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(OR = 0.94, IC95%: 0.88–0.99). **CONCLUSIONS:** Parents/caregivers have serious worries to use corticosteroids in children with flares in face/neck, with mild severity and in younger childrens.

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EVALUATION OF TREATMENT SATISFACTION WITH ETANERCEPT VERSUS ALTERNATIVE TREATMENTS FOR PSORIASIS: A PATIENT SURVEY ACROSS NINE EUROPEAN COUNTRIES

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OBJECTIVES: Alternative treatments are available to relieve people with moderate and severe psoriasis in states of remission and relapse. The purpose of this study was characterise treatment satisfaction with alternative therapies in a survey across nine European countries. Specifically, to determine relative treatment satisfaction with etanercept. **METHODS:** Up to 120 subjects with moderate or severe psoriasis were identified in each of nine countries: Austria (n = 50), France (n = 120), Germany (n = 120), Italy (n = 120), The Netherlands (n = 75), Norway (n = 43), Spain (120), Sweden (n = 50) and the UK (n = 120). Patients were identified through their dermatologist, and selected in order to give a sample that represented the alternative current treatment regimens, including: biologics such as etanercept, systemic therapies, and light therapy (PUVA). Patients were excluded if they had psoriatic arthritis. Treatment severity was classified in two ways. Firstly, self-reported severity, and secondly; percent bodily coverage with psoriatic plaques. Satisfaction with treatment was defined as a response of either "satisfied" or "very satisfied" with treatment. Treatments were excluded from the analysis where <20 observations were available. Fumaderm was excluded as it was not relevant for all countries. **RESULTS:** There were 818 respondents in total; 45% male. Their mean age was 40.1 years (sd 11.8), and the median time since diagnosis was 12.0 years (IQR 4.0 to 21.0). The frequency of psoriasis severity for people with <3%, 3%–10%, and >10% bodily coverage was 74 (9%), 421 (52%), and 323 (39%) people, respectively. Overall, 67% of people expressed satisfaction with psoriasis treatment (64% moderate and 71% severe; p = 0.117). For people with moderate psoriasis, 3% to 10% coverage, the following percent of people reported satisfaction with treatment: cyclosporine 60% (52 of 87), PUVA 63% (54 of 86), methotrexate 65% (53 of 81) and etanercept 78% (21 of 27; p = 0.387). For people with severe psoriasis, >10% coverage, treatment satisfaction was achieved as follows: methotrexate 59% (31 of 53), PUVA 62% (28 of 45), cyclosporine 70% (19 of 27), remicade 71% (20 of 28) and etanercept 94% (46 of 49; p = 0.001). People with severe psoriasis were more satisfied with treatment with etanercept than moderate psoriasis (78% vs. 94%; p = 0.088). These findings were consistent across the nine countries. **CONCLUSIONS:** The majority of people with moderate and severe psoriasis expressed satisfaction with their current treatment. Treatment satisfaction with etanercept in both groups was more frequent when using etanercept (78% and 94%, respectively).

PSS55

USTEKINUMAB REDUCES WORK LIMITATIONS, INCREASES WORK PRODUCTIVITY AND DECREASES WORKDAYS MISSED DUE TO PSORIASIS IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS

