METHODS: A generic scale (SF-12), a specific scale (DLQI—Dermatology Life Quality Index) and a daytime sleepiness evaluation questionnaire (Epworth scale) were completed by each patient when they arrived at the Avène Hydrotherapy center.

RESULTS: For the population analysed (n = 460), the average age was respectively 37.5 ± 14.9 years for patients suffering from atopic dermatitis (n = 175) compared with 53.7 ± 14.0 years for those with psoriasis (n = 279). The gender ratio was opposite, in favour of women for atopic dermatitis (70.1%) and men for psoriasis (55.3%). The DLQI score was 29.7 ± 19.8 for patients suffering from atopic dermatitis and 27.2 ± 19.2 for patients with psoriasis. The SF-12 mental dimension of patients suffering from atopic dermatitis were more altered than that of patients with psoriasis (38.0 ± 6.5 versus 39.5 ± 6.3). Patients with psoriasis were significantly more physically affected than atopic patients (physical dimension component of 44.4 ± 6.7 in patients with psoriasis compared to 45.6 ± 5.9 in atopic patients). Patients suffering from atopic dermatitis felt that their disease had significantly more often deteriorated their health than patients with psoriasis (with respectively 58.4% versus 49.5%), but also their relationships with their children and with the rest of their family. CONCLUSIONS: These initial results showed an alteration in the quality of life of patients with psoriasis and patients suffering from atopic dermatitis and the impact of 2 dermatoses on daily life. Patients with psoriasis were more affected physically, unlike the atopic patients, for whom the suffering was more mental. This notion also occurs with the feeling of a greater deterioration of their relationship with their children or families in atopic patients in comparison with psoriasis patients.

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ATOPICAL DERMATITIS: EVALUATION OF SELF-PERCEIVED STRESS AND QUALITY OF LIFE
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OBJECTIVES: Evaluate QoL and self-perceived stress in a population with atopic dermatitis. METHODS: For 5 consecutive days, 5 dermatology departments in France handed out self-perceived stress (PCV-Metra) and QoL questionnaires (SF12) to patients attending their outpatient clinics. RESULTS: Of a total 658 adult patients who attended an appointment and responded during these 5 days, 18% presented with a melanotic tumour diagnosed by the dermatologist. Mean patient age was 52.0 ± 17.3 years, with more women than men (56.8% vs 43.2%). A total of 41.9% had tumours discovered more than 5 years before and for 23.3% the melanotic tumour had been discovered more recently (less than a year ago). Fifteen percent of patients with a melanotic tumour also presented with a concomitant dermatological condition. The evaluation of stress via the self-questionnaire evidenced a self-perceived stress level of 8.8 ± 4.0. Patients who had suffered from dermatosis for more than 5 years had a self-perceived stress level of 9.2 ± 4.4 vs 8.9 ± 3.5 in patients with a more recent skin condition (5 years or less). QoL evaluated using the SF12 showed a change in the mental component outcome with a score of 43.0 ± 9.9 and a physical component score of 48.2 ± 9.4. The SF12 mental component score was 45.0 ± 9.3 in patients with dermatosis arising within the last 5 years vs 40.3 ± 10.2 in patients with skin conditions of longer duration. CONCLUSIONS: The mental health status is more impaired for patients whose melanotic tumour had been discovered more than 5 years before than for those with a more recent tumour (p = 0.05). The findings of this study on patients with melanotic tumours, a subject seldom discussed in the literature, encourages us to investigate further.

PSS46
MELANOTIC TUMOURS: EVALUATION OF SELF-PERCEIVED STRESS AND QUALITY OF LIFE
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OBJECTIVES: Evaluate QoL and self-perceived stress in a population with melanotic tumours. METHODS: For 5 consecutive days, 5 dermatology departments in France handed out self-perceived stress (PCV-Metra) and QoL questionnaires (SF12) to patients attending their outpatient clinics. RESULTS: Of a total 658 adult patients who attended an appointment and responded during these 5 days, 18% presented with a melanotic tumour diagnosed by the dermatologist. Mean patient age was 52.0 ± 17.3 years, with more women than men (56.8% vs 43.2%). A total of 41.9% had tumours discovered more than 5 years before and for 23.3% the melanotic tumour had been discovered more recently (less than a year ago). Fifteen percent of patients with a melanotic tumour also presented with a concomitant dermatological condition. The evaluation of stress via the self-questionnaire evidenced a self-perceived stress level of 8.8 ± 4.0. Patients who had suffered from dermatosis for more than 5 years had a self-perceived stress level of 9.2 ± 4.4 vs 8.9 ± 3.5 in patients with a more recent skin condition (5 years or less). QoL evaluated using the SF12 showed a change in the mental component outcome with a score of 43.0 ± 9.9 and a physical component score of 48.2 ± 9.4. The SF12 mental component score was 45.0 ± 9.3 in patients with dermatosis arising within the last 5 years vs 40.3 ± 10.2 in patients with skin conditions of longer duration. CONCLUSIONS: The mental health status is more impaired for patients whose melanotic tumour had been discovered more than 5 years before than for those with a more recent tumour (p = 0.05). The findings of this study on patients with melanotic tumours, a subject seldom discussed in the literature, encourages us to investigate further.

PSS47
ATOPICAL DERMATITIS AND THERMAL THERAPY: EVALUATION IN CHILDREN UNDER 15
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OBJECTIVES: To evaluate the quality of life of the children treated at the Avène hydrotherapy center and that of their parents. METHODS: The quality of life of the children was evaluated using the CDLQI (Children’s Dermatology Life Quality Index) and a generic scale (SF-12) was used. The questionnaires were filled in by one of the 2 parents: when the child arrived at the Avène hydrotherapy center (consultation on arrival), at the end of the thermal therapy (week 3) but also at 3 and 6 months. RESULTS: Our sample involved 237 subjects on arrival, with an average age of 10.2 ± 3.2, 86.3% atopic and 10.7% with psoriasis. In 89% of cases it was the mother who accompanied the child. The average age was respectively 10.1 ± 3.2 years for the children suffering from atopic dermatitis versus 11.3 ± 2.8 years for the psoriasis patients. For the atopic children, there was a significant improvement in the CDLQI score at 3 weeks, sustained improvement at 3 months and perpetuation of the effect at 6 months. Regarding the SF-12, the results are organised into 2 scores: mental (MCS-12) and physi-