and/or from an employed person (33.0% versus 20.9%) and consumed more antidepressant drugs than patients with mild psoriasis (20.1% versus 7.8%). Mean individual cost of the disease was estimated to be €543/year/patient. **CONCLUSIONS:** This study is the first in France to explore the impact of psoriasis on different perspectives. Our results show that psoriasis, particularly severe psoriasis, is a true burden for patients and impacts significantly everyday life and patient economical resources.

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CAN WE RELY ON SCORES FROM THE DERMATOLOGY LIFE QUALITY INDEX?

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OBJECTIVES: The Dermatology Life Quality Index (DLQI; 10 items) is a generic dermatology health-related quality of Life (HRQoL) measure that is the most commonly used in dermatology. Despite its popularity little research has been conducted into the dimensionality of the questionnaire. The purpose of this study was to examine its scaling properties and establish whether it is unidimensional. **METHODS:** DLQI data were combined from two studies; one involving people with psoriasis and the other patients with atopic dermatitis. Item Response Theory was used to determine; overall fit to the Rasch model, individual item fit, targeting of scale to severity of respondents, functioning of response categories and the presence of Differential Item Functioning (DIF) by disease, age or gender. **RESULTS:** The sample included 146 psoriasis patients (male 50%, mean age = 44.2 range = 17–83 years) and 146 atopic dermatitis patients (male 50%, mean age = 45.5, range = 20–82 years). The DLQI misfit the Rasch model (Chi^2 = 63.38, df = 40, p = 0.01). Item 2 misfit the Rasch model and items 5 and 7 showed borderline misfit. Items 4, 6, 7, 8 and 9 had disordered response thresholds indicating that these did not work in a logical way. Results showed a lack of spread in the measurement of HRQoL with too few items covering either milder or more severe levels of HRQoL. DIF by disease was shown in items 4 and 7 and DIF by age in item 10. After removal of item 2 and rescoring the response categories the DLQI still misfit the Rasch model (Chi^2 = 54.92., df = 36, p = 0.02). **CONCLUSIONS:** The results of the Rasch analysis showed there were several problems with the scaling properties of the DLQI and that little confidence can be placed in raw scores generated from the scale. These problems need to be addressed before the QLDS can be considered a valid and useful outcome measure.

PSS41

DEVELOPMENT AND ACCEPTABILITY OF A NEW INTERNATIONAL QUALITY OF LIFE INSTRUMENT SPECIFIC TO PHYSICAL APPEARANCE: BEAUTYQOL

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OBJECTIVES: Many studies have observed the impact of physical appearance on Quality of life (QOL) but no specific instrument has been validated at an international level. Our objective was to develop such an instrument and to test its acceptability across a broad spectrum of cultures. The BeautyQol is a multidimensional, self-administered QOL questionnaire specific to cosmetology and physical appearance. **METHODS:** Semi directive interviews were conducted by clinical psychologists simultaneously in 10 countries in 309 subjects, men and women aged 18 to 70. In the second phase of development, an acceptability study in 13 countries representing 16 cultures was conducted on 874 subjects in France, UK, Germany, Spain, Sweden, Italy, Russia, USA, Brazil, Japan, India (Hindi and English) China and South Africa (Zulu, Sotho and English). Statistical techniques include Kappa tests, Kendall correlations and Principal Component analyses **RESULTS:** From the item generation phase, 62 questions were selected in 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. General acceptability was very good according to the very low rate of no answer. Mean time duration was 11 minutes to complete the 62 questions and 3 open questions (median: 9 **min). Item** reduction analyses led to a 48 questions. The next study currently underway is a global validation study involving a minimum of 3200 subjects worldwide. **CONCLUSIONS:** BeautyQol is the first user-centered instrument specific in physical appearance that is being developed simultaneously in 13 countries. BeautyQol will be a valuable tool for national and international assessment in Dermatology, Cosmetic surgery, and Cosmetology. It is anticipated that BeautyQoL will be a useful instrument for the measurement of QoL as affected by cosmetic products, techniques and agents that alter physical appearance of disease.

