SKIN—Health Care Use & Policy Studies

PSK8

ASSESSMENT OF INVOLVED BODY SURFACE AREA (BSA) IN PSORIASIS PATIENTS. VALIDATION OF SOFTWARE ASSISTED DIAGNOSIS BSA FOR THE MANAGEMENT OF PSORIASIS

Espallardo O1, Badía X2, Bermúdez L1, Peruleiro N2, Aragües M2, Bordas X1, Costa J1, Dauden E1, Filipe P3, Ginarte M4, Jimenez R5, Pereiro M6, Perez A7, Sanchez JL6, Servitje O8, Vélez A1
1Micerca, Serono, Spain, Madrid, Spain, 2HMS Health, Barcelona, Spain, 3Hospital La Princesa, Madrid, Spain, 4Hospital de Bellvitge, Madrid, Spain, 5Hospital Santa Maria, Madrid, Portugal, 6Hospital Gil Cañares, Madrid, Spain, 7Hospital Reina Sofia, Madrid, Spain, 8Hospital General de Valencia, Madrid, Spain

OBJECTIVES: To validate a software, for an optical pencil toll, to calculate psoriasis patients’ body surface area (BSA) and to demonstrate that the new developed method is been valid and reliable to quantify the BSA. METHODS: Multicentre prospective study at Dermatology centres (Five Spanish Hospitals and one Portuguese Hospital). In each hospital two dermatologists visited the same patients twice (second visit 3 days after first). 60 dermatologists included ≤10 consecutive patients with psoriasis. Socio-demographical and clinical variables (PASI, time since diagnosis, current treatment) and BSA scores were collected for each patient in the two visits. To calculate BSA scores traditional method (visual grading following the nine rule of Wallace method’s) and the optical pencil method (BSA software developed) were used. Inter-intra observers reliability, variability between BSA scores regarding the new tool, versus the traditional method, and the tool’s usefulness will be assessed. RESULTS: Fifty-six patients were included. Mean (SD) age was 48.93 (16.76) years. Mean (SD) time since diagnosis was 18.77 (14.28). Pearson’s correlation coefficient between both methods was 0.91 (p < 0.01). Intraobserver correlation for each of the methods was 0.91. The correlation among both methods was in the first visit 0.92 and 0.90 in the second visit. The ICC was higher than 0.85 independently of which of the two methods were used firstly. The investigators considered that the new method is easy to use (94%), it guides towards the disease management (64%) and standardizes the calculation of the body surface area (86.4%). CONCLUSION: These results can prove that the software to assess BSA has shown to be valid to be used both in clinical practice and in clinical trials. Therefore, the optical pencil method to quantify BSA can be used as standard for the assessment of involved body surface area in the management of psoriatic patients.

SKIN—Methods and Concepts

PSK10

QUANTITATIVE ASSESSMENT OF PATIENT-DEFINED BENEFIT IN DERMATOLOGY

Schafer I, Rustenbach SJ, Reich C, Augustin M
University Clinics of Hamburg, Hamburg, Germany

OBJECTIVES: In an increasing number of European countries patient-defined benefit is considered important in the valuation of therapy. So far, most procedures used for benefit assessment do not cover the broad spectrum of benefits relevant to patients nor do they allow for an individual weighting of preferences. In this context a patient-reported benefit questionnaire was developed and validated. METHODS: Initially, open questioning of n = 100 dermatological patients generated a pool of 213 benefit items which were converted into a 24-item-list by an expert panel of dermatologists, psychologists and patients. This pilot version of the questionnaire was validated in a group of n = 500 patients with 10 dermatological diagnoses. Basic principle of the instrument is pre/post data-collection. Prior to therapy, individually perceived needs (Patient Needs Questionnaire, PNQ) are obtained: For each of the 24 standardized items patients rate its importance on a Likert scale ranging from 0 (“not important at all”) resp. “doesn’t apply to me”) to 4 (“very important”). At the end of therapy the degree to which these benefits (Patient Benefit Questionnaire, PBQ) were achieved is assessed using the same list with scaling from 0 (“therapy didn’t help at all”) to 4 (“helped a lot”). To compose a single outcome parameter a formula was developed by weighting the PBQ with their respective PNQ-items. This “Patient Benefit Index” (PBI) also ranges from 0 to 4. RESULTS: Besides good acceptance and feasibility the PBI showed construct validity and the PNQ a high internal consistency with Cronbach’s alpha > 0.94. Diagnostic groups presented different and clinically plausible outcome-patterns: Whereas the PBI was rather low for all vitiligo-therapies (mean = 1.03, SD 1.13, n = 711) wound-patients undergoing vacuum-assisted therapy (n = 172) showed a mean PBI of 2.75 (SD = 0.89). CONCLUSION: The PBI is a valid and reliable instrument to obtain patient-defined and individually weighted therapeutic benefits in clinical and public health studies.

SKIN—Patient Reported Outcomes

PSK11

EVALUATION OF THE ASSOCIATION BETWEEN EQ5D UTILITY AND DERMATOLOGY LIFE QUALITY INDEX (DLQI) SCORE IN PATIENTS WITH PSORIASIS

Currie CJ1, Conway P2
1Cardiff University, Cardiff, UK, 2Wyeth Europa, Berkshire, UK

OBJECTIVES: The Dermatology Life Quality Index (DLQI) is a validated and widely used patient reported outcomes instrument.