PATIENT REPORTED OUTCOMES IN PSORIASIS

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OBJECTIVES: To know the repercussion of the moderate-severe psoriasis on the health-related quality of life (HRQoL), the health state utilities, the direct costs and the health resources employees in the last year. METHODS: An observational (naturalistic) study conducted at Dermatology centres in Spain and Portugal. A total of 332 dermatologists included ≥10 consecutive patients with moderate to severe psoriasis. The case report form includes information about the Psoriasis Disability Index (PDI), as well as variables of severity: Body surface area (BSA) and Psoriasis Area and Severity Index (PASI). Health state utilities were assessing by the Time Trade-off and Willingness to pay methods. Data collected also include the direct cost in treatments and days of sick leave, number of medical visits, hospitalization days and emergency visits in the last year. RESULTS: 3320 patients were assessed. Mean BSA involvement was 23% (95% CI: 22.2–23.3%) and mean PASI score was 14.3 (95% CI: 13.9–14.6%). The mean value of the PDI was 8.93 (IC95% 7.83–9.21). There was a consistent decrease in HRQoL with increase in disease severity. The mean amount of remaining life that patients were willing to sacrifice to be free of psoriasis was 25 months (95% CI: 23.4–26.8) and the mean proportion of monthly income that were willing to pay was 29% (95% CI: 28.1–30.1), with the amount of time or income increasing with disease severity. In 89% of patients, psoriasis represented a mean monthly income that were willing to pay was 29% (95% CI: 22.2–33.3) and mean PDI score was 14.3 (95% CI: 13.9–14.6%). The mean value of the PDI was 8.93 (IC95% 7.83–9.21). There was a consistent decrease in HRQoL with increase in disease severity. The mean amount of remaining life that patients were willing to sacrifice to be free of psoriasis was 25 months (95% CI: 23.4–26.8) and the mean proportion of monthly income that were willing to pay was 29% (95% CI: 28.1–30.1), with the amount of time or income increasing with disease severity. In 89% of patients, psoriasis represented a mean monthly income that were willing to pay was 29% (95% CI: 22.2–33.3). Cronbach’s alpha coefficients ranged from 0.83–0.89 for the OSSAS and 0.82–0.87 for the OSIS, demonstrating excellent internal consistency. The a priori criterion for test-retest reliability (ICC = 0.7) was met for one of the three OSSAS domains and one of the two OSIS domains. Correlations of the Skindex-29 and Acne-QoL scales with the OSSAS (range: −0.08–0.38) and OSIS (range: 0.37–0.73) domain scores met content expectations for these scales. OSSAS and OSIS domains distinguished among groups of patients who differed in terms of both patient reported facial OS severity (p < 0.0001) and patient reported bothers associated with OS (p < 0.0001). CONCLUSION: The OSSAS and OSIS provide valid self-report measures of facial OS severity and the emotional impact of OS, respectively. Test-retest reliability and responsiveness of these measures require further evaluation.

SMOKING—Cost Studies

VARENICLINE IN SMOKING CESSATION TREATMENT IN SPAIN

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1Pfizer Spain, Madrid, Spain, 2Oblique Consulting, Barcelona, SC, Spain, 3Pfizer European Brand Team, Surrey, UK. OBJECTIVES: Varenicline (Champix®) is a new drug indicated for smoking cessation. The objective was to analyse the efficiency of varenicline compared with bupropion, NRT (nicotine replacement therapy) and no pharmacological treatment in Spain. METHODS: A Markov model was developed to analyse the