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OBJECTIVES: To examine ustekinumab's effects on work limitations, productivity, and the number of workdays missed due to psoriasis. **METHODS:** In PHOENIX 2 (a Phase 3 trial), 1,230 patients were randomized 1:1:1 to ustekinumab (45 mg or 90 mg administered at weeks 0, 4, and q12 weeks), or placebo. Patients randomized to placebo crossed over to receive ustekinumab 45 mg or 90 mg at week 12. Work limitations were assessed using the Work Limitations Questionnaire (WLQ). WLQ assesses work limitations due to health in four areas: physical, time management, mental-interpersonal, and output demands. Each demand is scored from 0 (limited none of the time) to 100 (limited all of the time). Productivity was assessed using a Visual Analog Scale (0–10). The number of workdays missed due to psoriasis in the last 4 weeks was evaluated at baseline and week 12. **RESULTS:** At baseline, 75% of patients were employed. At week 12, the mean changes in scores of physical, time management, mental-interpersonal, and output demands were –6.33, –7.85, –7.67 and –6.09, respectively, in ustekinumab-treated patients, compared to mean changes of –0.20, 0.74, 1.11, and 1.08, respectively, in the placebo group ($p < 0.01$, each comparison of ustekinumab vs. placebo). The mean change in productivity score from baseline to week 12 was –2.55 for the combined ustekinumab group vs 0.0 for the placebo group ($p < 0.001$). The mean reduction from baseline to week 12 in the number of workdays missed in the last 4 weeks in the combined ustekinumab group was 0.2 days, compared to a reduction of 0.04 days in the placebo group. On an annual basis, this represents a reduction of 2.1 workdays missed in the ustekinumab group vs. the placebo group. Patients in the placebo group who crossed over to ustekinumab at week 12 achieved similar improvements at week 24 in work limitations, productivity, and workdays missed compared to patients initially randomized to ustekinumab. **CONCLUSIONS:** Ustekinumab significantly improved work limitations, increased productivity, and reduced workday loss in moderate to severe psoriasis patients.

SENSORY SYSTEMS DISORDERS—Health Care Use & Policy Studies

PSS56

PRESCRIPTION REFILLS AND HEALTH CARE COSTS ASSOCIATED WITH TOPICAL METRONIDAZOLE IN MEDICAID ENROLLED PATIENTS WITH ROSACEA

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OBJECTIVES: Refill adherence to medications and health care costs are important factors to consider while making informed decision regarding treatment of rosacea patients. The objective of this study was to examine predictors of number of refills related to topical metronidazole and total health care costs in rosacea patients. **METHODS:** This study utilized a longitudinal cohort

design and followed rosacea patients enrolled in North Carolina Medicaid and who were prescribed at least one study medication (topical metronidazole, adapalene, azelaic acid, permethrin, and sulfacetamide). Patients' demographic characteristics, number of metronidazole refills, and different components of health care costs were examined. Multivariate regression analyses were used to examine factors associated with prescription refills and health care costs. **RESULTS:** Out of the total 2587 rosacea patients, the majority (~69%, n = 1771) had 1 or more prescriptions for topical metronidazole. Most of the patients in this study were Whites (73%). After controlling for other variables, increasing age was associated with higher number of metronidazole refills and health care costs (both $p < 0.001$). As compared to Whites, African American patients had significantly lower number of metronidazole refills ($p < 0.001$). As compared to Whites, African American and other races were associated with an 8.6% and 10.3% decrease in total health care costs respectively (both $p < 0.001$). An increase in number of metronidazole refills was not associated with an increase in health care costs. **CONCLUSIONS:** Patients' race was significantly associated with the number of topical metronidazole refills. Patients' health care costs increased with increasing age and charges paid for prescriptions. Topical metronidazole seems to be an economically feasible treatment option for Medicaid-enrolled patients with rosacea.

PSS57

RETROSPECTIVE CHART REVIEW TO ASSESS IMPLEMENTATION OF NICE GUIDANCE ON THE USE OF BIOLOGICAL THERAPIES IN PATIENTS WITH CHRONIC PLAQUE PSORIASIS

