to their visit to General Practitioner. Study population I: Before the implementation of guidelines and the educational leaflet. Study population II: After the implementation of guidelines and the educational leaflet. Cross-sectional analysis and descriptive analyses was performed using the Statistical Package for Social Sciences (SPSS). **RESULTS:** The total number of antibiotic prescriptions for patients suffering from U.R.T.I. including sore throat was significantly reduced in the intervention group (67% reduction). **CONCLUSIONS:** A multi-dimensional interventional approach for reducing antibiotic prescription in U.A.E. clinics resulted in a significant positive outcome. The significant reduction in antibiotic prescriptions indicates the willingness of physicians to follow guidelines and the willingness of patients to respond to educational information.

PSS24

QUALITY OF LIFE IN OCULAR HYPERTENSION AND PRIMARY OPEN ANGLE GLAUCOMA

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OBJECTIVES: To estimate the impact of ocular hypertension (OHT)/primary open-angle glaucoma (POAG) on health status and quality-of-life. **METHODS:** Classification of disease state followed European Glaucoma Society guidelines. Health status was based upon the Health Utility Index Mark 3 (HUI3) The National Eye Institute 25-Item Visual Function Questionnaire (NEI-VFQ-25) was self-administered. Utility scores were compared to a normal population matched by age and gender. Differences in health impact and quality-of-life between the different disease states were assessed. **RESULTS:** 154 patients were enrolled (27 OHT, 43 early, 35 moderate, 49 advanced POAG) from 15 centers in Germany, 137 were diagnosed 35 years ago. Average age was 67 ± 11 and 57% were female. 23% of patients had cardiovascular co-morbidity, 45% history of cataract, 45% hypertension, 18% diabetes, and 10% hypotension. Differences in baseline characteristics were seen for age (60, 63, 69, 72 years), history of cataract (24%, 25%, 54%, 62%), employment status (43%, 24%), and hypotension (14%, 0%, 14%, 15%). The HUI3 score for OHT, early, moderate and advanced POAG was 0.87 ± 0.09, 0.85 ± 0.15, 0.75 ± 0.23 and 0.58 ± 0.32, respectively. There was no difference in the health utility score for patients with OHT, early POAG and the normal population. Patients with moderate and advanced POAG were lower by 0.06 ± 0.24 and 0.19 ± 0.28, significantly different from OHT and early POAG ($P < 0.01$). The NEI-VFQ-25 for OHT and early POAG gave ocular symptoms and mental health the lowest scores. For moderate POAG the lowest scores were for driving, ocular symptoms, mental health, role limitation and peripheral vision. For advanced POAG, all domains, except color vision, were affected. **CONCLUSIONS:** Disease progression in glaucoma affects not only vision, but also quality-of-life. Whereas OHT and early POAG have little effect on quality-of-life, moderate and advanced POAG do. These findings can improve doctor-patient relationships, addressing quality-of-life issues for different glaucoma disease states.

PSS25

MAPPING THE IMPACT OF DRY EYE ON EVERYDAY LIFE (IDEEL) QUESTIONNAIRE TO A PREFERENCE BASED UTILITY INDEX

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OBJECTIVES: The aim of the current study was to develop an algorithm to map the symptom domain of the Impact of Dry Eye on Everyday Life (IDEEL) questionnaire to a preference based utility index. **METHODS:** Data from an IDEEL psychometric validation study including 210 participants (130 dry eye patients, 32 Sjogren's patients and 48 controls) were used to estimate the algorithm. Participants completed the IDEEL, EQ-5D and SF-36 at 2 time points; the first time point was used to estimate the algorithm and the second to validate the algorithm. The mapping work was preceded by determining bivariate correlations between the IDEEL items and each utility index (EQ-5D and SF-6D), and then examining the sensitivity of each index to variability in dry eye severity. Initial items were selected based on levels of missing data, floor and ceiling effects and correlations with the utility index. Items were then included in an OLS regression model with age and gender interaction terms. Following the item analysis the same procedures were applied to a domain level analysis. **RESULTS:** Based on the criteria outlined above, the SF-6D was selected as the utility index for the mapping algorithm. The final OLS regression model contained 2 IDEEL symptoms items and age, and explained 28% of the variance in SF-6D utility values; root mean squared error (RMSE) = 0.105. As the SF-6D data included few bounded or censored estimates Tobit and CLAD models were not estimated. The validation data set demonstrated a significant correlation between the predicted and observed SF-6D utility values ($r = 0.53$, $p < 0.001$). **CONCLUSIONS:** This algorithm forms a good basis to estimate utility values from the IDEEL for inclusion in cost-effectiveness analysis.

