IMPACT OF COMPLIANCE ON INTRA-OCULAR PRESSURE (IOP) CONTROL IN GLAUCOMA PATIENTS

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OBJECTIVES: To identify and characterize glaucoma patient compliance profiles and to evaluate the impact on treatment efficacy. METHODS: A computerized device (Travalert®) that collects daily instillation time and number of drops was given to a cohort of patients for three months. A patient was declared compliant when at least 2 drops per day were instilled, one in each eye. Two compliance rates were calculated per week: during the weekend and the remaining ‘working’ days. Principal component analysis (PCA) was performed followed by an ascendant hierarchical classification (AHC) to identify groups of compliant patients. Their characteristics were compared using chi-square or ANOVA. RESULTS: A total of 113 patients were included (mean age 66.5, 51.8% male), and 86.7% had primary open angle glaucoma. Mean IOP was 24.2 mmHg before using Travalert®. 57.5% were treated with DuoTrav® and 42.5% with Travatan®. PCA identified two axes (compliance intensity and week effect), explaining 63.0% of the variance. AHC identified 3 compliance groups: good (56.6% of the patients, compliance around 80%), mild (21.2% of the patients, compliance around 50%) and poor (22.1% of the patients, compliance around 20%). No predictive variables (demographic or medical) of poor compliance were identified. At the last visit, IOP was 16.1 mmHg on average and statistically significantly higher in the poor compliance group (17.7 mmHg; P = 0.02). CONCLUSIONS: Compliance, measured objectively with a medical device, remains a major issue in glaucoma treatment since about half the patients had compliance lower than 80%. This impacted IOP control, a surrogate end-point of glaucoma progression. None of the medical and demographics variables were associated with poor compliance suggesting that forthcoming compliance research should identify new targets (e.g. behavior) to identify patients benefiting from a compliance training program.

EFFECTIVENESS OF MOXIFLOXACIN IN THE TREATMENT OF BACTERIAL CONJUNCTIVITIS IN ADULTS

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OBJECTIVES: To estimate the effectiveness of moxifloxacin in the treatment of bacterial conjunctivitis in adults using data from the available randomized clinical trials METHODS: Four randomized clinical trials were identified. Three compared moxifloxacin against placebo and one against ofloxacin. Effectiveness parameters included early (day 3 to 5) and late (day 7 to 10) clinical efficacy, late bacteriological efficacy, and drop-out due to lack of efficacy. Fixed (Mantel-Haenzel) and random (Der Simonian and Laird) effects models for risk ratios and risk differences associated with treatment effects were estimated and tests of homogeneity of effects across studies were done. All analyses were conducted on the intention to treat population. RESULTS: A total of 609 moxifloxacin-treated patients and 606 placebo-treated patients were included in the meta-analysis. Drop-out rates due to lack of efficacy were consistently higher for patients receiving placebo. However, there was significant heterogeneity in the estimates of drop-out rates for moxifloxacin and placebo groups across studies (p = 0.04). The probability of both an early and a late clinical remission was higher with moxifloxacin (RR, 1.17; P = 0.001; RR, 1.13; P = 0.05, respectively). The late bacteriological remission rate was about 25% higher (RR, 1.26, P = 0.001) for patients treated with moxifloxacin. Eleven patients had to be treated with moxifloxacin to gain one additional clinical remission and 6 to gain one more bacteriological remission. In comparison to ofloxacin, the probability of drop-out due to lack of efficacy for the bacteriological documented population was 2.63-fold lower (P = 0.03) with moxifloxacin; one extra failure could be avoided for every 19 patients treated. CONCLUSIONS: This meta-analysis suggests higher clinical and bacteriological efficacy of Moxifloxacin compared with placebo. The estimates reported here should be interpreted with caution, given the small number of clinical trials with published results. The lower proportion of drop-outs for patients treated with moxifloxacin compared with ofloxacin suggests a lower use of rescue treatments for patients receiving moxifloxacin.
significant differences in adverse events. In actual practice such events affect a patients’ willingness to comply with treatment and therefore the effectiveness of treatment.

**PSS8**

**ATOPIC DERMATITIS IN CHILDHOOD: WHAT “DERMATOLOGICAL FUTURE” FOR THESE CHILDREN?**

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OBJECTIVES: To understand the ‘dermatological future’ of subjects having suffered from atopic dermatitis as a child.

METHODS: In each of the 8 following European countries (France, Italy, Spain, Portugal, Germany, Switzerland, Belgium and Greece) a sample of the population, representative of the population over the age of 15, was established by CSA Santé. Hence, 4506 individuals were interviewed by phone and selected according to the quotas method. RESULTS: A total of 12.5% of our sample (54% of women) declared having suffered from atopic dermatitis; this figure is relatively stable in each country with two extremes: the lowest rate was found in Portugal (6.5%) and the highest rate was seen in Belgium and France with 14.8 and 14.4% respectively. A total of 17.8% said they had never consulted a dermatologist whereas they are 31% in the general population. A total of 51% declared having today dry skin (vs 38%) and 57% said they had sensitive or very sensitive skin (vs 31.8%). A total of 10.3% of subjects with a history of atopic said they were currently suffering from atopic dermatitis (2.3%) or contact eczema (8%) hence 3 times more than in the global population. Similarly, 27% declared a coexisting pathology during the interview, they are only 12.3% in the general population (acne: 5%, psoriasis: 3.3%, seborrheic dermatitis: 1.35%).

