cataracts, diabetic retinopathy, age-related macular degeneration and cytomegalovirus retinitis. CONCLUSIONS: For research that requires a self-administered measure of vision-related QOL, the NEI-VFQ-25 appears to be the optimum choice. It has demonstrated acceptable psychometric properties across several QOL domains with minimal respondent burden.

**COMPARING THE QUALITY OF LIFE EFFECTS OF PRIMARY FOCAL HYPERHIDROSIS TO OTHER DERMATOLOGICAL CONDITIONS AS ASSESSED BY THE DERMATOLOGY LIFE QUALITY INDEX (DLQI)**

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OBJECTIVES: The objective of this study was to assess and descriptively compare the quality of life (QOL) effects of hyperhidrosis (HH), as measured by the Dermatology Life Quality Index (DLQI), relative to other dermatological conditions with published DLQI scores. METHODS: Primary hyperhidrosis patients asking for care at the Dermatology Clinic of the University of Würzburg completed the DLQI as part of a research study to assess the quality of life burden resulting from hyperhidrosis. Patients were categorized by main site of involvement (i.e. axillary, palmar, other) to identify any focal location-dependent differences. In addition, a literature search was performed to identify published reports of DLQI scores for hyperhidrosis and other dermatological conditions. Mean DLQI total scores observed in this clinic cohort were compared with those for other dermatological conditions to determine the relative QOL effects of hyperhidrosis. RESULTS: DLQI data were collected from 345 hyperhidrosis patients in the dermatology clinic. Forty-two published reports of mean DLQI total scores for dermatological conditions, including three for hyperhidrosis, were identified. Mean DLQI total scores for hyperhidrosis ranged from 9.9–18 indicating significant quality of life impairment. By focal location of hyperhidrosis, reported ranges for mean DLQI total scores were: palmar (8.8–18), axillary (10–17), facial (12.5), and mixed (9.2–15.5). Overall, hyperhidrosis was associated with similar or greater impairment than other dermatological conditions including psoriasis (4.5–13.9), eczema (4.1–16.2), and acne (4.3–9.3). Similar mean DLQI total scores and ranges were observed for both axillary and palmar hyperhidrosis. CONCLUSIONS: This review suggests that the QOL effects of hyperhidrosis as assessed by the DLQI are comparable to, and in most cases greater than, other dermatological conditions for which DLQI data are available.

**THE FRENCH VERSION OF THE CARDIFF ACNE DISABILITY INDEX**

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OBJECTIVE: The objective of our work was to translate the Cardiff Acne Disability Index (CADI) into French, with careful attention to the linguistic aspects and the cultural context of the French patients. METHODS: The CADI is a scale devised by Prof. R.J. Motley and A. Finlay of Cardiff to assess the disability caused by acne. This questionnaire has been used in numerous studies to evaluate the consequences of the disease in daily life or the effects of different treatments. Following international methodological recommendations, the CADI scale was translated in a standardized way consisting of forward translation, quality control, backward translation, and a
pretest. RESULTS: With the author’s approval, the questionnaire was translated from English to French by two independent translators. The two versions were compared and a few non significant differences were noted. The translations were discussed and reviewed, item-by-item, until a consensus was achieved: version 3. The version 3 was critically reviewed by a bilingual expert version 4. A bilingual translator back-translated version 4 in version 4b which after discussion with the main author has been accepted as expressing the questions in the same way as the original version. CONCLUSION: To make sure that the translation is consistent with our objective, the pretest analysis is ongoing among 20 patients. For a large-scale validation, this questionnaire will be remitted during a clinical trial on a new therapeutic strategy in more than 80 patients.

PSORIASIS AND ATOPIC DERMATITIS: CROSS-DESCRIPTION OF PATIENTS’ QUALITY OF LIFE
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Skin diseases have a strong impact on the physical and mental well-being of the patient. This is confirmed by the large number of quality of life studies that exist. Psoriasis and atopic dermatitis are the two most frequent chronic dermatoses, therefore we estimated relevant to cross-compare the patients’ quality of life. OBJECTIVES: The Avène Dermatological Hydrotherapy Centre, which welcomes over 2500 patients a year suffering from skin diseases. The objective of the study is to demonstrate the relevance of the long term effects of hydrotherapy treatments on patients quality of life. METHOD: A generic scale (SF-12) and a specific scale (DLQI—Dermatology Life Quality Index) are completed by each patient at their arrival at the Avène Dermatological Hydrotherapy Center (inclusion), at the end of hydrotherapy cares (3 weeks) and at 3 and 6 months. The completed questionnaires were returned by post. RESULTS: In this first analysis, the first 30 patients suffering from the three following conditions: psoriasis, atopic dermatitis were taken into account and analysed at inclusion and at the 6 months after the hydrotherapy cares. The DLQI score at inclusion is 32.1. At 6 months the DLQI score is 24.2. These first results show evidence of an improvement of patients’ quality of life 6 months after hydrotherapy treatments (p < 0.02). CONCLUSION: These first results show evidence of an improvement of patients’ quality of life 6 months after hydrotherapy treatments.

PSORIASIS AND QUALITY OF LIFE: SPANISH RESULTS
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OBJECTIVE: To evaluate the effect of psoriasis on quality of life of patients in Spain. MEHOD: Four thousand five hundred anonymous questionnaires (comprised of two scales: the Psoriasis Disability Index (PDI) plus 10 questions concerning treatment and evolution of psoriasis) were sent, via a Psoriasis Patient Support Group (AccionPsoriasis). RESULTS: Nineteen hundred questionnaires were returned (June 2002): response rate 42%. An analysis of the first 810 questionnaires was realised. The sex ratio Men (M)/Women (W) was 49/51. Mean age: 42 years. Mean age of diagnosis: 21.8 years. The average to the total score was 8.47 (s.d. 7.2 rank 0 to 39) i.e. 18.82 (s.d. 17.2) when reported to a scale of 0 to 100. Significant difference was observed between M and W for the global handicap score 20.73 vs 16.95 p < 0.002. Two groups was identified: poussée de psoriasis (84%),