

educational materials and doing the writing exercise compared to the group receiving only educational materials.

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A SYSTEMATIC REVIEW OF OBSERVATIONAL STUDIES OF PATIENTS WITH OCULAR HYPERTENSION OR GLAUCOMA RECEIVING LONG TERM TOPICAL EYE THERAPIES

Christova L¹, Cottrell S¹, Mudge M¹, Tilden D¹, Harvey C²

¹THEMA Consulting Pty Ltd, Pyrmont, NSW, Australia, ²Merck Sharp & Dohme (Australia) Pty Limited, North Ryde, NSW, Australia

OBJECTIVES: To systematically evaluate evidence for the detrimental impact of long-term therapy with preservative containing topical antiglaucoma treatments (P) in patients/subjects with glaucoma or ocular hypertension (OH) **METHODS:** Systematic review and qualitative synthesis of observational studies comparing the use of P and preservative-free (PF) treatments in patients/subjects with glaucoma or OH. **RESULTS:** Eleven studies met review inclusion criteria. Studies differed considerably in terms of design (cross sectional, case control, before-after), treatments received (nature and number of anti-glaucoma agents received, different nature and/or concentration of preservative) and duration of follow-up. Reported outcomes variously included subjective ocular symptoms, clinical measures of lacrimal function, sub-clinical markers of ocular surface change or inflammation and vision related quality of life (QoL). There were no reports of generic measures of QoL or long-term sequelae, e.g. requirement/ success of glaucoma-related surgery. The disparity of the studies meant that data were not amenable to statistical pooling. However, qualitatively, the studies provide a body of evidence which may support an association between the long-term use of P and an increase in subjective symptoms and clinical and sub clinical signs that are suggestive of damage to the ocular surface. The most common apparent side effect reported is dry-eye which directly affects vision related QoL. The expression of symptoms and signs of toxicity appear to be dose dependant and reversible when exposure to preservative is reduced or discontinued. However, the studies cannot exclude other contributory factors that may be inherent in topical therapy per se, e.g., the toxicity of the active agent itself and/or cumulative physical effects of administration. **CONCLUSIONS:** The findings suggest that the preservatives included in some topical antiglaucoma treatments may at least contribute to observed changes to the ocular surface, impairment of lacrimal function and more subjective symptoms experienced by patients.

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USING STRUCTURAL EQUATION MODELING TO INVESTIGATE THE ASSOCIATION OF TREATMENT SATISFACTION WITH DISEASE SEVERITY AND HEALTH RELATED QUALITY OF LIFE

Umar N¹, Schaarschmidt ML¹, Schmieler A¹, Peitsch WK¹, Terris D²

¹Heidelberg University, Mannheim, Baden-Württemberg, Germany, ²University of Georgia, Athens, GA, USA

OBJECTIVES: The assessment of patients' treatment satisfaction in psoriasis treatment has been undermined by the lack of consensus regarding its conceptualization as a measure of treatment success. Our objective is to use structural equation modeling to test a conceptual model of association between treatment satisfaction, disease severity and health related quality of life (HRQoL). **METHODS:** Participants completed the Treatment Satisfaction Questionnaire for Medication (TSQM) and the Dermatology Quality of Life Index (DLQI) at the initial study visit (t1) at 3-month (t2) and at 6-month (t3) follow-up visits. The Psoriasis Area and Severity Index (PASI) was similarly assessed at t1, t2 and t3. We used structural equation modeling to simultaneously investigate the association of TSQM with DLQI and PASI. **RESULTS:** In separate models, Δ TSQM was significantly associated with Δ PASI ($\beta = -0.21$, $P = 0.01$), and Δ DLQI ($\beta = -0.66$, $P < 0.001$), while Δ PASI was significantly associated with Δ DLQI ($\beta = 0.18$, $P = 0.041$). In the simultaneous model, that included Δ PASI, Δ DLQI and Δ TSQM, the significant association between PASI and DLQI diminished ($\beta = 0.04$, $P = 0.56$). This pattern suggested that Δ TSQM mediate the association between Δ PASI and Δ DLQI. **CONCLUSIONS:** Treatment satisfaction mediates the relationship between disease severity and HRQoL in patients with moderate-to-severe psoriasis. Using treatment satisfaction as a measure of therapeutic success may be important in both clinical trials and in routine management of psoriasis. Understanding this association may also assist physicians to identify factors they can modify to improve treatment satisfaction and adherence thus, the efficiency of psoriasis treatment.

