HSQ5
HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH ACTINIC KERATOSIS - RESULTS FROM PATIENTS TREATED IN DERMATOLOGY SPECIALIST CARE IN DENMARK
Ragnarsson Tennvall C1, Nenninger M1, Malmberg I1, Knudsen A1, Hadersdal M1
1The Danish Research Centre for Health Economics, University Hospital, Ballerup, Denmark.
OBJECTIVES: Actinic keratosis (AK) is a common skin condition associated with cumulative sun exposure and an increased risk for the development of non-melanoma skin cancer. The disease can potentially influence Health Related Quality of Life (HRQoL), but studies of HRQoL in patients with AK are limited. The objective was to analyse HRQoL in patients with AK using generic and disease-specific HRQoL instruments and to analyse the relationship between instruments. METHODS: AK patients who visited dermatological clinics in Denmark were included in an observational, cross-sectional, study in a multi-center setting. Dermatologists assessed AK severity and patients were instructed to assess potential association between disease and life quality using the Dermatology Quality Life Index (DLQI), EQ-5D (SL), and EuroQol Visual Analogue Scale (EQ-VAS).
RESULTS: A total of 312 patients from 10 clinics were included in the analyses. In general, patients with AK reported impaired HRQoL. The mean health utility index was lower in patients with more severe hyperhidrosis [mean < 0.8 for DDSS > 0 vs. 0.9 for DDSS < 0, p = 0.004]. Further, the health utility index was

PSS4
SUBJECTIVE EXPECTATIONS REGARDING LIFE EXPERACTIVITY AND HEALTH-RELATED QUALITY OF LIFE IN MODERATE TO SEVERE PSORIASIS PATIENTS
Perz M1, Curien M2, Ferioli A3, Segedig A4, Hallo P5, Karpis P5, Pöntke H5, Buxhö 步
1Carinhus University of Budapest, Budapest, Hungary, 2University of Debrecen, Debrecen, Hungary, 3Semmelweis University, Budapest, Hungary, 4Kaposvár University of Technology and Economics, Hungary, 5University of Rostock, Rostock, Germany
OBJECTIVES: The main objectives of this study are to investigate patients’ subjective expectations regarding their future health-related quality of life (HRQoL) and life-expectancy, and to explore variables associated with under- or overestimating behaviour. METHODS: A cross-sectional questionnaire survey of adult moderate to severe psoriasis patients was undertaken to determine their subjective expectations of future HRQoL and life-expectancy. Self-reported HRQoL was assessed using the EuroQol 5D-5L, a 5-dimensional instrument for health state classification.
RESULTS: Over 167 patients (71% males) were included in the analysis with mean age of 50 ± 12.35 years, mean EQ-5D, EQ-VAS, DLQI and PSS4 scores of 0.71 ± 0.16, 86 ± 10 and 2.8 ± 1.3, respectively. Currently 56% of the patients were on biological therapy with tapering dosages of adalimumab or etanercept. Patients expected 0.1 ± ± 0.23 improvement in EQ-5D scores within 6 months (p < 0.001), inverse or palmarpalmoplantar psoriasis, and using only topical treatment or combination of topical and systemic therapies was the most chosen time of the survey among patients with higher expectations. Patients expected life-expectancy of 2.94 ± 1.16 years whereas females underestimated by 5.23 ± 3.14 years (p < 0.001) compared to the gender-expectation statistics. Expectations of HRQoL were significantly higher for patients with ages from 60 to 90 years (p = 0.06 ± 0.48, 80 ± 50.00, 15 ± 55.00, and 0.17 ± 0.04, respectively) compared to the gender-expectation statistics.

PSS5
THE DECISION-MAKING PROCESS IN RECEIVING BONE CONDUCTION IMPLANTS (BCI) FOR SINGLE SIDED DEAFNESS
Kossiner M1, Urban M1
1VIBRANT MED-EU Hearing Technology GmbH, Innsbruch, Austria
OBJECTIVES: The main objectives of this study are to evaluate the process in which patients with single sided deafness proceed to receive bone conduction implants. Factors contributing to decisions for or against implantation were also compiled.
METHODS: A comprehensive search strategy, several online databases were searched using keywords to identify all the published research studies and children with single sided deafness (SSD), and reporting on patient preference for receiving BCI were included. Screening of titles, and data extraction and quality assessment of selected studies were performed by two independent researchers. The articles were resolved by consultation with a second reviewer.
RESULTS: 16 studies were identified covering a total of 914 individuals diagnosed with SSD. All patients who trialled BCIHeadband trial 19% to 77% of patients diagnosed with SSD (mean 51%) proceeded to receive a BCI. When given the option to traditional treatments and BCI simulations/Headbands many patients with SSD reject BCIs. This research highlights the importance of providing trials before implantation. It is still unknown which aspects play a role in decision-making and identifying better candidates.

PSS6
THE BURDEN OF CHRONIC URticaria in EUROPE: A SYSTEMATIC LITERATURE REVIEW
Forrest S1, Lambert C2, Passavanti A1, Tribaldos M1, Paa S1, Lidén L2,3,4,5
1Novartis Farmaceutica, Barcelona, Spain, 2Novartis, France, 3Novartis Pharmaceutical GmbH, Germany, 4Novartis Farmaceutica, Spain, 5Novartis Farmaceutica, Spain
OBJECTIVES: To synthesize and analyze the available information on the burden of chronic urticaria and related outcomes (POs). Health related quality of life (HRQoL), adherence, satisfaction, preferences, use of medical resources and costs in Europe. METHODS: A systematic review on POs and costs of CU was performed. Relevant articles were located through 14 electronic databases (e.g. PubMed, EMBASE, COCHRANE Library, and national medical databases) were consulted. Original articles, narrative/systematic reviews of studies developed in Europe, until December 2013 were retrieved. The inclusion criteria for studies were: 1. Published in English, French, German, Italian, and Spanish. 2. Assessed HRQoL (3, Germany; 1, France, Greece, Italy, Spain, UK, Germany/France, respectively) and 1 satisfaction with treatments (Germany/France). No studies on adherence or preferences for treatments were identified. The CU-Q2oL instrument, (0-100, higher value, worse HRQoL), was the most frequently used (n=4). Sources ranged from 18.4

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464 ± 22 for WTP £0.00, 81.16±10 for £ 1 to 49, 81.15±50 for £ 50 to 99, 76.8± for £100 to £ 199, and 72.0± for £200 or more. Patients allocated a mean of 50±134 minutes (HDDS = 2), 65±19 minutes (HDDS = 3) and 161±293 minutes (HDDS = 4) for daily management of hyperhidrosis. WTP showed the lowest correlation to disease severity.
CONCLUSIONS: The current study underscores the multidimensionality of the disease and the aspects that should be addressed in therapeutic approaches for greater disease severity. Health utility and daily time spent in managing the condition offered significant discrimination of patients.