EFFECTIVITY AND SAFETY OF TACALCITOL IN PSORIASIS VULGARIS IN SPANISH PATIENTS

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OBJECTIVES: To analyse the effectivity and safety of tacalcitol in real daily conditions. METHODS: An epidemiological, observational, prospective and multicenter study of a cohort of patients with mild to moderate Psoriasis vulgaris has been performed. Treatment with tacalcitol ointment (4 mg/g) was prescribed. Anthropometric and demographic characteristics of patients were recorded in addition to percentage of affected area and previous and current treatments. A lesion was selected as target for evaluation, of symptoms (erythema, desquamation and thickness) by a scale from 0 (absent) to 4 (maximum intensity of symptom). At follow-up (30 and 60 days) symptomatology and appearance of adverse events were evaluated. Psoriasis Area Severity Index (PASI) was calculated. RESULTS: Eight hundred twenty-one patients with mild to moderate Psoriasis vulgaris, (45.67% were men and 45.33% were women, mean age 43.59 ± 15.48 years) were included. After 2 months of treatment, patients showed a decrease of mean percentage of affected area of 7.83 ± 12.3 (from 15.97% ± 16.02% to 8.14 ± 10.59%). PASI decreased from 10.11 ± 7.89 to 3.00 ± 3.79 (p < 0.01). Percentage of patients without symptoms increased up to 85.44% for erythema, 93.11% for desquamation and 96.16% for thickness. Six adverse events were reported (1% of sample). Seventy-eight percent of investigators and 80% of patients evaluated effectivity of treatment as satisfactory. CONCLUSIONS: Tacalcitol was effective in symptomatic treatment of psoriasis. Treatment achieved improvement on affected area and intensity of symptoms as well. Excellent tolerability of tacalcitol was corroborated by the low rate of adverse events reported.

SKIN DISORDERS—Cost Studies

ECONOMIC EVALUATION OF TACROLIMUS OINTMENT VERSUS CURRENT CARE IN MODERATE TO SEVERE ATOPIC DERMATITIS

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OBJECTIVES: Topical steroids are the corner-stone of current treatment for atopic dermatitis (AD), a chronic fluctuating inflammatory skin disease. However, steroids carry a risk of local and systemic side effects limiting their long term use and effectiveness. The objective was to assess the incremental cost-effectiveness ratio (ICER) of the new topical immunomodulator Tacrolimus in moderate to severe AD. Tacrolimus has shown significant clinical improvement, maintained with long term intermittent treatment up to four years. METHODS: A Markov model was developed in MS-Excel. Model health states represent severe, moderate, mild, and virtually cured AD as defined by the Eczema Area and Severity Index (EASI). Based on prevalence data, 82% start with moderate, 18% as defined by the Eczema Area and Severity Index (EASI). Based on prevalence data, 82% start with moderate, 18% severe AD. Tacrolimus has shown significant clinical improvement, maintained with long term intermittent treatment up to four years. METHODS: A Markov model was developed in MS-Excel. Model health states represent severe, moderate, mild, and virtually cured AD as defined by the Eczema Area and Severity Index (EASI). Based on prevalence data, 82% start with moderate, 18% severe AD. The model simulates monthly severity fluctuations. Transitions among health states were calculated from two 1-year observational trials (Tacrolimus n = 93, current care n = 120). Tacrolimus consumption was obtained from the clinical trial, other resource utilisation from a two-round Delphi consensus panel (n = 8). Unit costs from the Belgian health care payers perspective were applied. Effects are expressed in “disease controlled days”, defined as days with mild or virtually cured AD. The time horizon was from 1 (basecase) to 3 years.