ment, as well as medical item consumption. Vision-related QoL was assessed with the NEI-VFQ-25 and local tolerance with the COMTOL. RESULTS: Thirteen thousand three hundred and fifty-two homes (66.7%) answered the mail. Five hundred eighty-one people declared they were treated for glaucoma, leading to glaucoma and ocular hypertension treatment prevalence of 1.8%, increasing with age. Of those with glaucoma, 173 patients under treatment at the time of the interview were selected at random. Their NEI-VFQ-25 global score was high showing an overall good QoL. Two domain scores showed some deterioration: general health and driving. COMTOL results identified 62.4% of the patients cited at least one local side effect: 25.4% had burning, 20.8% blurred vision and 20.2% tearing amongst others. Vision related QoL was affected by local side effects (up to 34.4%) leading to poor perceived treatment satisfaction that impacted compliance. Burning and stinging, dimming of vision, focusing from near to far and trouble seeing at night intensively affected QoL (P < 0.001) while redness, unusual taste and discharge from the eye did not reach the 0.10 P-Value. Dissatisfied patients visited their ophthalmologist more frequently leading to extra expenses. CONCLUSION: Based on a representative French sample, vision related QoL is affected by topical drug side effects that also impact patient satisfaction, compliance and cost.
Skin diseases have a strong impact on the physical and mental well-being of the patient. It is clear that dermatological diseases affect not only the life of the children but also that of his/her family. OBJECTIVES: The Avène dermatological hydrotherapy center (DHC), welcomes over 2,500 patients a year suffering from skin diseases. The objective of the study is to demonstrate the relevance of the long-term effects of hydrotherapy cares (HC) on patients’ quality of life. METHODS: A generic scale (SF-12), a specific scale (DLQI—dermatology life quality index) and the consequences upon diurnal somnolence (Epworth scale) are completed by each patient at their arrival at the Avène DHC (inclusion), at the end of HC—three weeks- and at three and six months. The completed questionnaires were returned by post. RESULTS: In this first analysis, patients suffering from the following conditions, psoriasis, atopic dermatitis and burns, were taken into account and analysed at inclusion and at the end of the HC. The DLQI score at inclusion is 31.5. At the end of HC, the DLQI score is 11.67. These first results show evidence of an improvement of patients’ QoL after three weeks of HC (p < 0.001). Concerning the SF-12, the results consisted of two scores: mental (MCS-12) and physical (PCS-12). At inclusion, the parent’s scores were: pcs-12 = 48 & mcs-12 = 35. At the end of HC, the scores were: PCS-12 = 47 & MCS-12 = 42. These results demonstrate a QoL improvement for the mental health dimension of the SF-12 (p < 0.02). For the pcs-12 the difference was not significant. There were no statistically significant change in patients’ consequences upon the PCS-12 and MCS-12 at the end of the HC. CONCLUSION: These first results show evidence of an improvement of patients’ QoL after three weeks of HC. It will really be relevant to try to confirm the timelessness of this QoL improvement at three and six months.