

patients receiving 45 mg and 76.9% of those receiving 90 mg experienced a reduction of 5 points in DLQI score, signifying an important difference, compared with 21.4% for placebo (each  $p < 0.001$  versus placebo). All DLQI scores improved from baseline to Week 12 in each active treatment group compared with placebo (each  $p < 0.001$  versus placebo). Improvements were observed in clinical parameters, HADS, and WLQ. **CONCLUSION:** Ustekinumab resulted in significant and clinically meaningful improvements in QOL within 1 month after starting treatment; improvements at Week 12 were maintained through Week 24. Improvements were also observed in anxiety, depression, and work limitations.

**PSS31****ASSESSMENT OF QUALITY OF LIFE IN DAILY CLINICAL DERMATOLOGICAL ROUTINE: QUESTIONNAIRES AND CHECKLIST**

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**OBJECTIVE:** Patient-reported outcome measures, in particular those evaluating health-related quality of life (HRQoL), have been proposed as a mean of facilitating doctor-patient communication. While these measures are commonly included in clinical research studies, their use in clinical practice is still quite limited. Our objective is to assess HRQoL in a dermatological clinic daily routine and to develop an appropriate and effective reporting tool for health personnel. **METHODS:** First phase: patients were invited to complete the Skindex-29, GHQ-12, and SF-36 questionnaires. Scores were returned to the clinical staff. Second phase: the patients' medical records were reviewed to verify which issues (e.g., pain, itch, bleeding, sleep loss, functional limitations, fatigue) highlighted by the questionnaires were recorded/neglected by physicians. Third phase: we developed a check list (presence/absence) of symptoms, emotions or functional problems to be filled by health personnel to complete the routine clinical records. **RESULTS:** For 170 participants (63% males, 35% age > 64 years), feedback forms were provided within three hours from data collection. We analyzed data for 126 patients with the most common conditions: psoriasis (n = 40), dermatitis (n = 30), leg ulcers (n = 13), pemphigus (n = 22), cutaneous lymphoma (n = 21). Overall, sensitivity of medical records in identifying patients' problems ranged from zero for most issues (including sleep loss, sex life, bleeding), to 3% for burning, 10% for depression, 15% for pain, and 35% for itching. A 30-item checklist (a synthesis of the three questionnaires) was developed and tested in 100 patients who completed their Skindex-29 questionnaire. The sensitivity and specificity of physicians' records increased for each issue, ranging from 7% (humiliation) to 81% (itching). **CONCLUSION:** The routine assessment of HRQoL in dermatology is feasible. The checklist induced the staff to report on medical records often-neglected patients' problems. The checklist increased substantially the sensitivity of physicians in identifying patients' problems.

**PSS32****QUALITY OF LIFE AND PSYCHOLOGICAL DISTRESS IN PATIENT WITH CUTANEOUS LYMPHOMA**

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**OBJECTIVE:** Cutaneous lymphomas may have a profound impact on patients' health-related quality of life (HRQoL) and psychological well-being. A detailed investigation of HRQoL, analyzing its correlation with clinical variables and biological

parameters, has not been done before. **METHODS:** The study population consisted of patients with cutaneous T-cell (CTCL) or B-cell lymphoma (CBCL), consecutively recruited in the outpatient and the inpatient clinics of an Italian hospital. Data was collected using a dermatology-specific questionnaire, the Skindex-29 (symptoms, emotions, and functioning scales), and an oncology-specific questionnaire, the EORTC QLQ-C30 (15 scales, concerning physical and emotional aspects). **RESULTS:** Of 95 patients, there were 24 patients with CBCL, 59 with mycosis fungoides (MF), and 12 with Sézary syndrome (SS). The most frequent problems appearing from the EORTC QLQ-C30 analysis were fatigue, pain, and insomnia. The differences among histotypes were particularly high in the global health status and emotional functioning scales, with a worse HRQoL in patients with SS, followed by MF, and CBCL. HRQoL impairment in all histotypes was higher in women than in men, in patients with probable anxiety or depression, and when the disease worsened. The multivariate analysis of the independent role of each variable confirmed these results. The highest prevalence of probable anxiety or depression was observed in patients treated with systemic steroids (60%) and interferon (50%). **CONCLUSION:** The detailed evaluation of HRQoL and psychological problems in patients with cutaneous lymphomas, and their relationship with clinical variables, may give important information on the course of the disease as well as the possible effect of treatment.

