questions looked into the skin condition, and one question described the localization of possible lesions on the skin. Moreover, a psychometric validation has enabled to confirm the internal consistency and very good reproducibility of the questionnaire.

CONCLUSIONS: The ongoing validation study carried in several dermatology hospital units will allow to determine 3 levels of presumed diagnosis of Atopic Dermatitis: «unlikely», «likely» or «possible»; which will help the caregiver decide whether the patient should be referred to a dermatologist to get appropriate treatment.

DEVELOPMENT AND VALIDATION OF A TREATMENT SATISFACTION QUESTIONNAIRE OF HAND SKIN DISEASES: THE DERMATST Questionsnaire

Rafiah R*, Almari A*, Conde-Salazar U, De la Cuadra J†
†Universidad Autónoma de Madrid, Madrid, Spain, *Escuela Nacional de Medicina del Trabajo. Instituto Carlos III, Madrid, Spain, †Hospital Sant Pau i Santa Cruï, Barcelona, Spain, ‡Hospital General Universitario, Valencia, Spain

OBJECTIVES: To develop a brief self-administered questionnaire able to measure patient satisfaction with treatments of skin diseases of the hands, with good psychometric properties. METHODS: An initial version of the questionnaire composed by 38 items, organized in 6 dimensions, was proposed. Items were extracted from 3 patient focus groups (20 patients each) and were pre-tested to a pilot sample to test comprehension. This full version was administered to a sample of 217 patients with skin diseases of the hands recruited at 18 representative hospitals in Spain. In order to assess convergent validity Morsisky-Green compliance scale, SF-12 HRQoL questionnaire and hand and health status VAS were also used. Treatment satisfaction and tolerability were also measured. Exploratory factor analysis was used for item reduction and confirmatory factor analysis for dimensionality assessment. Internal consistency and split-half methods were used for reliability. Item discrimination and kurtosis, skewness of group means (gender, age, severity, and treatment) were also measured. RESULTS: The reduction and validation sample was composed by 54% women, and a mean age of 43 years (sd = 13.7). Questionnaire was reduced to 17 items arranged in 6 dimensions: Efficacy, Ease of use, Impact on HRQoL, Follow up, Undesired Effects, General Opinions. Cronbach's alpha attained a 0.9 value. Dimension satisfaction and tolerance levels of correlation different from those found previously from questionnaires for other pathologies. The overall score distributed normally with 58.4 mean (sd = 18.01). Dimension scores correlated within 0.003 and 0.222 with HQoL measures, correlated higher with effectiveness (r = 0.41) and tolerability (0.22), but very low with compliance (0.015). Significant differences were found between some diagnosis and treatments. CONCLUSIONS: The reduced questionnaire presents good psychometric properties, with an excellent reliability and good initial validity evidences.

DEVELOPMENT AND VALIDATION OF THE PATIENT-REPORTED IMPACT OF SCARS MEASURE (PRISM)

William J, McKenna SP*, Brown B, Solomon M, McGrouther DA1, Bayat A2
1Galderma Ltd, London, UK, *The University of Manchester, Manchester, UK

OBJECTIVES: Skin scars impact quality of life (QoL), quantification of which is essential to evaluate the effectiveness of treatment. As no suitable instruments were available the objective of the study was to develop and validate the first patient-reported scale of scar-specific symptoms and QoL. METHODS: PRISM. Questionnaire content was derived from qualitative interviews with UK scar patients. Face and content validity were assessed by cognitive debriefing interviews conducted with patients. The final instrument was determined using Rasch analysis and psychometrically assessed in a validation survey. RESULTS: Five hundred and sixty-seven potential items were extracted from 34 qualitative interview transcripts. Following review and reduction, 16 symptoms and 36 QoL items were identified. The draft scales were found to be reliable (Cronbach's alphas of 0.85 and 0.80 respectively). The symptom scale was shown to be statistically significantly related to QoL (r = 0.04, p < 0.05); four were redundant and one functioned differently according to age. Rasch analysis confirmed two unidimensional scales (p < 0.05). Internal consistency was good for both the symptoms and QoL scales (0.84 and 0.85) as was test-retest reliability (0.83 and 0.89 respectively). The symptom scale was shown to be statistically significantly related (as expected) to scores on the Hospital Anxiety and Depression Scale (HADS) and the clinician-completed Manchester Scar Score (MSS). The QoL scale was also statistically significantly related to scores on these measures and on other reported scar severity. CONCLUSIONS: PRISM is the first statistically rigorous patient-reported instrument designed specifically for scar patients. It consists of two unidimensional scales with good psychometric and scaling properties: QoL (24 items) and symptoms (13 items). PRISM is well accepted by patients, easy to use and should bebbable for assessing scar distress in both clinical trials and practice.

QUALITY OF LIFE IN CHRONIC HAND ECZEMA AS MEASURED BY THE DERMATOLOGY LIFE QUALITY INDEX

Freemen N*, Aldridge R*, Stanley G†
*University of Birmingham, Birmingham, West Midlands, UK, †University of Edinburgh, Edinburgh, UK, ‡Baskas Medical, Guildford, Surrey, UK

