OBJECTIVES: To estimate direct medical costs and treatment failure rates associated with use of systemic agents and phototherapy in moderate to severe psoriasis.

METHODS: Patient-level claims data on use of psoriasis-related Health care services were obtained from a large New England payer. Patients with >1 claim listings a ICD-9-CM diagnosis code for psoriasis (696.0; 696.1) were eligible for inclusion. Eligible patients not receiving systemic treatments (methotrexate, cyclosporin A, acitretin) or phototherapy (ultraviolet B with or without tar or petrolatum; psoralen and ultraviolet A [PUVA]) were excluded. Treatment failure was defined as switch to nonrotational therapy, augmentation with nontopical therapies, discontinuation following up-titration, or discontinuation following hospitalization for psoriasis. Medical costs included those related to pharmacy (excluding OTC medication), institutional (inpatient and outpatient) care, and professional services. Mean costs within each service category, as well as 99th percentile costs, were estimated by treatment. RESULTS: A total of 2073 patients were included in the analysis. Over a 1-year period, approximately 21.7% of patients experienced treatment failure, with therapy switches accounting for most occurrences. Mean time to treatment failure ranged from 3–6 months. Per-patient annual pharmacy costs were lowest among methotrexate users (US$257) and highest among cyclosporin users (US$1992). The 99th percentile of annual pharmacy and institutional costs exceeded US$10,000, while that of professional service costs was approximately US$2,500. CONCLUSIONS: The high variability of direct medical costs among these patients reflects the heterogeneous and chronic nature of psoriasis. Overall, use of conventional systemic and light therapies for treatment of moderate to severe psoriasis was associated with frequent failure and high medical costs.

PSN8
COST-OF-ILLNESS STUDY IN PATIENTS SUFFERING FROM CHRONIC PLAQUE PSORIASIS IN GERMANY
Kugland B1, Ehlken B1, Hofmaier A2, Augustin M3, Berger K4
1MERG—Medical Economics Research Group, Munich, Germany; 2Biogen GmbH, Ismaning, Germany; 3University of Freiburg, Freiburg, Germany; 4MERG—Medical Economics Research Group, Munich, Germany

OBJECTIVES: Examining the economic impact of psoriasis vulgaris during the course of one year and due to a current skin deterioration (flare). METHODS: A multi-center, cross-sectional, retrospective, and prospective cost-of-illness study. Information such as demographic characteristics, frequency, and number of consultations, hospitalizations, rehabilitations, out-of-pocket expenditures and absence from work were collected by semi-standardized patient questionnaires and chart record reviews (12 months retrospectively; 6 weeks prospectively). Direct, medical and non-medical, and indirect costs were considered from several perspectives: patients’, third party payers’ (TPP), societal. Inclusion criteria: moderate to severe chronic plaque psoriasis, age (18–65 years), ongoing flare, signed informed consent. RESULTS: Twelve office-based dermatologists and 5 outpatient departments in dermatology hospitals enrolled 227 patients, 56% with moderate and 44% with severe course of disease. Eighty-six percent of the patients responded to the questionnaire. Mean age was 47 years, 55% were male. On average, annually TPP reimbursed €835 per patient. Main cost drivers were prescribed medication (60%) and hospitalization (22%). Patients spent €596 p.a. mainly for additional treatments (26%) e.g. alternative therapy, OTC-medications/skin care (29%). Indirect costs per patient amounted to €1435 p.a., 92% related to early retirement/unemployment due to psoriasis. Total annual costs per patient were €2866, including €2658 per patient with moderate and €2852 per patient with severe course of disease. Due to the current flare 32% of the patients received systemic therapy and 61% were treated exclusively topically and/or with phototherapy. Direct medical costs (TPP) due to a current flare amounted to €195 per patient within 6 weeks; including €449 per patient treated with systemic drugs and €85 treated locally and/or with phototherapy. CONCLUSION: Patients and their families bear a sizeable amount themselves. Also, the burden for TPP and for society is noticeable. Costs increased remarkably for patients receiving systemic therapy.

SKIN DISORDERS—Quality of Life

PSN9
PREVALENCE AND QUALITY OF LIFE OF PATIENTS SUFFERING FROM INFLAMMATORY DERMATITIS (PSORIASIS, ECZEMA, ATOPIC DERMATITIS AND URTICARIA) IN FRANCE—INSTANT STUDY
Wolkenstein P1, Crochard A2, Mimaud V3, Stalder JF4, Lorette G5, El Hasnaoui A6
1Henri Mondor Hospital, Créteil, France; 2GlaxoSmithKline, Marly Le Roy, France; 3CEMKA, Bourg la Reine, France; 4Hôtel Dieu Hospital, Nantes, France; 5Trouseau Hospital, Tours, France; 6laboratory GSK, Marly Le Roy, France