**PSS33****INTERNATIONAL DEVELOPMENT OF THE FIRST QUALITY OF LIFE INSTRUMENT SPECIFIC TO COSMETOLOGY AND PHYSICAL APPEARANCE: THE BEAUTYQOL INITIATIVE**

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**OBJECTIVE:** To develop an internationally validated Quality of Life (QoL) instrument specific to cosmetology and personal appearance. This instrument will allow to measure the impact of the use of cosmetic products in various QoL dimensions. **METHODS:** Several studies have demonstrated the positive impact of cosmetic products in dimensions. However, no specific instrument exists to assess the main QoL dimensions in the general population of cosmetic users. The BeautQoL questionnaire is designed to be a multi-dimensional, self-administered QoL questionnaire developed simultaneously in 13 countries. The questionnaire focuses on concerns identified by users using cosmetic products or cosmetic techniques. Semi directive interviews were carried out simultaneously in 10 countries with a total of 309 users by clinical psychologists in France (32), UK (18), Germany (46), Spain (27), Sweden (19), Russia (16), USA (53), Brazil (32), Japan (48), and China (18). Interviews have been audio or video recorded and reported in a standard format report. Interviews were analyzed both semantically and using text-mining techniques (Alceste software). **RESULTS:** From the analysis of the 10 interview country reports, 61 items were selected leading to 61 questions in the prototype questionnaire describing major domains such as well being, self esteem, social life, love life, sexual life, confidence, happiness, image, status, emotion, seduction, success, vitality, charisma, motivation, joy, fun, dignity, etc. Three additional countries joined the project (India, South Africa and Italy). The acceptability study is currently in progress with 650 users. The planned validation study

will include a minimum of 2600 users worldwide. **CONCLUSION:** BeautyQol is the first and, to date, the only user centered instrument specific in cosmetology that is being developed simultaneously in 13 countries. BeautyQol is going to be a very valuable tool for national and international assessment of various cosmetic strategies.

**PSS34****QUALITY OF LIFE IN PATIENTS WITH VITILIGO. USE OF SINGLE ITEM ANALYSIS**

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Quality of life (QoL) in patients with dermatological conditions is evaluated using generic and specific instruments. Even though these instruments are created to give as a result one or more total scores, the analysis of the answers to the single items may give important information on QoL impairment of patients. **OBJECTIVES:** To investigate the QoL of patients with vitiligo, also analyzing single questions from a QoL instrument. **METHODS:** Single items from the Skindex-29 questionnaire, a QoL dermatology-specific instrument, were analyzed in 181 patients with vitiligo. Answers to the Skindex-29 items were given on a 5-point scale, from "never" to "all the time". **RESULTS:** The QoL problems more frequently experienced often or all the time were: worry of the disease getting worse (60%) or being a serious condition (40%), anger (37%), embarrassment (34%), depression (31%), affect on having social life affected (28%), and shame (28%). The association of QoL impairment with the probable presence of depression or anxiety, evaluated using the 12-item General Health Questionnaire (GHQ-12), was very strong for all the items, and remained significant also when taking into account simultaneously gender, age, clinical severity, family history, and localization of vitiligo. **CONCLUSION:** The answers to single items from a dermatology-specific quality of life questionnaire may provide clinicians with relevant additional information on the physical and mental health status of patients.

**PSS35****THE IMPACT OF GLAUCOMA ON QUALITY OF LIFE: COMPARISON WITH THE CHRONIC DISEASES OSTEOPOROSIS, TYPE 2 DIABETES MELLITUS, AND DEMENTIA**

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**OBJECTIVE:** Chronic diseases have a long-term negative impact on quality of life (QoL). Few studies have investigated the impact of glaucoma on patients' QoL in comparison to other chronic diseases observed in patients with similar demographics. We performed a systematic literature search to assess QoL in glaucoma, osteoporosis, type 2 diabetes mellitus, and dementia. **METHODS:** We searched MEDLINE, BIOSIS, EMBASE, and Cochrane databases. **RESULTS:** A total of 146 QoL publications were identified (some reported >1 instrument): Short-Form Health Survey [SF]-36 was used in 77 (glaucoma = 8; osteoporosis = 25; diabetes = 40; dementia = 4), SF-12 in 19 (glaucoma = 1, osteoporosis = 5, diabetes = 9, dementia = 4), SF-20 in 7 (glaucoma = 1, diabetes = 6), EuroQol EQ-5D in 29 (glaucoma = 2; osteoporosis = 9; diabetes = 9; dementia = 9), Sickness Impact Profile (SIP) in 6 (glaucoma = 2; osteoporosis = 1; diabetes = 3, dementia = 0), and Health Utilities Index-Mark III (HUI-III) in 17 (glaucoma + diabetes = 1; diabetes only = 11; osteoporosis = 3; dementia = 2). Similar trends were observed across studies using SF-36, -12 or -20: social functioning domains were affected least, and physical domains affected most

