clothes you wear?" exhibited DIF by gender in both psoriasis and AD samples, indicating that women were significantly more likely than men (at the same level of QoL) to affirm the item. Finally, the extensive DIF by disease observed indicates that it is not valid to compare the scores of AD and psoriasis patients using this measure.

**LIVING WITH A DERMATOsis: A NATIONAL SURVEY OF QUALITY OF LIFE IN BELGIUM**

Lambert J1, De la Brassinne M1, Myeon E2, Martin N3, Monnier F1, Weckx H1, Taieb C2

1Royal Belgium Society of Dermatology, Brussels, Belgium; 2Health Economics & Quality of Life Dept, Boulogne-Billancourt, France; 3IRPF, Boulogne-Billancourt, France; 4AVENE Dermatological Laboratories, Brussels, Belgium

OBJECTIVES: To assess the consequences of dermatological diseases on the quality of life of the patients. METHODS: Every Belgian Dermatologist received a sample of 30 questionnaires including the DLQI and the SF-12 that they distributed during the “National Week of Dermatology” to the first 30 patients coming to the consulting room. The SF-12 is a generic measure of health status, composed of two dimensions, a Physical one (PCS-12) and a Mental one (MCS-12). The lower the score, the more the quality of life is affected. The DLQI is a questionnaire designed to measure and compare disability in different skin conditions. The higher the score, the more the quality of life is affected. RESULTS: The male/female ratio was 37%/63% and the mean age was 46.76 years. Concerning the patients’ state of health, MCS-12 and PCS-12 were respectively 43.8 (SD = 11.3) and 48.1 (SD = 9.4); with a significant difference in the mental dimension between Flemish (46.4, SD = 10.6) and Walloons (40.7, SD = 11.3) (p = 0.0001). The quality of life score, assessed by the DLQI, shows a quality of life’s impairment with a score of 6.1 (SD = 5.9). CONCLUSIONS: Our population reflect a QoL impairment comparable to the ranges obtained when initially validating the DLQI,i.e. for patients suffering psoriasis the DLQI mean score was 8.9, it was 4.3 for patients suffering from acne, and 6.7 for patients with viral warts. Concerning patients’ health status we observe for every patient, whatever his skin disease was, an important impairment in the mental dimension of the SF-12 compared to a standard population and a slight one for the physical dimension (except for patients with acne who are younger, mean age = 28 years old).

**INTERPRETATION OF SCORES ON THE PSORIASIS INDEX OF QoL (PSORIQOL)**

McKenna SP1, Meads DM1, Backhouse ME2

1Galen Research, Manchester, UK; 2Novartis Pharma AG, Basel, Switzerland

OBJECTIVES: The Psoriasis Index of Quality of Life (PSORIQoL) is a 25-item quality of life (QoL) scale specific to psoriasis. It has been shown to have excellent scaling properties and to be reproducible and valid. The aim of the present study was to assess the responsiveness of the PSORIQoL and provide data that will aid in the interpretation of scores on the measure.

METHODS: Data from a 13-week, placebo-controlled clinical trial in psoriasis were analysed. PSORIQoL responsiveness was assessed using Effect Size (ES), Standardised Response Mean (SRM) and the Responsiveness Statistic (RS). The Standard Error of Measurement (SEM), a distribution-based method of interpreting scores was also calculated. An anchor-based Minimal Important Difference (MID; which provides an assessment of clinical meaningfulness) was derived by measuring QoL change accompanying changes in disease severity on a six-point Investigator’s Global Assessment (IGA). The IGA ranges from zero (clear) to five (very severe disease). RESULTS: A total of 69 psoriasis patients completed the PSORIQoL. (51/ 74% male; mean age 43.8 +/- 11.7; baseline mean PSORIQoL = 12.2 +/- 6.4; 13-week PSORIQoL = 9.8 +/- 7.1). Effect Sizes ranged from 0.37 for the placebo arm to 0.67 for the most potent treatment arm. Changes for the whole sample were significant over time (p = .007), with SRM = 0.40 and RS = 0.51. According to ES, changes of 1.3, 3.2, and 5.1 represent small, moderate and large changes in PSORIQoL scores respectively. One SEM = 1.91; 1.96 SEM = 3.75. A move from Severe to Moderate and from Moderate to Mild disease on the IGA requires a change of 1.8 and 2.7 points, respectively in PSORIQoL scores. CONCLUSIONS: The PSORIQoL was shown to be responsive to treatment effects. The MID for the measure is between two and three points.

**SUNBURNS AND QUALITY OF LIFE**

Gutierrez P1, Dubertret L1, Myeon E2, Nocera T1, Perez N2, Martin N1, Taieb C2

1Hospital Saint Louis, Paris, France; 2Avene Dermatological Laboratories, Lavaur, France

OBJECTIVES: The ICARE programme’s objective is to assess patients’ knowledge of the consequences of sun exposure. Its specificity and relevance are based on the fact that patients will be asked to fill in the questionnaire after a sunburn. METHODS: Every patient coming to an outpatient pharmacy in order to obtain an advice or treatment following a sunburn was remitted a questionnaire assessing the consequences of sun exposure. The Dermatology Life Quality Index (DLQI) is a validated questionnaire to measure and compare disability in different skin conditions. RESULTS: First results showed evidence of a QoL...