OBJECTIVES: To estimate the prevalence and the quality of life of subjects suffering from inflammatory dermatitis (ID) (psoriasis, eczema, atopic dermatitis and urticaria) in the French population of adults 18 years of age or older. METHODS: A population-based survey was conducted among 10,000 adults through personal face to face interviews by using the quota sampling method (applied on age, sex, economic working class and woman working status). The screening was made by asking the subjects if they have suffered from one of the 4 ID in the past 12 months or if they have been treated by at least one inflammatory dermatitis specific treatment from a pre-defined list. Subjects answering positively to one of these questions was considered as a “ID subject”. The quality of life
was assessed by using the SF-36 questionnaire among the
ID subjects and a randomly selected control group of sub-
jects not suffering from ID (520 persons). RESULTS: The
population surveyed was representative of the French
population in terms of age, sex, and geographic living
area. Patients suffering from ID were similar to the
control group in terms of age, sex, and geographic living
area. The annual prevalence of ID was estimated: 8.8%,
IC 95% = [7.8%; 9.8%]. The SF-36 score of mental
health was significantly lower in the ID population: 45.8
versus 48.0 in the control group (p < 0.001). The SF-36
score of physical health was not significantly different.
CONCLUSION: The annual prevalence of inflammatory
dermatitis is estimated at 9% in French adult population.
People suffering from inflammatory dermatitis have a sig-
nificant impact on the mental health dimension of quality
of life but not on physical dimension.

THE USE OF DISCRETE CHOICE ANALYSIS TO
ASSIST WITH THE INTERPRETATION OF
QUALITY OF LIFE SCORES

Backhouse ME1, Meads D2, Doward LC2, McKenna SP2
1Novartis Pharma AG, Basel, Switzerland; 2Galen Research,
Manchester, United Kingdom

OBJECTIVE: A common approach to the problem of
interpreting the clinical implications of quality of life
(QoL) scores is to utilize the concept of minimal impor-
tant difference (MID). MID emphasises both the primacy
of patient preferences and the relation between QoL
scores and treatment change. The study purpose is to
illustrate how discrete choice analysis (DCA) could be
used to estimate the relation between QoL and patient
preferences for treatment change. METHODS: A 28-item
atopic dermatitis (AD) QoL instrument was applied to
102 subjects enrolled in a pivotal trial comparing two
alternative AD treatments. Four QoL assessments were
made over 12 months. Subjects were also asked to indi-
cate the extent to which the disease was under control.
Their responses were dichotomized into a variable, which
indicated whether subjects were inclined to seek treat-
ment change, or not. DCA was used to estimate the rela-
tion between probability of treatment change and QoL
scores. RESULTS: QoL scores were found to be a statis-
tically significant predictor of the probability that a
subject would seek a treatment change (p < 0.0001 in
each case). The sign on the QoL coefficient was in line
with prior expectations. For both treatments, the proba-
bility that a subject would seek a treatment change
declined over time (from 0.63 to 0.42 for active treat-
ment; 0.63 to 0.57 for comparator). However, the proba-
bility for the new treatment under investigation was
lower at the end of the trials than for the comparator.
CONCLUSIONS: While our analysis is illustrative and
exploratory, the results suggest that DCA offers a promis-
ing approach to the interpretation of QoL scores. By
modeling the direct relation between QoL scores and a
patient’s desire for treatment change, the approach dis-
penses with the need for anchor measures, the inter-
pretation of which is often unclear.

THE WILLINGNESS-TO-PAY FOR PSORIASIS
TREATMENT IN DENMARK

Hart-Hansen K1, Kaer T2, Noerregaard J3
1The Royal Veterinary and Agricultural University,
Frederiksborg C, Denmark, Denmark; 2University of Southern
Denmark, Odense C, Denmark, Denmark; 3LEO Pharma,
Ballerup, Denmark, Denmark

OBJECTIVES: The objective of the analysis is to evalu-
ate the willingness to pay for topical psoriasis treatment
in Denmark. METHODS: A stated preference method—
discrete choice experiment (DCE) was applied as a postal
survey to 700 members of the Danish Psoriasis Associa-
tion. The respondents were asked to choose between two
hypothetical treatment options. The treatment options
were described by six attributes: Number of products, fre-
cquency of application, visual effects, non-visual effects,
three types of side effects and monthly cost. Through
logistic regression it was possible to extract the willing-
ness-to-pay of each attribute and for specific marketed
treatment options (defined by these attributes).
RESULTS: The survey had a high response rate (73%, or
N = 510), and showed the highest willingness-to-pay for
avoidance of two named side effects (irritated skin and
thin skin) followed by visual effect of the treatment. After
adjusting results of the logistic regression model for
income, the willingness to pay for the best possible treat-
ment option relative to the worst possible treatment
option was DKK 4443 (=€597) per month. The willin-
gess to pay for for a newly launched topical treatment
option containing calcipotriol and betamethasone
(Daivobet) would thus be DKK 4043 (=€543) compared
to an estimated monthly treatment cost of DKK 683
(€92). Thus, the societal welfare gain of a month of
Daivobet treatment is DKK 3360 (=€452). CONCLU-
SION: The survey showed high willingness to pay among
a group of Danish psoriasis patients, especially for
avoided side effects and effective treatment. For a single
product (calcipotriol/betamethasone (Daivobet)), the
willingness-to-pay proved more than fourfold as high as
the treatment cost.

QUALITY-OF-LIFE IN PATIENTS SUFFERING
FROM ATOPIC DERMATITIS IN GERMANY

Ehiken B1, Kugland B1, Schramm B2, Quednau K2, Berger K1
1MERG—Medical Economics Research Group, Munich,
Germany; 2Novartis Pharma GmBH, Nuremberg, Germany

OBJECTIVES: Evaluating quality-of-life (QoL) of atopic
dermatitis patients and parents of children with atopic
dermatitis as well as patients’ preferences during and after