in glaucoma. In general, QoL was affected to a similar degree in all diseases. By EQ-5D, in glaucoma, utility decreased with increasing glaucomatous damage. The highest mean values using EQ-5D were similar across all four diseases; mean overall utility scores were generally slightly lower (QoL impacted more) in osteoporosis, diabetes and dementia than glaucoma. Mean SIP scores increased (QoL decreased) with increasing severity of glaucoma. Total SIP scores for glaucoma were similar to those for diabetes. By HUI-III, QoL impact also was similar in glaucoma and diabetes. **CONCLUSION:** QoL in glaucoma decreases with increasing disease severity; physical domains are affected more than social domains. Although there are limited published QoL studies in glaucoma, its impact on QoL appears to be broadly consistent with other serious chronic diseases. Further efforts towards diagnosing and treating glaucoma, to reduce financial burden on health care systems and society, are warranted.

**PSS36****COMPARISON OF THE QUALITY OF LIFE IMPACT OF PERIPHERAL VISION LOSS VERSUS CENTRAL VISION LOSS**

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**OBJECTIVE:** Vision disorders have a negative impact on quality of life (QoL). While the impairment of QoL in central-vision loss (CVL) disorders, e.g. age-related macular degeneration (ARMD), is widely acknowledged, the QoL impact of peripheral-vision loss (PVL) disorders, e.g. glaucoma, is less well-known. We performed a systematic literature search to assess the effect on QoL of PVL versus CVL. **METHODS:** We searched MEDLINE, BIOSIS, EMBASE, and Cochrane databases. **RESULTS:** A total of 87 publications were identified (some reported >1 instrument): Short-Form Health Survey (SF)-36 was used in 23 (PVL = 2; CVL = 21), SF-12 in 6 (PVL = 1; CVL = 5), National Eye Institute Visual Function Questionnaire (NEI-VFQ)-51 in 11 (PVL = 4; CVL = 7), NEI-VFQ-39 in 9 (PVL = 1; CVL = 8), NEI-VFQ-25 in 36 (PVL = 11; CVL = 25), EuroQol EQ-5D in 3 (PVL = 1; CVL = 2), Visual Function-14 (VF-14) in 20 (PVL = 1; CVL = 19), Sickness Impact Profile (SIP) in 4 (PVL = 2 [1 study]; CVL = 2), and Impact of Vision Impairment (IVI) in 1 (including 3 diseases: glaucoma, retinopathy [PVL] and ARMD [CVL]). By SF-36, vitality was impacted most in PVL. By SF-36 and SF-12, generally, mental health domains were affected more in PVL than CVL; physical domains were affected most in CVL. Mental aspects of QoL were affected more in PVL than CVL in all NEI-VFQ studies; ARMD and glaucoma impacted different domains. QoL was generally lower in glaucoma than ARMD, although results varied amongst studies. By EQ-5D, QoL in PVL and CVL were similarly affected. By VF-14 and SIP, CVL impacted QoL slightly more than PVL. By SIP, psychosocial and physical domains were affected equally in PVL. In the IVI study, PVL affected QoL slightly more than CVL (except glaucoma on the social scale). **CONCLUSION:** Results showed in general, PVL and CVL disorders have a significant impact on QoL. More QoL research towards better understanding patients' concerns with their PVL and CVL disorders are warranted.

**PSS37****MAPPING THE DERMATOLOGY QUALITY OF LIFE INDEX (DLQI) TO HEALTH-RELATED UTILITY VIA THE SF-12 IN SUBJECTS WITH ECZEMA**

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**OBJECTIVE:** The purpose of this study was to conduct a statistical mapping between patient reported disease-specific quality of