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OBJECTIVES: To assess the use of biologicals for psoriasis according to NICE technology appraisal 103 and assess actual treatment practice within the NHS. **METHODS:** To date 13 UK sites have enrolled into the chart review. Site selection was based upon recruiting three centres with prescribers of biologicals across nine geographical locations. Information was collected for patients initiated on a biological between August 2006 and December 2007 for plaque psoriasis. Patients were excluded if they had a diagnosis of psoriatic arthritis. The data was collated on demographics, co-morbidities, treatment courses, Psoriasis Area Severity Index (PASI) and Dermatology Life Quality Index (DLQI), and reasons for stopping treatment. Data was analysed to ascertain adherence to NICE, and to explore regimens used in practice and discontinuation rates. **RESULTS:** Recruitment is being completed. This information will be reported as a full dataset in the poster. Thus far data has been collected for 66 patients across 7 centres. The average age of patients reported was 46 years. Eight-one percent of patients were initiated on etanercept 25 mg twice weekly, 3% on etanercept 50 mg twice weekly, and 8% on efalizumab. Of those patients who initiated etanercept 25 mg twice weekly, the average length of the first course of treatment was 169 days (approximately 24 weeks). Patients discontinued etanercept treatment for various reasons including adverse events and lack of efficacy. Fourteen switched to efalizumab following first etanercept course. Many patients did not have PASI and DLQI recorded 12 weeks post treatment commencement. **CONCLUSIONS:** Many of the NICE criteria for prescribing biologicals have been followed; however there are some areas which require focus including recording of PASI and DLQI scores within three months. The review also showed that the intermittent dosage assumed by NICE in the appraisal of these drugs may not be realistic and modification is needed in further technology appraisals.

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A SCORING SYSTEM FOR QUALITY OF CARE EVALUATION. A COMMUNITY-BASED STUDY OF CHRONIC LEG ULCERS IN NORTH GERMANY

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OBJECTIVES: Evaluation of quality of care of leg ulcers in the area of Hamburg, assessment of treatment with respect to guidelines, recording of patients' quality of life and burden of treatment in the area of this community. **METHODS:** Potential criteria for the evaluation of quality of care were derived from the German AWMF-guideline and relevant international guidance. Wound experts (physicians and nurses) derived 20 priority criteria and indicators which define "optimal treatment" in a national Delphi consensus. A total score for quality of care was developed, ranging from 0–100 (no to perfect quality of care). Then, a representative sample of n = 520 patients with chronic leg ulcers of any origin was consecutively drawn. Patients were approached in wound clinics, office-based practices, nursing homes, home care services and special centres for homeless and drug addicts, thus including a large spectrum of 220 health care providers. All patients were interviewed, all wounds photographed and examined by trained wound experts. Patients were asked to fill a questionnaire addressing quality of life, prior therapy and health services/care. **RESULTS:** Data of 502 patients were analysed, including leg ulcers with venous (63%), mixed (23%), vasculitic (2%) and other (12%) pathogenesis. A high proportion of patients (78.6%) were treated with modern wound dressings. Pain and compression therapy was mainly in accordance with guidelines. However, deficits were detected for diagnostics (e.g. angiology, biopsies, pain measurement) and concomitant wound treatments. A high proportion of patients still had a markedly impaired quality of life. The mean total score for quality of care was below 60. **CONCLUSIONS:** In spite of mostly "lege artis" topical treatment, many patients in North Germany are not treated in accordance to relevant guidelines. The quality of care scoring method developed was shown to be a sensitive tool for health services research and evaluation.

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IMPACT OF HEALTH CARE REGULATION ON PROSTAGLANDIN ANALOGUE PRESCRIBING IN 5 EUROPEAN COUNTRIES

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OBJECTIVES: To compare the evolution of prostaglandin analogue (PGA) and beta-blocker (BB) prescriptions in five European countries in the context of the health care regulation environment. **METHODS:** Data from different sources were gathered: 1) 1998–2003 prescriptions delivered by the central pharmacy of the Padova geographical area; 2) IMS data (1995–2006) from France, Germany, Italy, Spain and the United-Kingdom; and 3) an extraction of glaucoma-treated patients from the UK-GPRD. Drugs were grouped in 3 classes: PGA, BB and others. Yearly market shares were calculated. Treatment persistence survival curves were estimated from the Italian and UK data and the three drug groups were compared using the Cochran Mantel Haenszel test. **RESULTS:** According to the Padova data, BB market share