relationship between the angles of lumbar spine and spinal mobility in acute and chronic LBP patients.

Methods Fifty patients (25 female, 25 male) with chronic Low Back Pain (CLBP) and fifty patients (30 female, 20 male) with acute low back pain (ALBP) were included the study. Both groups were subjected to lumbosacral radiography in lateral position while they were standing. Measurements were made directly from the radiographs. Patients were assessed by parameters such as spinal mobility, sacral inclination angle, lumbosacral angle and sacral horizontal angle. Spinal mobility included lumbar spinal flexion and extension and measured by double inclinometer method.

Results There were no statistical differences between age and gender in both groups ($p > 0.05$). The value of the SIA was significantly increased in CLBP patients compared to ALBP group. It was also correlated with lumbar extension in CLBP patients ($p < 0.005$). There was no statistical difference in LSA between ALBP and CLBP groups ($p > 0.05$). There was also no observable difference between two groups and no correlation with lumbar flexion and extension for men and women ($p > 0.05$).

Conclusion The weakness of these muscles may cause a forward posture and an increase in lumbar lordosis. Additional researches should be helpful to confirm the relationship between the angles of lumbar spine and low back pain.

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FRI0242 A LARGE MULTICENTRE COMPARATIVE EFFICACY, TOLERABILITY AND QUALITY OF LIFE TRIAL BETWEEN TTS FENTANYL AND SUSTAINED RELEASE MORPHINE, IN STRONG-OPIOID NAÏVE PATIENTS WITH CHRONIC LOW BACK PAIN

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Background Low back pain is a common condition affecting approximately 80% of the population during their lifetime.¹ It is not only a leading cause of disability in developed countries, but is also the most costly biopsychosocial chronic pain condition in