tional studies as well as with reports on the age of onset of psoriasis. The data may provide a basis for future studies on health care utilization and cost of illness associated with psoriasis in Germany.

**FINAL EVALUATION OF THE PERSISTENCE DEGREE OF PATIENTS IN FIRST-LINE MONOTHERAPY**

**ANTI-GLAUCOMATOUS TREATMENT IN SPAIN**

**Treated Patients with Prostaglandin (latanoprost, bimatoprost, and travoprost), or β-blocker (timolol) monotherapy.**

**METHODS:** An observational and retrospective study was conducted over a 24-month follow-up in 191 patients (from 4 centers), to examine the time elapsed until patients’ withdrawal from therapy. The required parameters were obtained from patients’ medical records. A descriptive analysis, a Kaplan-Meier survival analysis, and a Cox regression model were used to determine which was the drug related to a greater persistence degree, and to detect variables significantly influencing persistence in these patients. **RESULTS:** In both the descriptive analysis and the survival curves, latanoprost was associated with a higher persistence degree in the glaucoma treatment: 81.6% vs. 22.9% for bimatoprost, 65.4% for travoprost and 60.5% for timolol (p < 0.0001). The persistence degree was significantly influenced by the following variables: the antiglaucoma agent used as monotherapy, with a six-fold higher risk of treatment withdrawal during the follow-up period due to receiving travoprost instead of latanoprost (p < 0.0001); and the age (p = 0.001). Even though comorbidities did not indicate to be directly related to persistence, their occurrence was related to age. **CONCLUSIONS:** Active events were predictable in nature and with the exception of skin burning did not differ between treatments.

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**TOPICAL TACROLIMUS FOR THE TREATMENT OF ATOPIC DERMATITIS: A SYSTEMATIC REVIEW WITH META-ANALYSES**

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**OBJECTIVES:** Our aim was to evaluate systematically the efficacy and safety of tacrolimus ointment for the treatment of adults and children with atopic dermatitis (AD). **METHODS:** Electronic and manual bibliographic searches were conducted to identify relevant prospective randomised controlled trials (RCTs). The primary outcome measures of interest included treatment success measured by objective clinical scales and safety, based on the incidence of adverse events. Meta-analyses were conducted using a fixed-effect model. **RESULTS:** Thirty RCTs met the inclusion criteria. Comparative treatments included topical corticosteroids (n = 14) and 1% pimecrolimus cream (n = 5). Eight RCTs comparing tacrolimus with corticosteroids (paediatric, n = 1593; adult, n = 2104) provided data for meta-analysis. In 6/8 RCTs (75%), treatment with 0.1% or 0.03% tacrolimus was superior to corticosteroid treatment (1% hydrocortisone acetate, 0.1% hydrocortisone butyrate or 0.005% flu- ricasones) as measured by the Patient’s Assessment of Global Response (‘much better’) and the Physician’s Global Evaluation of Clinical Response (‘cleared or excellent improvement’). While the incidence of skin burning was increased with tacrolimus treatment in both adult and paediatric patients, levels of skin infection, skin erythema and rash were comparable between treatments. Data from four trials comparing tacrolimus ointment with 1% pimecrolimus cream were suitable for inclusion in meta-analysis (paediatric, n = 793; adult, n = 731). From week three of treatment onwards, tacrolimus at both doses was superior to treatment with 1% pimecrolimus cream in both paediatric and adult AD patients. Adverse events were predictable in nature and with the exception of skin burning did not differ between treatments.