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 age group, melanotic tumors 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, biased towards men. In total, 39.1% of respondents 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).
Abstracts

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SCORING AND PSYCHOMETRIC VALIDATION OF THE FREEDOM FROM GLASSES VALUE SCALE (FGVS)
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OBJECTIVES: To reduce, score and assess the psychometric properties of the Freedom from Glasses Value Scale (FGVS), a new scale developed to measure benefits of freedom from glasses in cataract and presbyopic patients after multifocal intraocular lens (IOL) surgery. METHODS: The FGVS, a 21-item Patient-Reported Outcomes instrument, was developed simultaneously in French and Spanish. It was administered by phone in a study conducted with 132 French and 152 Spanish patients who underwent cataract or presbyopia surgery at least 1 year before the interview. Statistical methods (principal component analysis, multi-trait analysis) and content analysis were used to select the items and to score the FGVS. Psychometric properties (validation of the structure, internal consistency reliability, known-group validity) of the resulting version were assessed in the pooled population and by country. RESULTS: One item was removed from the FGVS, three motivation items were kept but not aggregated in a dimension, and two main dimensions were defined ('global evaluation', 9 items; 'advantages', 8 items). These two dimensions contain five subscores ('evaluation of the results', 2 items; 'feelings', 4 items; 'global judgment', 3 items; 'psychological advantages', 3 items; 'practical advantages', 5 items). A higher score indicates a higher benefit from surgery. The scores presented good psychometric properties; all items met the convergent validity criterion and only three did not meet the discriminant validity criterion. Cronbach's alpha was greater than 0.70 for all dimensions and sub-dimensions (good internal consistency reliability), and the FGVS was able to discriminate between patients wearing glasses or not after surgery (higher scores for patients not wearing glasses). FGVS scores were significantly higher in Spain than in France, however, they showed similar psychometric performances in both countries. CONCLUSIONS: The FGVS is a valid and reliable instrument measuring benefits of freedom from glasses perceived by cataract and presbyopic patients after multifocal IOL surgery.

SCORING AND PSYCHOMETRIC PROPERTIES OF THE EYE-DROP SATISFACTION QUESTIONNAIRE (EDSQ)
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OBJECTIVES: To ascertain the scoring and to assess the psychometric properties of the Eye-Drop Satisfaction Questionnaire (EDSQ). METHODS: The EDSQ was developed to assess the satisfaction and compliance of patients with glaucoma treatment. The hypothesised model content of the questionnaire resulting from patient and clinician interviews organised 43 items into six domains: Patients characteristics, Treatment characteristics, Patient-clinician relationship, Patient experience, Patient-treatment interaction, and Patient knowledge. The EDSQ was included in an observational, multicenter study in France in patients treated for glaucoma. The scoring of the EDSQ was investigated by testing several possible structures, resulting from the hypothesised model/Factor Analysis. Psychometric properties of the retained structure were assessed: internal consistency reliability (Cronbach's alpha) and construct validity (multitrait analysis). Distributional features (missing data, ceiling and floor effects) of the EDSQ scores were scrutinised. RESULTS: Analyses were performed with 169 patients who had completed more than half of the EDSQ items. The retained structure, resulting from Principal Component Analysis, included six domains: Concern about treatment (5 items), Concern about disease (2 items), Satisfaction with patient-clinician relationship (5 items), Positive beliefs (3 items), Treatment convenience (3 items), and Declared compliance (3 items). Items not included in the domains were kept for separate analysis. Cronbach's alpha of the domains was greater than 0.7 for five domains and ranged from 0.65 to 0.90. The structure offered good item convergent and item divergent validity (range of item-scale correlation: 0.36–0.82). Moderate ceiling effect was observed for the Satisfaction with patient-clinician relationship score (20% at maximum score), reflecting good relationships. An important floor effect was also observed for the Declared compliance score, with patients declaring high levels of compliance (49% at maximum score). CONCLUSIONS: The scoring of the EDSQ was developed and the questionnaire was shown to have satisfactory psychometric properties.