examine which drugs had generic equivalents available for each year. The Pharmaceutical Red Book was referred for drug pricing and product information. RESULTS: Generic drugs accounted for almost half of total prescription drugs dispensed in 2003 as compared to 19% in 1983. In 1990, two of the ten drugs prescribed in outpatient clinics were generics, which rose to six in 2003. Out of ten top-selling drugs, six will lose their patents in next five years. In 1990, none of the top ten dermatological drugs were generics. With few drugs losing their patents since 1990 (e.g. Retin-A®), two out of top ten dermatological drugs were generics in 2003. CONCLUSIONS: This study finds an increasing trend in the availability of generic medications. However, concerns regarding the bioavailability of generic equivalents used in dermatological conditions may limit their use. However, increased pressure from managed care organizations to prescribe inexpensive generics, overall growth in generic drug market, and anticipated drug patent expirations may influence prescribing patterns of these medications.

**PREDICTORS OF HEALTH CARE OUTCOMES AND COSTS RELATED TO MEDICATION USE IN PATIENTS WITH ACNE IN THE UNITED STATES**

Balkrishnan R², Kulkarni A¹, Feldman S³

¹Ohio State University College of Pharmacy, Columbus, OH, USA; ²Wake Forest University School of Medicine, Winston Salem, NC, USA

OBJECTIVE: To investigate the relationship between health status, costs linked with the treatment of acne in the United States and aspects related to medication use. METHODS: The United States Medical Expenditure Panel Survey (MEPS) database was analyzed for a cohort of people with acne. Patients for this study were identified using the ICD-9 (International Classification of Diseases, 9th revision) code “706” for acne vulgaris and similar conditions (The MEPS dataset uses only the first three digits of the ICD-9 codes to identify disease states). Records of medical events were obtained using this ICD-9 code for acne and the receipt of medication for acne. This cross sectional study obtained costs, demographics, health care service utilization and clinical patient variables from the MEPS database. The subjects were divided into categories depending on type of medications used, mainly, oral antibiotics, oral retinoids, oral contraceptives, topical antibiotics, topical retinoids and oral contraceptives. The EuroQOL (EQ-5D) scores available in MEPS for subjects 18 years and older were used for obtaining health status information for these patients. Indices for medication adherence and comorbidities were also calculated using the data from the MEPS. Multivariate weighted analysis was performed on data for approximately 5 million patients (weighted sample size). RESULTS: Nearly 70% of the patients used some type of medication for acne. Acne-related medication accounted for approximately 36% of the total acne related health care costs, with an average of 2 annual acne prescription refills. Increased number of refills of acne specific drugs was associated with an improvement in health status (p < 0.05). Increased office based visits were the only predictors of higher acne related health care costs (p < 0.01). CONCLUSIONS: Adherence to acne medications is an important component of better health status. Pharmacological treatment of acne does not significantly add to acne-related health care costs.

**NAIL PSORIASIS: ELABORATION OF A SCALE FOR FUNCTIONAL DISCOMFORT**

Taieb C¹, Corvest M², Voisard J³, Marionneau N¹, Myon E¹

¹Pierre Fabre, Boulogne-Billancourt, France; ²APLCP, Vannes, France; ³Pierre Fabre Dermatologie, Lavaur, France

OBJECTIVES: To validate a scale for functional discomfort due to nail psoriasis. The questionnaire will have to be adapted both in the case of toe or finger nail psoriasis. The measured criterion will be unidimensional and related to the bother caused by nail psoriasis in daily life. METHODS: The scale was developed according to the international recommendations on quality of life. In October 2004, a questionnaire was sent to 4000 members, selected by drawing lots, among the French patients support group (APLCP). The first step of the process has led to the selection of 10 items related to functional discomfort induced by nail psoriasis. RESULTS: In total, 795 questionnaires concerning individuals affected by nail psoriasis were analysed. Validation analyses included the 10 selected items. Questionnaire’s contents were coherent with the a-Cronbach coefficient equaling 0.88. The unidimensional feature of the questionnaire was verified: the analysis in principal components revealed that 49% of the total variance was explained by one component. The DLQI specific to dermatological pathologies was also given and enabled a comparison with the scale. Pearson’s correlation coefficient between both scales was 0.48. The severity of the affection assessed through the DLQI evolved in the same way as the evaluation for the “Nail Psoriasis” scale. A test-retest performed on a sample of 15 individuals showed that the scale could be reproduced with an intra-class correlation coefficient of 0.82 between 2 administrations. CONCLUSION: The “Nail Psoriasis” scale is simple to use and easy to give to the patient. The qualitative features which must be found in a quality of life scale have been checked: comprehensibility, reliability and validity. The scale will have to be used during clinical trials in order to demonstrate its ability in measuring change in condition (before and after treatment).

**REFINEMENT AND REDUCTION OF THE IMPACT OF PSORIASIS QUESTIONNAIRE: CLASSICAL TEST THEORY VS RASCH ANALYSIS**

Nijsten T¹, Uneae J², Stern RS³

¹University Hospital of Antwerp, Edegem, Belgium; ²Harvard medical school, Boston, MA, USA; ³Beth Israel Deaconess Medical Center, Harvard Medical school, Boston, MA, USA

Quality of life instruments are increasingly important in assessing disease severity. However, some of these measurements have been developed on a more or less ad hoc basis. Although not well standardised, psychometric analyses can be used to re-test, refine and shorten existing quality of life instruments more strictly. OBJECTIVES: To psychometrically test and refine the Impact of Psoriasis Questionnaire (IPSO) and to compare the results of two different statistical approaches. METHODS: Among 792 psoriasis patients who were included in the PUVA Follow Up Study, we used Classical Test Theory (CTT) and Rasch analysis to test and optimise the IPSO. Thereafter, two shortened versions of the IPSO derived from these models were compared. RESULTS: CTT analyses of the original IPSO demonstrated suboptimal item performance for 6 of 16 items and inappropriate subscaling. In contrast to the original 4 subscales, factor analysis of the CTT version yielded 3 subscales (mental functioning, mental wellbeing and stigmatisation). The Rasch approach, which included ordering of thresholds, differential item functioning and item fit, resulted in an unidimensional 11-