OBJECTIVES: The Quality of Life (QoL) impact of chronic hand eczema (CHE) is expected to be significant because of the high functional, social and psychological impact of this disease but has rarely been assessed with validated tools. This study determined the effect of CHE severity on patient QoL by the Dermatology Life Quality Index (DLQI). METHODS: Data from a Phase II study of oral alitretinoin for the treatment of moderate to severe CHE unresponsive to potent topical corticosteroids was used to measure changes in QoL according to Physician's Global Assessment (PGA) of disease severity. 162 matched DLQI and PGA observations were analysed using a mixed global 5 point rating of the PGA with severity, multiple signs and symptoms. The DLQI is a simple questionnaire validated in several skin diseases and different languages. Ten questions scored 0–3 are summed, with a total score of 0 (best QoL) to 30 (worst QoL). DLQI > 5 is considered clinically significant and DLQI 15–20 is considered to indicate a very large impact of skin disease on QoL. RESULTS: Increasing severity of CHE was associated with a conditional mean DLQI score as follows: ‘clear/almost clear’ 1.74, ‘mild’ 9.34, ‘moderate’ 7.98, and ‘severe’ 15.08. Changes in DLQI score from PGA ‘severe’ to milder states during the trial week study were as follows: ‘clear’ (5.30), ‘mild’ (11.51), ‘almost clear’ (12.03), and ‘clear’ (14.56). All changes were statistically significant (p < 0.0001) and exceeded the Minimal Important Difference (MID) for CHE estimated to be 2.5 in a recent German observational study. CONCLUSIONS: The QoL of patients with CHE is significantly influenced by clinical disease severity as measured by the DLQI instrument. Treatment which reduces clinical severity of CHE is likely to be worth-while from the patient perspective in view of the significant improvement in QoL that may result.

INFLUENCE OF DEPRESSION ON HEALTH RELATED QUALITY OF LIFE IN PSORIASIS: RESULTS FROM AN OPEN LABEL STUDY OF ABDIMAB IN PATIENTS WITH PSORIASIS

Qian H*, Guh D*, Papp K‡, Gayetty A*, Teixeira H*, Zhang W*, Bansback N‡
*Centre for Health Evaluation and Outcomes Research, Vancouver, BC, Canada, ‡K. Papp Clinical Research, Probity Medical Research, Waterloo, ON, Canada, †Abbot, Saint-Laurent, QC, Canada, ‡Abbott Canada, ‘Centre for Health Evaluation and Outcomes Research, Vancouver, BC, Canada

BACKGROUND: Recent studies have demonstrated the efficacy of abdimab on improving psoriasis symptoms, health related quality of life (HRQoL), and depression. METHODS: To quantify the importance of depression on health related quality of life in patients with active plaque psoriasis who were enrolled in an open label clinical study of abdimab. RESULTS: PRIDE: A Canadian Open-Label Access Program to Evaluate the Safety and the Effectiveness of Abdimab When Added to Inizarre Therapy for the Treatment of Psoriasis was an open-label, multicenter, Phase IIIb study in Canada. Patients with active moderate to severe plaque psoriasis who failed to respond to, or were intolerant of, standard prior therapies received abdimab (80 mg) at Week 0 followed by abdimab (40 mg) every other week. Changes in the outcomes including the Psoriasis Area and Severity Index (PASI), Beck Depression Inventory-II (BDI) and EQ-5D VAS at baseline, weeks 16 and 24 were evaluated. A multivariate mixed-effect regression was fitted to identify the independent contribution of skin severity (PASI) and depression (BDI) on HRQoL (EQ-5D VAS). RESULTS: A total of 203 patients (61% male, mean age 46, mean PASI20) were enrolled at 26 sites. Statistically significant improvements in PASI, EQ-5D VAS and BDI were seen at week 16 (improvements of 16.0, 10.1, 4.2, respectively all p < 0.001) and 24 (improvements of 16.1, 10.7, 4.3, respectively all p < 0.001). The model found that both BDI (β = −0.40, p = 0.004) and BDI (β = −0.54, p = 0.002) were independent predictors of EQ-5D VAS. The interaction between BDI and PASI was also significant (β = −0.64, p = 0.006). CONCLUSIONS: HRQoL in patients with plaque psoriasis is influenced independently by both skin severity and depression. While the etiology of depression is likely through skin severity, it appears likely that both contribute to the improvements in HRQoL seen with abdimab treatment.

PSORIASIS: AN EPIDEMIOLOGIC EVALUATION OF DISEASE BURDEN IN 590 PATIENTS

Fenelon D†, Meyer N*, Bardifoul D, Grandfils N, Thiriet C3, Camara C4, Sid-Mohand D5, Le Pan C†, Oronneau J†
†PMS Health, Patouze, France, ‡CHU de Toulouse, Toulouse, France, §Wyeth Pharmaceuticals, Paris, La Défense, France, ¶Wyeth Pharmaceuticals France, Paris La Défense, France, Association pour la lutte contre le psoriasis, Paris, France, ††Dauphine University, Paris, France, ‡‡Hopital Archet II, Nice, France

OBJECTIVES: There is limited data available on the economical burden of psoriasis and its impact on everyday life from the patient perspective. The aim of the study was to measure the burden of psoriasis for the patient. METHODS: We performed a cross-sectional study in French psoriasis patients. All patients aged ≥18 years with a diagnosis of plaque-psoriasis confirmed by a physician were included. A self-administered questionnaire evaluating everyday life work with consumers between the French association of psoriasis patients. In addition the Dermatology Life Quality Index (DLQI), Working Productivity and Activity Impairment (WPAI) and individual costs were assessed. RESULTS: A total of 590 patients completed the survey. Mean age of the respondents was 56 years. The mean DLQI score was 8.3 for patients with severe psoriasis versus 6.4 for mild psoriasis. Global loss of productivity was 10.7% without significant difference according to the disease severity. Daily activities alteration was most important in patients with severe psoriasis. A total of 36.8% of patients with severe psoriasis reported a negative impact on their professional life versus 19.6% for patients with mild psoriasis. Time devoted to phototherapy was on average 33 hours/year/patient and the application of emollients took 25 hours/year/patient. 47.3% of patients had a feeling to clean the house more often, in correlation with the severity of the disease. Patients with severe psoriasis received more often aid from their family

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