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TREATMENT PATTERNS, TREATMENT SATISFACTION, DISEASE SEVERITY AND QUALITY OF LIFE IN PATIENTS WITH PSORIASIS IN DENMARK, FINLAND, AND SWEDEN

Ragnarson tennvall G¹, Hjortsberg C¹, Bjarnason A², Gniadecki R³, Heikkilä H⁴,

Jemec GBE⁵, Kragballe K⁶, Miller IM⁵, Svensson A⁷

¹IHE, The Swedish Institute for Health Economics, Lund, Sweden, ²Sahlgrenska University Hospital, Gothenburg, Sweden, ³University of Copenhagen, Bispebjerg Hospital, Copenhagen, Denmark, ⁴University Hospital of Helsinki, Helsinki, Finland, ⁵Roskilde Hospital, Roskilde, Denmark, ⁶Aarhus University Hospital, Aarhus, Denmark, ⁷Skåne University Hospital, Malmö, Sweden

OBJECTIVES: The aim of the study was to investigate health related quality of life (HRQoL), disease severity and treatment satisfaction in patients with psoriasis from three Nordic countries and to analyse how these measures vary across different treatment groups. **METHODS:** The study is based on data from patient surveys and retrospective chart reviews of psoriasis patients in Denmark, Finland, and Sweden. Information about HRQoL (EQ-5D and EQ-VAS), Dermatology Life Quality Index (DLQI), disease severity, and treatment satisfaction was collected from patient questionnaires. Patient characteristics and type of treatment were collected from patient records. Patients were categorised according to the most advanced psoriasis drug treatment received during the last 12 months: emollients, topical steroids, systemic but not biological drugs, or biological drugs. **RESULTS:** Six centres included 404 patients, 64% were men and the mean age was 51 years. The majority of the patients (76%) had plaque psoriasis. During the last 12 months, 13% had used only emollients, 33% topical corticosteroids, 28% systemic drugs, and 26% were treated with biological drugs during part of or during the whole period. Mean HRQoL according to EQ-5D was 0.75, EQ-VAS 73 and DLQI 6.2. Patients who had not been treated with biological drugs rated their present condition and disease as severe or very severe more frequently than those who were treated with biological drugs during part of or during the whole period. At the time of the survey 70% in the group treated with biologic drugs indicated that the disease had no or small effect on their life and they experienced a higher degree of treatment satisfaction than patients in the other groups. **CONCLUSIONS:** Biological treatment is associated with fewer psoriasis related problems and better treatment satisfaction. Patients treated with only emollients had the lowest treatment satisfaction.

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AVAILABILITY OF RESOURCES FOR PATIENTS WITH WET AGE-RELATED MACULAR DEGENERATION: OPTIMAL STUDY

Balañá M¹, Lahoz R¹, Casaroli-marano RP², Roura M¹

¹Novartis Farmacéutica, S.A., Barcelona, Spain, ²Institut Clínic d'Oftalmologia, Hospital Clínic de Barcelona, Barcelona, Spain

OBJECTIVES: The aim of this study was to assess the availability of resources for patients with wet age-related macular degeneration (wAMD) in current clinical practice. **METHODS:** Observational, cross-sectional and multicenter study. Eligible subjects were ≥ 18 years old, with primary/secondary active subfoveal AMD-related choroidal neovascularization (CNV) diagnosed 12-18 months prior to inclusion study. Demographics and resources management (medical visits, treatment time, number/type of specialists, working tools) data were analyzed. **RESULTS:** 266 patients were included (39 centers involved). The median age (Q1-Q3) was 77.0 (71.0-82.0) years, 55.6% were women. Investigators visited weekly 20.0 (10.0-50.0) patients with wAMD, 10.0 (10.0-25.0) new patients. At present, 100.0 (45.0-250.0) were under treatment provided mainly in operating rooms (61.5%). Centers only have accessible 1.0 (1.0-2.0) operating rooms being available for treatment 2.0 (2.0-5.0) days per week. In most cases (74.4%) operating rooms were located in different floors/buildings from ophthalmology services. Waiting time until visit starts was 40.0 (30.0-60.0) minutes and duration of treatment administration was 20.0 (15.0-50.0) minutes. Time between visit request until medical visit was 20.0 (15.0-30.0) days, and from diagnosis to treatment 7.0 (5.0-10.0) days. Staff working in ophthalmology departments was mainly: retinologist [3.0 (2.0-5.0) per center], ophthalmologists [2.5 (1.1-5.0)], fellows [2.2 (1.0-3.0)], nurses [1.5 (1.0-3.0)], optometrists [1.5 (1.0-3.0)] and administrative staff [1.0 (1.0-2.0)]. Clinicians considered insufficient staff resources for explorations (84.6%) and treatment (46.2%). 30.8% and 20.5% of investigators reflected lack of diagnostic tools such as optical coherence tomography and fluorescein angiography, respectively. **CONCLUSIONS:** The results of this study show that more resources for diagnosis and treatment of wAMD disease are required. These data presented, together with the current policy of reducing the budget in the Spanish Health System invites reflection on the possible recession that may suffer the diagnosis and treatment of wAMD and globally our health system and its implications.