psoriasis compared with those suffering from atopic dermatitis.

**METHODS:** A generic scale (SF-12), a specific scale (DLQI—Dermatology Life Quality Index) and a daytime sleepiness evaluation questionnaire (Epworth scale) were completed by each patient when they arrived at the Avène Hydrotherapy center.

**RESULTS:** For the population analysed (n = 460), the average age was respectively 37.5 ± 14.9 years for patients suffering from atopic dermatitis (n = 175) compared with 53.7 ± 14.0 years for the patients with psoriasis (n = 279). The gender ratio was opposite, in favour of women for atopic dermatitis (70.1%) and men for psoriasis (55.3%). The DLQI score was 29.7 ± 19.8 for patients suffering from atopic dermatitis and 27.2 ± 19.2 for patients with psoriasis. The SF-12 mental dimension of patients suffering from atopic dermatitis were more altered than that of patients with psoriasis (38.0 ± 6.5 versus 39.5 ± 6.3). Patients with psoriasis were significantly more physically affected than atopic patients (physical dimension component of 44.4 ± 6.7 in patients with psoriasis compared to 45.6 ± 5.9 in atopic patients). Patients suffering from atopic dermatitis felt that their disease had significantly more often deteriorated their health than patients with psoriasis (with respectively 58.4% versus 49.5%), but also their relationships with their children and with the rest of their family.

**CONCLUSIONS:** These initial results showed an alteration in the quality of life of patients with psoriasis and patients suffering from atopic dermatitis and the impact of 2 dermatoses on daily life. Patients with psoriasis were more affected physically, unlike the atopic patients, for whom the suffering was more mental. This notion also occurs with the feeling of a greater deterioration of their relationship with their children or families in atopic patients in comparison with psoriasis patients.

**REFERENCES:**

- Boussetta S1, Taieb C2

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**OBJECTIVES:** Evaluate QoL and self-perceived stress in a population with melanotic tumours. **METHODS:** For 5 consecutive days, 5 dermatology departments in France handed out self-perceived stress (PCV-Metra) and QoL questionnaires (SF12) to patients attending their outpatient clinics. **RESULTS:** Of a total 658 adult patients who attended an appointment and responded during these 5 days, 10.5% presented with a melanotic tumour diagnosed by the dermatologist. Mean patient age was 52.0 ± 17.3 years, with more women than men (56.8% vs 43.2%). A total of 41.9% had tumours discovered more than 5 years before and for 23.3% the melanotic tumour had been discovered more recently (less than a year ago). Fifteen percent of patients with a melanotic tumour also presented with a concomitant dermatological condition. The evaluation of stress via the self-questionnaire evidenced a self-perceived stress level of 8.8 ± 4.0. Patients who had suffered from dermatosis for more than 5 years had a self-perceived stress level of 9.2 ± 4.4 vs 8.9 ± 3.5 in patients with a more recent skin condition (5 years or less). QoL evaluated using the SF12 showed a change in the mental component outcome with a score of 43.0 ± 9.9 and a physical component score of 48.2 ± 9.4. The SF12 mental component score was 45.0 ± 9.3 in patients with dermatosis arising within the last 5 vs 40.3 ± 10.2 in patients with skin conditions of longer duration. **CONCLUSIONS:** The mental health status is more impaired for patients whose melanotic tumour had been discovered more than 5 years before than for those with a more recent tumour (p = 0.05). The findings of this study on patients with melanotic tumours, a subject seldom discussed in the literature, encourages us to investigate further.

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**OBJECTIVES:** To evaluate the quality of life of the children treated at the Avène hydrotherapy center and that of their parents. **METHODS:** The quality of life of the children was evaluated using the CDLQI (Children’s Dermatology Life Quality Index) and a generic scale (SF-12) was used. The questionnaires were filled in by one of the 2 parents: when the child arrived at the Avène hydrotherapy center (consultation on arrival), at the end of the thermal therapy (week 3) but also at 3 and 6 months. **RESULTS:** Our sample involved 237 subjects on arrival, with an average age of 10.2 ± 3.2, 86.3% atopic and 10.7% with psoriasis. In 89% of cases it was the mother who accompanied the child. The average age was respectively 10.1 ± 3.2 years for the children suffering from atopic dermatitis versus 11.3 ± 2.8 years for the psoriasis patients. For the atopic children, there was a significant improvement in the CDLQI score at 3 weeks, sustained improvement at 3 months and perpetuation of the effect at 6 months. Regarding the SF-12, the results are organised into 2 scores: mental (MCS-12) and physical component scores. Atopic patients seem to suffer from chronic stress related to the chronic nature of the dermatosis, probably caused by exhaustion and known changes occurring in the hypothalamus-pituitary axis.
cal (PCS-12). The SF-12 scores of the parents, for all dermatoses together, on arrival (n = 400) were: PCS-12 = 46.9 & MCS-12 = 39.4. The improvement in the parents’ quality of life in the mental dimension is statistically significant (MCS-12 = 39.4 to 40.7). CONCLUSIONS: This study shows an alteration in the quality of life of parents whose children suffer from chronic dermatoses. The overall treatment at the hydrotherapy center improves quality of life—in its mental dimension—of the parents. Our study confirms the pertinence of using thermal therapy, but also for the first time demonstrates sustained improvement in quality of life at 3 months and perpetuation at 6 months for children under 15.

