PHYSICAL FINDINGS

The patient presented with a rash on the left arm that had started two days ago. The rash was pruritic and had not responded to over-the-counter topical corticosteroids. The patient reported occasional difficulty sleeping due to itching. There was no history of similar rashes in the past.

PRELIMINARY DIAGNOSIS

The rash on the arm is consistent with contact dermatitis, possibly due to a new product the patient has recently started using.

FURTHER INVESTIGATION

- Patch testing to identify the allergen
- Biopsy for confirmation
- Review of medication history
- Avoidance of known allergens

TREATMENT OPTIONS

- Topical corticosteroids
- Oral antihistamines
- Avoidance of identified allergens

Patient education on self-management strategies to prevent future episodes of contact dermatitis is also important.

Follow-up appointment in one week to assess response to treatment.

References:

Patients taking prescription drugs were more satisfied than those taking over the counter (p<0.01). Severely ill patients were willing to change therapies if new, more effective alternatives became available (p<0.05). Only 1 study assessed the costs of CU in Europe while another one described the use of medical resources. The cost in France was €2,139.48 per patient/year. Patients lost 2.2 working days/month, being productivity losses 92% of total costs. CU patients were mostly cared for by a caregiver. In both countries descriptive. In Hungary the number of patients who visited the dermatology clinic were reported. CONCLUSIONS: PRoS and costs in CU are infrequently addressed in the literature. Findings show patients reduced HRQoL and their willingness for more effective therapies. Frequent medical visits and loss of productivity make CU a burdensome disease in European countries.

A REVIEW OF PATIENT REPORTED OUTCOMES (PROs) IN PSORIASIS ACCORDING TO THE FOOD AND DRUG ADMINISTRATION (FDA) PRO GUIDANCE CRITERIA

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OBJECTIVE: To compare health-related quality of life (HRQoL) of Hungarian and Iranian psoriasis patients and to analyze possible differences in the relationship between EuroQol 5 dimensions (EQ-SD), Dermatology Life Quality Index (DLQI) and Psoriasis Area and Severity Index (PASI) and demographic characteristics, descriptive. In total, 910 psoriasis patients enrolled from two Hungarian university clinics and 62 from an Iranian clinic. Besides HRQoL assessment, data on demographics, applied treatments, affected body sites and clinical types were collected. RESULTS: Mean age of the Hungarian and Iranian patients were 51.2 ± 12.9 years with 67% males and 40.4 ± 17.5 years with 76% males, respectively. Amongst the Hungarian patients 18% received only or one topical therapy in the last 12 months, 31% systemic non-biological treatment and 52% biologicals whereas in Iran 48% of the patients applied only topicals and 39% treated with non-biological systemic therapy. Mean EQ-SD, DLQI and PASI of the Hungarian and the Iranian sample were 0.639 ± 0.24, 6.297 ± 3.01 and 11.2 ± 5.9, respectively. In Hungary the area of face and trunk was more relevant than in Iran (p<0.05). Both in Hungary and Iran 67% of patients reported the worst general HRQoL (mean EQ-SD scores: 0.36±0.3 and 0.47±0.4). Correlation between EQ-SD and DLQI was found very similar across the two countries (r=-0.43 and -0.44, p<0.001), but EQ-SD showed significant correlation with PASI only in Hungary (r=0.27, p<0.001). Strong positive correlation was identified between DLQI and PASI in both countries but only in those patients who received systemic therapy: Iran (r=0.72, p<0.001) and Hungary (r=0.76, p<0.001). Our findings suggest that disease severity, treatments, and country-specific differences might lead to variations in the relationship between the outcome measures used in psoriasis.

HOW CAN THE QUALITY OF LIFE IN HAND ECZEMA QUESTIONNAIRE (QOLHEQ) BE INTERPRETED? A BANDING STUDY

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OBJECTIVE: The Quality of Life in Hand Eczema Questionnaire (QOLHEQ) is a disease-specific instrument to assess health-related quality of Life (HRQoL) in hand eczema (HE) patients. The QOLHEQ assesses four domains of HRQoL: (a) symptoms, (b) emotions, (c) treatment, and (d) activity. Patients were assigned to one of 5 bands: slight impairment; QOLHEQ 0-9; moderate impairment; QOLHEQ 9-25 = slight impairment; QOLHEQ 25-58 = moderate impairment; QOLHEQ 58-79 = severe impairment. By using the QOLHEQ score to devise separate sets of bands. Weighted kappa was calculated in order to identify the set of bands with the best agreement between QOLHEQ and AQ. RESULTS: Overall, 8% of HE patients were included in the study. Mean age was 46.7 years (SD=12.9) and 54.1% of the sample were female. With a weighted kappa of 0.54 the best agreement was found for the following band: QOLHEQ 0-9 = minimal impairment; QOLHEQ 9-25 = slight impairment; QOLHEQ 25-58 = moderate impairment; QOLHEQ 58-79 = severe impairment. QOLHEQ 79 = very severe impairment. CONCLUSIONS: This is the first study which uses an anchor-based approach in order to devise a banding for the QOLHEQ-score. This banding represents a standardized means of interpreting the QOLHEQ score.

FACTORS CONDITIONING HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH PSORIASIS IN EUROPE: A SYSTEMATIC REVIEW OF THE LITERATURE

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OBJECTIVE: To identify conditioning factors of Health Related Quality of Life (HRQoL) in patients with Psoriasis (Ps) in Europe. METHODS: Electronic databases [PubMed, ISI-WOK, Cochrane Library, MEDIS, CICIM-IBCS, EBES] and grey literature [Google Scholar], were searched to identify studies written in English or Spanish on HRQoL in patients with psoriasis, published in Europe between January 1990 and December 31, 2013. Bibliographic references were hand searched. Editorials, letters, commentaries, opinion papers and studies related to specific treatments were excluded. RESULTS: 27 studies accomplished the inclusion criteria. Most of the publications (66.7%, n=18) were cross-sectional studies. 25.9% (n=7) had a prospective design while 7.4% (n=2) were retrospective. 12 studies analyzed the relation between HRQoL and demographic characteristics, determining in 75% and 50% of them, there was a relation between sex (women) and age (younger patients) with poorer HRQoL. 3 publications demonstrated the HRQoL impairment associated with visibility of skin lesions. 4 studies appraised the relationship between disease activity and HRQoL determining a more compromised HRQoL in those patients with active disease. Disease severity was the most frequent assessed factor, being studied in 13 publications, describing in 92% of them that patients with higher PASI had worse HRQoL. 2 articles indicated that disease symptoms as skin discomfort and pruritus were stimuli that negatively influenced the HRQoL of these patients. Emotional disturbances were identified as predictors of poorer HRQoL in 5 studies. 3 publications determined that the use of biologic therapy contributed to improve HRQoL. CONCLUSIONS: HRQoL has been broadly addressed in patients with psoriasis in Europe. Several disease- and patient-related factors contributed to its deterioration. Therapeutic measures with proved effectiveness in controlling disease symptoms and reducing PASI should be considered in patients with severe disease who have a relation with poorer HRQoL.

SENSORY SYSTEMS DISORDERS – Health Care Use & Policy Studies

COST EFFECTIVENESS AND VALUE OF INFORMATION ANALYSES OF NUTRITIONAL SUPPORT IN PREVENTING PRESSURE ULCERS IN HIGH RISK HOSPITALIZED PATIENTS

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