SENSORY SYSTEMS DISORDERS – Health Care Use & Policy Studies

PSS42

INTERVENTIONAL PROCEDURES IN GLAUCOMA: RESOURCES AND COSTS IN FIVE EUROPEAN COUNTRIES

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OBJECTIVES: Despite increasing medical management of glaucoma, interventional procedures remain a substantial part. This study in 5 countries (France, Germany, Spain, Italy and England) aimed to estimate the annual number and costs of glaucoma operating procedures (surgery and laser). **METHODS:** Analysis of the available Diagnosis Related Groups (DRG) national health care databases was performed. Both inpatient stays and ambulatory care in hospitals were selected on the basis of specific DRG and diagnosis codes. Standard costs were applied. **RESULTS:** There are large variations in the number of glaucoma-related hospitalizations reported. Germany and France had the highest numbers at 46,191 and 19,784 respectively. England, Italy and Spain had 7,741, 4,135 and 2,210 stays annually in that order. Databases for Italy and Spain, however, were not nationally exhaustive. Of these figures, 26,827 procedures included combined cataract-glaucoma coding in Germany and 6,656 in France. These figures on in-hospital were over the last 3 year stable in Italy, France and England, Spain whereas there is an upward trend in Germany. Outpatient treatments were only reported in England, an additional 3,340 procedures. Severe or more complex procedures involving surgery account for an estimated 46%, 93%, 67%, 23%, 89% in Germany, France, England, Italy, and Spain respectively. The corresponding average costs are €1972, €1469, €2246, €1946, and €2683. Of these. Day-Hospitalization in Italy account for 37% at a cost of 1085€ while stays of less than 2 days in France account for 49% of all severe cases at a cost of 1009€. Total cost estimates are estimated at 65 million € in Germany, 28 million € in France and 6 million £ in England. **CONCLUSIONS:** Available national health care databases have different coding.. Cost among severe interventions are comparable across countries. Short length of stay DRGs have a lower cost. Further studies including outpatient settings are needed.

PSS43

EVALUATION OF THE IMPLEMENTATION OF UK NATIONAL GUIDANCE ON THE USE OF BIOLOGICS IN SEVERE PSORIASIS

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OBJECTIVES: To check clinical compliance with guidance specified by NICE Technology Appraisals 103 (etanercept & efalizumab[1]), 134 (infliximab[2]) and 146 (adalimumab[3]). **METHODS:** A retrospective audit of medical records of patients treated with biologics for psoriasis, since issue of relevant NICE guidance in 6 UK Dermatology centres. The audit was conducted between December 2008 and February 2009 in accordance with a standardised protocol and data collection form, with local management approval to release anonymised data for pooled analysis. **RESULTS:** A total of 173 courses of biologic treatment (in 149 patients) were included in the audit. PASI and DLQI were recorded at initiation of 96% (n = 166) of treatments. Biologics were initiated for appropriately severe disease in 92% of cases (n = 159) and only after failure, intolerance or contra-indication to standard systemic therapies in 98% (n = 170) of cases. In 69% (n = 120) of cases, PASI and DLQI were recorded at the appropriate review dates (10, 12 or 16 weeks, depending on biologic). Etanercept was prescribed at the licensed dose of 50 mg weekly in 92% of cases (n = 120) but was discontinued appropriately in responders before week 24 in only 6.5% (n = 3 of 45). Only 37% of cases with an inadequate response to biologics at the appropriate review date (n = 50 of 135), had therapy withdrawn. **CONCLUSIONS:** In the 6 sites audited, compliance with national guidance was entirely appropriate for the commencement and dosing of biology therapy. However, the requirement to discontinue etanercept in responders was rarely followed. Similarly, discontinuation of biologics in non-responders was not routine practice. These results indicate that despite guidance to the contrary etanercept is used continuously in practice in these specialist centres. This may indicate a reluctance of both patients and clinicians to withdraw an at least partly effective therapy in these refractory patients. Review of this aspect of NICE guidance may be warranted.