OBJECTIVE: To assess feasibility, convergent validity and reliability of the Italian version of the Infants' Dermatitis Quality Of Life Index (IDQOL) and the Family Dermatitis Index (FDI).

METHODS: Parents of 21 children with atopic dermatitis were enrolled at the Policlinico Hospital in Modena and interviewed on two separate occasions (6/7 days between the interviews). Feasibility was tested by computing the number of missing answers; convergent validity was tested by testing correlation between the scores; reliability was tested in terms of internal consistency and test-retest reproducibility. RESULTS: all the interviewed persons answered to every question. The median severity score was 1.00 (0–3), with no significant differences between the two interviews and good level of agreement (weighted kappa = 0.604). The IDQOL median score was 9.00 (from 7 to 17, in the first, to 16 in the second interview), with no significant differences between the two interviews; Cronbach's alpha >0.7. Intraclass Correlation Coefficient (ICC) between the first and second assessment =0.95; presence of biases excluded (Bland & Altman method); the coefficient of agreement for each IDQOL item ranged from 0.632 ('mealtimes') to 1.000 ('play', "family activities"). The median DFI score was 5 (from 0 to 19, in the first, to 18, in the second interview), with no significant differences between the two interviews, Cronbach's alpha >0.9, ICC between the first and second assessment =0.99, the presence of biases excluded; coefficients of agreement computed for each item ranged from 0.638 ('feeding') to 0.908 ('expenditure'). The convergent validity between these instruments was satisfactory, with high and statistically significant correlation coefficients. CONCLUSIONS: The Italian version of IDQOL and DFI is feasible, valid and reliable. These instruments can be used to evaluate QOL of young patients with atopic dermatitis and their families and can be used to assist decisions on treatment and health-care resource allocation.

ATOPIC DERMATITIS: IMPACT ON SEXUALITY
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OBJECTIVES: Assess the impact of atopic dermatitis on the patient’s sexuality. METHODS: Atopic patients consulting spontaneously their dermatologist were given two questionnaires: the first one was completed by the patient himself/herself and the second, by the patient’s partner, if this was the case. Patients were asked to fill in a questionnaire on sexuality and two questionnaires on quality of life: a generic questionnaire (SF-12) and a specific one for skin pathologies (DLQI). Partners were asked to complete the same questionnaire on sexuality as well as the SF-12 questionnaire. The dermatologist was asked to assess AD severity using the SCORAD index. RESULTS: Sex ratio for our population (n = 266) was 34.2% of men versus 65.8% of women. Mean age of our population was 33.4 years old (SD:12). The average number of years with atopic dermatitis was 18 years (SD:13.8). Severity of AD was determined by the dermatologist using the SCORAD index. According to this classification, 1.6% of our population presented a mild form of atopic dermatitis, 44.1% a moderate form and 54.3% a severe form. Only 10.5% of interviewed subjects said that their atopic condition had never affected their physical appearance. They were also 18.3% to speak about their partner’s fear of catching the disease. For 57.5% of the subjects, atopic dermatitis resulted in, at least some of the time, a decrease in sexual desire. Aspect of AD (redness, dryness) was affecting their sexuality at least from time to time for 55.4% of them. Regarding treatment, 46.8% declared an impact of the latter on their sexuality. CONCLUSIONS: Results of this study underline the sizable impact of atopic dermatitis on sexuality. Over one patient in two reported a decrease in sexual desire. AD should hence be more considered as a public health problem so as to provide patients with better global management.

QUALITY OF LIFE OF PAEDIATRIC PATIENTS WITH ATOPIC ECZEMA AND THEIR FAMILIES
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OBJECTIVE: Evaluation of Health-Related Quality-of-Life (HRQoL) of atopic eczema (AE) in pediatric patients and their families. METHODS: We conducted a naturalistic, multicenter Cost-Of-Illness study. Data on AE patients with flare-ups was collected: socio-demographic, clinical, economic, HRQoL and preferences towards pharmacological treatment. The following results pertain to the children’s and their families’ HRQoL. Caregivers’ HRQoL was evaluated with the EuroQol; disease-specific questionnaires were used to evaluate families’ wellbeing (Dermatitis Family Impact, DFI) and patients’ HRQoL: Infant’s Dermatitis Quality Of Life Index (IDQOL) for patients aged 2–4 years, Children’s Dermatology Life Quality Index (CDLQI) for patients aged 5–16 years (in every scales, 0 corresponds to good and 30 to bad quality of life). Descriptive analyses and tests on possible associations between children’s and families HRQoL were conducted. RESULTS: A total of 83 children with their caregivers (97.5% parents) were enrolled; 47% patients were aged 2–4 years, 20.5% were 5–7 years old, 32.5% were 8–16 years old. At the enrollment the median IDQOL was 8 (0–21), the median CDLQI was 4 (0–21). The median DFI was 8 (0–21). No more than 5% of caregivers reported problems with the EuroQol domains “mobility”, “self-care”, “usual activities”, 35.4% reported problems with “pain/discomfort”, 28.4% problems with “anxiety/depression”. DFI score was significantly correlated with IDQOL and CDLQI (p < 0.0001) and all these scores were moderately related to the caregivers’ perception of “anxiety or depression” (p < 0.10). Patients and families’ wellbeing was worse in the group of patients aged 2–4 years old (p < 0.05), while it was similar among patients aged 5–16 years. CONCLUSION: This study allowed us to evaluate the HRQoL impairment attributable to AE and the repercussions on families’ wellbeing. Good levels of validity and reliability of the Italian version of the disease-specific questionnaires used in this study was confirmed.

VALIDATION OF THE ITALIAN VERSION OF THE DERMATOLOGY LIFE QUALITY INDEX
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OBJECTIVE: To assess feasibility, content validity and reliability of the Italian version of the Dermatology Life Quality Index (DLQI). METHODS: Twenty-two patients (median age 35 years, from 18 to 64, 22.7% males) affected by skin diseases, were recruited at the Policlinico Hospital in Modena and asked to complete the DLQI on two separate occasions (six or seven days between the two interviews). The median DLQI score was 8.00 (1–21) and 8.50 (2–23) on the first and second interview, respec-