HOSPITAL DERMATOLOGY CONSULTATION TYPES: A FRENCH ASSESSMENT
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OBJECTIVES: To evaluate the skin diseases most frequently treated in the outpatient clinics of the dermatology departments in 5 university teaching hospitals located throughout France (Besançon, Brest, Lyons, Paris and St Etienne). METHODS: For 5 consecutive days, five dermatology departments assessed the types of skin diseases seen in the outpatient clinic. RESULTS: 658 adult patients agreed to take part in the assessment. The dermatologist alone or with the help of the patient completed the individual questionnaires. Mean patient age was 48.9 ± 19.3 years. The 4 major dermatoses for which patients consulted were: melanotic tumours, atopic dermatitis, psoriasis and acne (18.1%, 10.6%, 10.2% and 5.4% of consultations respectively). Atopic dermatitis, psoriasis and acne accounted for more than one quarter of appointments (26.2%). Atopic dermatitis and acne were the two primary reasons for consultation in the under 35 s, accounting for respectively 20.9 and 14.7% while in the over 35 age group, melanotic tumours and psoriasis were the two major motives (21.3% and 10.2%, respectively). For all these dermatoses, the sex ratio was in favour of women (from 54 to 69%) with the exception of psoriasis, for which the sex ratio was, on the contrary, in biased towards men. In total, 39.1% of responders consulted their dermatologist when their skin condition worsened. The self-perceived stress level showed a statistically significant difference depending on the skin condition for which the appointment was made (11.4, 10.4, 9.2 and 8.9 for psoriasis, acne, atopic dermatitis and melanotic tumours). CONCLUSIONS: This assessment shows that patients of all ages visit hospital dermatology outpatient clinics. The diversity of the skin conditions treated at these clinics bears witness to the accessibility of appointments and is a clear indication of the need for these hospital clinics in addition to the dermatological care available in the community.

A DISEASE MODEL ILLUSTRATING THE IMPACT OF PSORIASIS ON PATIENTS’ LIVES
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OBJECTIVES: To develop a disease model based on the literature findings, illustrating the impact of psoriasis on patients’ lives. METHODS: Biomedical databases were searched using keywords related to psoriasis and social, psychological, and physical impacts. Articles containing concepts related to psoriasis and important to patients were retained. Relevant concepts were extracted, put into homogenous groups and organised in a diagram according to Wilson and Cleary’s model. Finally, statistically significant links between concepts were reported in the diagram. RESULTS: Among 374 abstracts reviewed, 35 articles were selected for the construction of the model. The concepts identified in publications were extracted and put into 5 groups: disease-related characteristics (risk factors, signs and symptoms, biological, functional, psychological status); environment (social life, medical, emotional, other people); individual characteristics (socio-demographics, co-morbidities, beliefs, personality, coping strategies); treatment; and overall quality of life. Disease characteristics (especially signs and symptoms) appeared to be very important to patients, and was the concept most widely correlated with others. Psychological status, including psychological distress, also emerged as an essential concept for patients with psoriasis, and was related to coping strategies such as avoidance. Functional status and social life seemed to be impaired, resulting in restrictions in activities of daily living, sexual relationships, or work, leading to social withdrawal. Finally, the role of stress appeared to be complex, as it can be a risk factor, a personality trait, or a consequence of psoriasis. CONCLUSIONS: This model illustrates the impact of psoriasis on many domains of patients’ lives. It highlights the successive consequences leading from symptoms to health-related quality of life. It also shows the amount of available evidence, allowing elements that require further exploration to be identified. Finally, the model describes the interactions between individual and environmental factors, as well as the complexity of some factors (e.g. stress).

DEVELOPMENT OF AN INSTRUMENT FOR ASSESSING HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH CHRONIC URTICARIA
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OBJECTIVES: Chronic Urticaria (CU) is a frequent dermatology disease that has a great impact on Health-Related Quality of Life (HRQoL). Nowadays there is no HRQoL specific questionnaire in CU in Spanish population. The objective is to develop the URQoL questionnaire in Spanish patients with CU. METHODS: In order to define the main dimensions the questionnaire should cover, a literature review and a focus group with 4 dermatologist were performed. Additionally a semi-structured interview was conducted in 11 patients with CU to evaluate the impact of the disease, symptoms and treatment on HRQoL. From the content of the interviews a first pool of items were identified. Each item was subsequently rated by the dermatologist, according to clarity, frequency and importance to reduce the number of items. Remaining items were edited in a questionnaire format and administered to a sample of patients. A debriefing analysis and preliminary psychometric analysis were performed to obtain the final pilot questionnaire before the validation study. RESULTS: A total of 33 patients were enrolled in the pilot study. Mean (SD) age 48.1(14.7) year, 66.7% were woman. After qualitative reduction a 21 items questionnaire was obtained (URQoL). One of the items was reformulated and the answer option ‘not applicable’ was added in two items (one related to working activity and the other one related to sexual activity). CONCLUSIONS: URQoL is a new HRQoL questionnaire with good initial measurement properties. With the data obtained in the ongoing validation