ranged between €9.44 (UK) and €121.17 (Sweden); mean direct non-medical costs were ≤€2.85/episode. Indirect costs contributed significantly to the total cost/episode in Italy (81.4%; €91.14), UK (79.8%; €37.55), Germany (60.0%; €26.74) and Sweden (59.5%; €182.07), whereas indirect costs contributed only 14.7% (€3.54) in Spain, where the value associated with absence from work/school was low. **CONCLUSIONS:** AOM was associated with substantial economic burden in these European countries. The cost per episode and the contribution of direct/indirect costs varied between countries, potentially reflecting socio-economic differences and variation in AOM management.

PSS38

3-D STUDY - DESCRIPTION OF THE CARE OF THE DENTAL PAIN

Wierzba C[1], Auges M[2], Watt M[3], Taieb C[2]
[1]*Dentist, PARIS, France,* [2]*PFSA, Boulogne Billancourt, France,* [3]*PFOC, Castres, France*

OBJECTIVES: Highlight the action of two analgesics combining paracetamol and codeine (Klipal 600® and EfferalganDafalgan Codeine®), with a minimum of 50 mg of codeine at a time. **METHODS:** Multicentre, longitudinal, prospective, observational study, performed in metropolitan France from data collected by the dental surgeons that have accepted to participate in it. **RESULTS:** A total of 105 patients were included. Klipal 600® was prescribed for 76 of them versus 24 for the other group. 56.2% of the patients are women. The average age is 45.57 + 14.64. The measurement of the average pain intensity, evaluated each day over a 6 day period by a VAS, shows an insignificant difference at the inclusion between the 2 groups ($p = 0.23$). But, contrary to the Efferalgan/Dafalgan codeine® group, the score differential for the pain intensity is statistically significant between Day 1 and Day 2 with the Klipal 600® group and the improvement is significant up to the fourth day. The pain qualification was evaluated by the Saint Antoine pain questionnaire (abbreviated format) bearing on 16 sensory and emotional qualifiers specifying the description of the pain experienced. The difference is not significant between the 2 groups at the inclusion ($p = 0.09$), then it is observed that the pain qualification score is reduced beginning on the second day for the 2 groups. For the 2 groups, it is observed that the average number of tablets is in the order of 2.3 during the first 48 hours with a similar progressive decrease up to the sixth day. The prescription of one tablet at a time for the Klipal® is an advantage for the follow up of the treatment and its effectiveness. **CONCLUSIONS:** In reality, this study demonstrates a quicker improvement in pain in the Klipal® group, also associated with reduced consumption of the treatment and a better effectiveness.

PSS39

ASSESSMENT OF THE HEALTH STATUS USING THE 12-ITEM MEDICAL OUTCOMES STUDY SHORT FORM (SF-12) QUESTIONNAIRE (2578 DERMATOLOGICAL OUT-PATIENTS)

Tabolli S, Pagliarello C, Paradisi A, Spagnoli A, Sampogna F, Abeni D
IDI IRCCS, Rome, Italy

OBJECTIVES: To assess whether the SF-12 questionnaire could yield a valid description of the health status of a large number of dermatological out-patients. **METHODS:** The SF-12 and the 12-item General Health Questionnaire (GHQ-12) were utilized. Questionnaires were self-completed by the out-patients in the waiting rooms of a dermatological hospital. At the end of the visit the dermatologists recorded the diagnosis and the evaluation of the clinical severity. **RESULTS:** Data were complete for 2.578 patients. We observed a reduction in the Physical Component Summary score (PCS-12) with increasing age, while the Mental Component Summary score (MCS-12) was stable. PCS-12 and MCS-12 scores were worse in women. For the MCS-12 scores, the lowest mean values were seen in the group of patients with dermatitis, and were dramatically lower in almost all the diseases observed compared to the scores reported for non-dermatological conditions and to the normative values. 23% of patients were identified as GHQ-12 positive. GHQ-12 positives had lower PCS-12 and MCS-12 scores compared to GHQ-12 negatives (mean values, PCS: 48.3±4.8 vs. 44.5±6.5; MCS: 43.9±6.7 vs. 39.4±7.0, respectively). PCS-12 and the MCS-12 mean values were lower for GHQ-12 "cases" in all diseases, independently from the level of clinical severity of the disease. **CONCLUSIONS:** The impact of the dermatological diseases is dramatically high for the mental components of the health status; the mean values of MCS-12 were very low, and when compared to other relevant conditions only tumours and nervous system diseases showed lower values. The use of the generic SF-12 and GHQ-12 questionnaires allowed to have a clear picture of the health status of dermatological patients, to compare different diseases within the dermatological specialty, and to make comparisons between skin conditions and other non-dermatological diseases.

