and medical environment for patient suffering from psoriasis.

**PSN18**

**PSORIASIS: QUALITY OF LIFE ACCORDING TO GENDER**

Taieb C, Marionneau N, Myon E

Pharmaco Economics & Quality of Life Department, Boulogne Billancourt, France

Psoriasis has a heavy impact on the physical and mental well-being of the patient, especially when the areas affected are visible to others. Do women affected by psoriasis suffer more than men in this respect? **OBJECTIVE:** To evaluate the quality of life level of patients with psoriasis according to gender. **METHOD:** Within the context of the SPOT study, 542 patients (298 men/244 women) responded to a qol questionnaire consisting of a generic scale (SF-12) and a specific scale (PDI-Psoriasis Disability Index). The completed questionnaires were returned in prepaid envelopes. **RESULTS:** The socio-demographic profile of the patients in the two groups did not present any statistically significant difference. The mean age was respectively 46.3 years for the men versus 44.6 years for the women. The PDI score was 11.9% (SD = 11.7) for the men and 14.8% (SD = 14.4) for the women; the difference was statistically significant (**p** = 0.031). For the Work, Social relations, Leisure and Treatment dimensions, no difference was observed between the two sexes: respectively 6.8% (SD = 13.6), 13.0% (SD = 19.4), 12.5% (SD = 16.5), 11.6% (SD = 18.2) in men versus 7.9% (SD = 15.2), 14.7% (SD = 23.1), 14.1% (SD = 18.2), 11.8% (SD = 20.6) in women. On the other hand, for the Daily Activities dimension the score was 14.0% (SD = 13.3) for the men and 19.9% (SD = 18.4) for the women. The difference was statistically significant (**p** < 0.0007). With regard to the SF-12, the results were organised in 2 scores: mental (MCS-12) and physical (PCS-12). The scores for the men were: PCS-12 = 51.3 (SD = 7.6) & MCS-12 = 43.4 (SD = 10.0). The scores for the women were: PCS-12 = 51.6 (SD = 7.9) & MCS-12 = 40.1 (SD = 11.3). With regard to the mental dimension, the difference was statistically significant (**p** < 0.0005). **CONCLUSION:** Psoriasis modifies the quality of life more greatly for women, who suffer more than men. This is especially true for the mental dimension (SF12) and for the daily activities dimension as shown by the PDI.

**PSN19**

**DERMATOSIS AND DEPRESSIVE SYMPTOMATOLOGY: FRENCH RESULTS**

Dehen L1, Dubertret L1, Aubé I1, Myon E2, Taieb C1

1Hôpital St Louis, Boulogne Billancourt, France; 2Pierre Fabre Dermatologie, Boulogne Billancourt, France; 3Pharmaco Economics & Quality of Life Department, Boulogne Billancourt, France

By definition, dermatological pathologies have an effect on one’s self-image, and this may lead to severe psychological troubles. **OBJECTIVES:** To evaluate depressive symptomatology—DS—in patients suffering from chronic dermatosis. To evaluate the effect of chronic dermatosis on depressive symptomatology in France for patients going to a medical consultation at Saint Louis Hospital (Paris—France). **METHODS:** The CES-D was remitted to every patients entering any dermatological consulting room at Saint Louis Hospital. Two groups were identified: population coming to a specific and thematic doctor’s visit (psoriasis, atopic dermatitis, . . .)—usual visits or patients coming to the “consultation porte” (doctor visits without any appointment and taking care of more distressed dermatological diseases). **RESULTS:** The “consultation porte” represents around 22% of the doctor’s visits versus 78% for the usual visits visits. In the studied population (n = 774), 23.6% of the patients reported depressive symptomatology (CES-D+) whereas 76.4% did not (CES-D−). For patients coming to the “consultation porte” CES-D+ population represents 31.4% (n = 172) vs 21.4% in the patients having usual visit (n = 602). As shown, depressive symptomatology is more often reported for patient coming to the “consultation porte” compared to patients coming to the usual visits. This difference is statistically significant (test Chi 2 p < 0.01). If we compare the depressive symptomatology incidence according to dermatological disease, the results are the following: psoriasis 19%, atopic Dermatitis 28%, acne 32, and navi 13%. **CONCLUSION:** These results thus give us an idea of both the extent and the importance of the psychological impact that dermatological diseases usually generate. Global disease management together with psychological support therefore seems essential for patients suffering from chronic dermatosis.

**PSN20**

**QUALITY OF LIFE AND PSORIASIS. IMPACT OF TACALCITOL TREATMENT IN SPANISH POPULATION**

Barnés E1, Mirada A2, Lecha M3, López JS4

1Pharma-Consult, Barcelona, Spain; 2Laboratorios Isdin, Barcelona, Spain; 3H. Clínic i Provincial de Barcelona, Barcelona, Spain; 4Pharma-Consult, Barcelona, Saipan

**OBJECTIVES:** To assess the impact of psoriasis vulgaris treatment with tacalcitol on quality of life. **METHODS:** An epidemiological, observational, prospective and multicenter study of a cohort of patients with mild to moderate Psoriasis vulgaris has been performed. Patients have been treated with tacalcitol ointment (4mg/g). Anthropometric and demographic characteristics of patients were recorded in addition to percentage of affected area and previous and current treatments. Symptomatology (erythema, desquamation and thickness) was evaluated by a scale from 0 (absent) to 4 (maximum intensity of symptom). At follow-up (15 and 60 days) symptomatology and appearance of adverse effects were registered.