These results are twice those observed in the general population. CONCLUSIONS: Recent studies have indicated atopic dermatitis in 10 to 25% of children whereas studies performed in the 60s gave prevalence rates of the order of 5%. Our results (at 12%) therefore confirm these figures. Furthermore, according to our results, it appears that subjects with a history of atopic dermatitis are more exposed than the general population to dermatoses which is why preventive patient management and adapted education measures are of particular interest.

**PSS9**

**SENSITIVE SCALP: AN EPIDEMIOLOGICAL APPROACH**

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OBJECTIVES: Using an epidemiological approach, evaluate and analyse subjects who consider their scalp to be sensitive.

METHODS: A representative sample of the population aged 15 years old and over was taken by CSA Santé. A total of 1011 individuals were questioned by telephone and selected as per the quotas method. RESULTS: Statistically more women than men considered themselves to be “someone who has a very or rather sensitive scalp” (47.4% vs 40.8%, p = 0.036). While 5.7% of the total population declared that they suffered from a scalp disorder, 11.5% of these were in the sensitive population vs 1.1% in the non-sensitive population (p < 0.001). 24% of responders complained of dry scalp, 58% had a normal scalp, 16% an oily scalp and 1% a mixed scalp. A total of 60.3% of responders with a dry scalp also considered that they had a very or rather sensitive scalp, while this percentage dropped to 58.4% in responders with oily scalps and finally to 32.9% in those with a normal scalp (p < 0.001). Subjects with a sensitive skin experienced statistically more frequent stinging, itching and burning than those with non-sensitive scalps. The primary trigger factors were pollution for 54%, heat for 42%, emotion for 47% and shampoo for 47%.

An emotional trigger was significantly more frequent in patients with a sensitive scalp than in the others (53.0% vs 41.4%). A total of 65.8% of subjects reported sensitive skin declared they had a sensitive scalp vs 49.5% in the other responders (p < 0.001). CONCLUSIONS: Numerous factors can trigger sensitive scalp but not in a systematic fashion. This study made it possible to establish a link between the concepts of sensitive skin and sensitive scalp. Sensitive skin appears to be more frequently observed in patients with a sensitive scalp. Finally, the symptoms that characterise sensitive skin are not systematically the same as those that define a sensitive scalp.

**PSS10**

**SENSITIVE SKIN IN EUROPE: AN EPIDEMIOLOGICAL APPROACH**

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OBJECTIVES: To establish a comparative description on the perception of skin sensitivity in 8 European countries representing a total of 285 million inhabitants.

METHODS: In each of the 8 following European countries (France, Italy, Spain, Portugal, Germany, Switzerland, Belgium and Greece) a sample of the population, representative of the population over the age of 15, was established. Hence, 4506 individuals were interviewed by phone and selected according to the quotas method. RESULTS: When asked “Do you have sensitive skin?”, 37.6% of our sample replied ‘sensitive’ or ‘very sensitive’. The non-reply rate was below 1.5%. More women said they had sensitive skin than men, 49.4% versus 37% (p < 0.05). According to interviewed individuals, a dermatological disease was sometimes concomitant with their skin sensitivity: 31.2% of subjects with very sensitive skin declared suffering from a dermatological pathology, 17.6% with sensitive skin, 8.7% with minor skin sensitivity and 3.7% with no skin sensitivity. A history of atopic dermatitis or eczema during childhood was more frequently observed in subjects with sensitive skin (18.5% versus 8.6%). Interviewed individuals who declared having dry or oily skin had significantly and more frequently sensitive or very sensitive skin compared to those with normal skin. Fifty-two percent of individuals with dry skin; 38.4% with oily skin and only 25% with normal skin.

CONCLUSIONS: This study is the first study on sensitive skin carried among the European population. In the eight concerned countries, 100,000,000 of subjects declared having ‘sensitive’ or ‘very sensitive’ skin and probably not all have spontaneously consulted their dermatologist for this type of complaint. Dermatologists should therefore systematically ask the question to their patient. The non-reply rate was very low, which implies that the term ‘sensitive skin’ makes sense for the great majority of individuals.

**PSS11**

**SENSITIVE SKINS IN FRANCE: AN EPIDEMIOLOGICAL APPROACH**

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OBJECTIVES: To evaluate the perception of skin sensitivity in France.

METHODS: A representative nationwide sample of the French population aged 15 and over was taken. The individuals were questioned by telephone and selected as per the quotas method.

RESULTS: To the question “Do you have sensitive skin?”, 44.1% of men and 59.4% of women answered “sensitive” or “very sensitive”. Women had significantly more sensitive skin than men (p < 0.001). The no response rate was less than 1.0%. A total of 27.7% of the population with very sensitive skin, 14.3% with sensitive skin, 7.0% with slightly sensitive skin and