PSS40

THE EFFECT OF ACUTE OTITIS MEDIA IN CHILDREN ON PARENTS' QUALITY OF LIFE: DEVELOPMENT AND VALIDATION OF A QUESTIONNAIRE IMPLEMENTED IN A PROSPECTIVE OBSERVATIONAL COHORT STUDY IN EUROPE

Liese JG[1], Giaquinto C[2], Silfverdal SA[3], Carmona A[4], Larcombe J[5], Garcia-sicilia J[6], Fuat A[7], Muñoz Hiraldo E[8], Arroba basanta ML[9], Sloesen B[10], Vollmar J[11], Holl K[10], Pirçon JY[10], Rosenlund M[10]
[1]*University Children's Hospital, Würzburg, Germany,* [2]*University of Padova, Padova, Italy,* [3]*Umeå University, Umeå, Sweden,* [4]*Instituto Hispalense de Pediatria, Sevilla, Spain,* [5]*Harbinson House Surgery (Sedgefield) and University of Durham, Durham, UK,* [6]*Hospital Materno-Infantil Universitario La Paz, Madrid, Spain,* [7]*Carmel Medical Practice (Darlington) and University of Durham, Durham, UK,* [8]*Health Centre Dr Castroviejo, Madrid, Spain,* [9]*Universidad Autónoma de Madrid, Madrid, Spain,* [10]*GlaxoSmithKline Biologicals, Wavre, Belgium,* [11]*GlaxoSmithKline GmbH & Co. K.G., Munich, Germany*

OBJECTIVES: Acute otitis media (AOM) is one of the commonest paediatric bacterial infections and is often recurrent. AOM may impact upon parents' quality of life (QoL), but there are currently no validated tools devoted specifically to measuring this impact. **METHODS:** An AOM-specific questionnaire was developed, based on a published questionnaire measuring the effect of children's recurrent ear, nose and throat infections on parents' QoL. Fourteen AOM-related questions were grouped into three scores: emotional score (ES; eight items), daily disturbance score (DDS; six items) and total score (TS; 14 items). A fifteenth generic question assessed overall quality of life (global score; GS). Responses were measured using a five-point Likert scale; higher scores indicate greater impact on QoL. Validation of the questionnaire followed a standard procedure for QoL tools, with multitrait analyses and internal consistency reliability using Cronbach's alpha. The tool was applied in a large, prospective, observational cohort study including 5882 healthy children aged <6 years enrolled from 73 medical practices in Germany, Italy, Spain, Sweden and the UK, 1113 of whom experienced a total of 1419 AOM episodes during follow-up. **RESULTS:** The questionnaire was completed for 1063 episodes (75%). The item convergent and discriminant validity criteria were met successfully. The homogeneity and satisfactory consistency of the GS showed correlations between 0.4 and 0.6 for 12 items. The internal consistency reliability of the questionnaire was assessed as "good" or "excellent". All scores had a mean around 30/100 (ES: 30.49 [SD: 20.30]; DDS: 29.35 [SD: 21.99]; TS: 30.00 [SD: 19.37]; GS: 30.02 [SD: 26.24]) and increased significantly with AOM severity, assessed by parents using a faces scale tool (AOM-FS). **CONCLUSIONS:** An AOM-specific parental QoL questionnaire was successfully developed and validated, demonstrating good performance across five European countries. Correlation was observed between AOM severity and QoL scores.