PSS26

REVIEW OF UTILITIES IN ATOPIC DERMATITIS

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OBJECTIVES: To identify and review published utility estimates in atopic dermatitis (AD), and to catalogue the methods of utility assessment, patient populations studied, and economic evaluations incorporating the utility estimates. **METHODS:** A systematic search and review of the published literature, including health technology assessments, in AD was performed. Utility search terms were those recommended by NICE in the UK Publications were limited to English language only, from 1999 through 2010. **RESULTS:** Fourteen studies presenting 15 different sets of utility data in AD (one study used two separate methods to generate estimates) were identified. These 14 studies are summarized in 11 separate publications (one health technology assessment describes three otherwise unpublished utility studies). All studies but one present utility estimates (vs changes in utility). Two studies present a single utility estimate for AD. One study presents utility estimates for controlled vs. uncontrolled AD. All other studies present utility estimates by AD severity (e.g., clear, mild, moderate, severe), although only two studies link AD severity directly to IGA scores. Two studies present utility estimates for children. AD utilities have been collected or applied in economic evaluations in Canada, Germany, Sweden, the UK, and the US. Utilities in AD have been collected directly using SG, TTO, VAS (with the VAS results being converted into utilities for use in economic evaluations using an algorithm that reflects attitudes towards risk), and using the EQ5D. Three studies have generated utility estimates based on applying two separate published algorithms to SF-12 or SF6D data. Five sets of utility data have been used in economic evaluations. **CONCLUSIONS:** There are several published studies presenting utility estimates in AD; however, they vary greatly in terms of methods employed. Economic evaluations in AD, the results of which are sensitive to uncertainty in utility inputs, have relied on various estimates.

PSS27

COSMETI QOL: A TOOL FOR ASSESSING QUALITY OF LIFE IN COSMETIC DERMATOLOGY

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OBJECTIVES: The assessment of quality of life (QoL) in dermatology is becoming increasingly popular as demonstrated by the creation and development of numerous questionnaires for the principal diseases of the skin. Paradoxically, although cosmetic dermatology is rapidly developing, there is no questionnaire to assess the impact of these products on the QoL of the women that use them. There was therefore a need for the creation of the Cosmeti QoL. **METHODS:** The questionnaire was developed using rigorous methodology in accordance with international standards in terms of quality of life. a literary review and face-to-face interviews were conducted to identify the concepts that preoccupied women over 25 years of age. Twenty-two items were identified after the first transcription; this was reduced to 12 items after an initial analysis making it easier to use. a representative population of 1002 French women aged 25 years and over, was put together by the CSA Santé institute using the quota method. They were given the Cosmeti QoL; the lower the score the better the Qol. **RESULTS:** The questionnaire is easy to use, good comprehension of the questions was observed. The Cosmeti QoL score is correlated to age. An improved QoL is seen in women who frequently use a moisturizing cream (13.7 vs. 14.23, $P < 0.001$). Sensitive skin resulted in poorer QoL (14.77 vs. 13.34 $P < 0.001$), the frequency of episodes of sunburn during childhood also reduced the QoL (14.96 vs. 13.86 $P < 0.001$). In the population over 65 years of age, the QoL was superior in women who claimed to use cosmetic, anti-wrinkle, or moisturizing products on a regular basis. **CONCLUSIONS:** The Cosmeti QoL scale, which is essentially based on the women's point of view, is a valid, pertinent, and well accepted tool enabling the assessment of quality of life perceived through the skin.

PSS28

DEVELOPMENT OF AN INSTRUMENT MIRRORING PATIENT AND PHYSICIAN PERCEPTION OF PSORIASIS SEVERITY AND TREATMENT EFFECT

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OBJECTIVES: No consensus on definition of plaque psoriasis severity currently exists. Although standard measures of psoriasis severity are commonly used in clinical practice, they are not consistent and rarely based on patient assessment. The objective was to develop an instrument assessing patient and physician perceptions of psoriasis severity and treatment effect. **METHODS:** Semi-directive exploratory interviews were conducted with 20 patients with mild to severe plaque psoriasis, and with 20 dermatologists. Interviews' transcripts were analyzed to extract and organise into models the criteria used by patients and physicians to evaluate psoriasis severity and treatment benefit. Items were generated using patient words for each concept considered relevant by both patients and dermatologists. The instrument was developed in parallel for patients and for physicians, tested for relevance and comprehension on 5 patients and 5 physicians, and revised accordingly. The new version was tested on 5 new patients and 5 new physicians and revised to create a pilot version. a dermatologist advisory board was involved at each step of the instrument development. **RESULTS:** The test instrument consisted in 31 items including area involvement, lesion location, signs and symptoms (frequency, duration of lesions, joint involvement), treatment history, quality of life impact, rapidity and duration of treatment benefit, and patient satisfaction. The instrument was globally well-accepted by patients and physicians; few modifications were made. a 32-item pilot version resulted from the comprehension