MEDICATION AND HEALTH CARE SERVICE UTILIZATION RELATED TO DEPRESSIVE SYMPTOMS IN OLDER ADULTS WITH PSORIASIS
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OBJECTIVES: This study examined the relationship between depressive symptoms and related medication adherence and health care costs in older adults (age ≥ 65 years) with psoriasis.

METHODS: This was a prospective longitudinal cohort study over a 2-year post enrollment period in a population of older adults with psoriasis enrolled in a Medicare Health Maintenance Organization (HMO) in southeastern United States with prescription benefits. Upon enrollment, each enrollee was mailed a comprehensive health status assessment battery, which included the Center for Epidemiologic Studies Depression (CES-D) scale. Information on medication adherence (using medication possession ratio) and total health care utilization/costs following enrollment were retrieved from the Medicare HMO database. Sixty-three older adults with psoriasis using topical corticosteroids therapy and enrolled in the Medicare HMO for 2 years continuous period were included in the final sample. RESULTS: Nearly one-fifths of the patient population had depressive symptoms at the time of enrollment were less likely to be adherent to topical corticosteroids therapy and enrolled in the Medicare HMO for a 2 year continuous period were included in the final sample. CONCLUSIONS: The prevalence of depressive symptoms in older adults with psoriasis is common—place, with strong, yet unexplained correlations between presence of depressive symptoms and lower rates of medication and health care service use among these patients.

EAR/EYE/SKIN DISEASES OR DISORDERS

A COMPARISON OF QUALITY OF LIFE IN PATIENTS WITH AGE-RELATED MACULAR DEGENERATION (AMD) WITH MONOCULAR VERSUS BILATERAL DISEASE
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OBJECTIVES: To determine if the quality-of-life of AMD patients with monocular visual dysfunction differs from that of those with bilateral visual dysfunction. METHODS: A cross-sectional study (n = 168) determined if there was a statistically significant difference in patient-reported health related quality-of-life (HRQoL) of AMD patients with monocular versus bilateral visual dysfunction. Subjects underwent a series of interviewer-administered techniques to ascertain their HRQoL, including the Visual Function Index (VF-14) and patient preferences elicited through both the time tradeoff (TTO) and standard reference gamble (SRG). Visual acuity obtained from a subject’s better- and worse-seeing eye was categorized as 20/20 to 20/40, 20/40–20/70, 20/80–20/200, and worse than 20/200. Based on the various combinations of these 4 visual acuity groupings in the better-seeing (BSE) and worse-seeing eyes (WSE), subjects were classified into one of 10 subgroups. Multivariate linear regression determined if an association existed between various clinical variables and HRQoL. RESULTS: The mean age was 72 years; 63% were females. Mean scores were: VF-14, 66.1; TTO, 0.86; SRG, 0.89. Subjects with binocular visual dysfunction reported a lower HRQoL compared to those with monocular dysfunction (p < 0.001); mean differences in the TTO, SRG, and VF-14 were 0.19 (SE = 0.04), 0.14 (SE = 0.04), and 39.2 (SE = 3.9), respectively. Multivariate models demonstrated that only visual acuity subgrouping, a function of acuity in both the BSE and WSE, was associated with HRQoL score (overall eta² = 34.8%, p < 0.01, and partial eta² equal to 22% [TTO], 20% [SRG] and 60% [VF-14]). Models including both BSE and WSE visual acuity explained an additional 10% in HRQoL variability compared to models with only BSE visual acuity. CONCLUSIONS: Subjects with binocular visual dysfunction reported a significantly lower HRQoL as compared to those with monocular dysfunction. These results suggest that binocular vision is a better predictor of HRQoL in AMD than only visual acuity in the BSE.

A VALIDATION OF A NEW SELF-ASSESSMENT QUESTIONNAIRE AND THE SKINDEX-29 QUALITY OF LIFE (QOL) INSTRUMENT FOR CHRONIC HAND DERMATITIS (CHHD): A PILOT STUDY
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OBJECTIVE: The lack of specific ICD-9 codes and under reporting and diagnosis of ChHD suggests a need for a self-assessment survey to identify ChHD. This pilot study was conducted to validate a newly designed self-assessment questionnaire and the Skindex-29 Qol instrument for use by ChHD patients. METHODS: A clinical questionnaire, consisting of 16 questions, was developed to identify patients with ChHD and to assess its severity, through patient self-administration. Sensitivity, specificity, and receiver operating characteristic (ROC) curve were used to evaluate how closely the ChHD diagnosis based on self-assessment concurred with physician’s diagnoses. Also, Skindex-29, a Qol instrument with 29 questions not previously validated in a ChHD population, was evaluated for internal consistency and construct validity for ChHD patients in this study. Forty-patients (ChHD n = 20; other skin disorders n = 20), with a mean age of 46.6 ± 14.8 years and 30% males, were randomly selected from a dermatology clinic in Louisville, Kentucky for this pilot study. RESULTS: The performance of the clinical questionnaire matched the physicians’ diagnosis in identifying ChHD with a sensitivity of 85%, a specificity of 95%, and an area under the ROC curve of 0.83. The internal consistency of the Skindex-29 was higher than that reported previously in a general dermatology population, with a Cronbach alpha of 0.77 to 0.94 for 3 different (symptoms, emotions and functioning) domains. The construct validity of Skindex-29 was evaluated by examining the correlation between the overall score and physician’s assessment of ChHD severity. The Pearson r,ho was 0.55 (p = 0.07), slightly lower than that reported previously, but higher than that reported for other Qol instruments. CONCLUSIONS: This study indicates that the newly developed ChHD self-assessment