PSS41

IMPACT ON QUALITY OF PATIENTS WITH ACTIVE AND INACTIVE PSORIASIS IN SPAIN

Dauden E[1], Herrera E[2], Puig L[3], Sánchez-Carazo JL[4], Toribio J[5], Caloto MT[6], Nocea G[6]
[1]*Hospital Universitario La Princesa, Madrid, Spain,* [2]*Hospital Universitario Virgen de la Victoria, Malaga, Spain,* [3]*Hospital de la Santa Creu i Sant Pau, Barcelona, Spain,* [4]*Hospital General Universitario de Valencia, Valencia, Spain,* [5]*CHU Santiago; Hospital Gil Casares, Santiago de Compostela, Galicia, Spain,* [6]*MSD Spain, Madrid, Spain*

OBJECTIVES: Estimate the impact of psoriasis on quality of life of patients according to clinical features of the disease. **METHODS:** Patients ≥18 years with a diagnosis of plaque psoriasis. Variables: demographic and clinical data, health status perceived by the patient and quality of life (QoL) questionnaires specific for psoriasis: PDI (15 items with 4 response options, and overall result from 0=minimal impact to 45=maximum impact) and PSO-LIFE (20 items, with a timeframe of 7 days, are answered on a 5-point Likert scale (from "Always" to "Never") and the overall result ranging from 0= maximum impact to 100=minimal impact). **RESULTS:** A total of 304 patients were included (182 with active-psoriasis and 122 with inactive-psoriasis), mean age 44 (SD=15) years and 56% men. The mean time from psoriasis diagnosis was 18 years (SD=12), the mean weight 76 (SD=16.5) kg, the PASI index was 17 (SD=7.4) for active-psoriasis and 5.6 (SD=5.3) for inactive-psoriasis; 47% of active-psoriasis and 7.5% of inactive-psoriasis patients reported their overall health status as being "rather", "quite" or "very" poor. Two questionnaires show a poorer QoL in patients with active-psoriasis compared with those with inactive-psoriasis: PDI of 8.3 (SD=8.1) against 3.6 (SD=5.5), and PSO-LIFE 57.4 (SD=20.4) versus 76.4 (SD=20.6) respectively. There is a correlation between PASI and PSO-LIFE score ($r=-0.43; p<0.01$) and patients with visible affected areas such as head or upper limbs showed greater impact in QoL (63;SD=22) compared with trunk and lower limbs (74.8,SD=24) or patients not affected at the time of inclusion in the study (78.5;SD=21.6). After adjusting by age, education and duration of the last psoriasis episode, there are significant differences in PSO-LIFE scores between patients with active and inactive psoriasis ($p<0.01$). **CONCLUSIONS:** The quality of life in patients with psoriasis is affected especially in patients with active psoriasis and in patients with localized lesions in visible areas.

PSS42

EVALUATION OF THE IMPACT OF WRITING EXERCISES AND EDUCATIONAL INTERVENTIONS ON QUALITY OF LIFE IN PATIENTS WITH PSORIASIS

Tabolli S[1], Pagliarello C[1], Sampogna F[1], Di Pietro C[1], Abeni D[1], Centro Studi GISED I[2]
[1]*IDI IRCCS, Rome, Italy,* [2]*Centro Studi GISED, BERGAMO, Italy*

OBJECTIVES: To test the efficacy an "emotional writing" exercises to improve quality of life of patients with psoriasis undergoing systemic treatments. **METHODS:** This study was designed as a controlled randomized intervention. Seven Clinical centers in Italy were involved. The intervention group (n = 100) wrote about the most stressful event in their life for three sessions of 20 minutes each. The Control group (n = 100) received only the educational materials that were also given to the intervention group. The recruitment time was twelve months, and the follow-up time was also 12 months. The SF-12, GHQ-12, Skindex_29, and PASI scores were evaluated at baseline and after 1, 6, and 12 months. Data were analyzed using Generalized Estimating Equations model. **RESULTS:** Ninety-seven patients were allocated to the Writing group and 105 to the Control group. forty-two patients of the first group and 49 of the control group reached the 12-mont follow-up visit. Data were consistent with the expected improvement after the start of treatment as observed at the different follow-up times: the severity of psoriasis decreased, the impact of psoriasis on quality of life decreased, and the health status improved both for the physical and mental components.The proportion of patients reaching PASI-50 (i.e., a reduction of 50% in the PASI score) observed at different follow-up times was similar in the two study groups and was not associated with any of the examined demographic variables. No advantage was observed for the intervention group also in terms of QoL and general health status. **CONCLUSIONS:** The longitudinal analysis did not prove relevant differences between the group receiving ed-