Abstracts

LIVING WITH A DERMATOSIS: A NATIONAL SURVEY OF QUALITY OF LIFE IN BELGIUM
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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)
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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.

SENSITIVE SKIN: QUALITY OF LIFE IMPACT
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OBJECTIVES: To evaluate the prevalence of “sensitive skin” among a representative sample of the French population. METHODS: We questioned a representative sample of the entire French population aged 15 years and above. The SF-12 is a generic measure of health status. The SF-12 is composed of two dimensions, a Physical Component Summary (PCS-12) and a Mental Component Summary (MCS-12). The results are standardised on the general US population [mean score of 50 (SD = 10)], so results can be meaningfully compared to an average and compared one another. The lower the score, the more the quality of life is affected. The SF-12 was intended for parents in order to assess their own quality of life. RESULTS: Out of the French population aged over 15 years, 51.9% felt that they had sensitive or very sensitive skin. An evaluation of the quality of life, using SF-12, revealed a change in the mental dimension of the score for subjects of both sexes, “very sensitive or sensitive” compared with “slightly or not sensitive”: Men: 45.61 versus 49.70 (p < 0.0001), Women: 44.68 versus 47.30 (p = 0.0024). In addition, comparisons of the various degrees of sensitivity revealed significant differences for both men (very sensitive: 43.57, sensitive: 46.12, slightly: 48.43, not sensitive: 51.34) and women (very sensitive: 42.21, sensitive: 45.54, slightly: 46.99, not sensitive: 47.84), showing that the alteration in the mental dimension was more severe when the skin was more sensitive. CONCLUSIONS: As measured by SF-12, the mental dimension of their quality of life was affected.

SUNBURNS AND QUALITY OF LIFE
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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...
impaired with a mean DLQI total scores of 4.0. Men and women mean total scores were respectively: 2.7 vs. 4.9 (p < 0.05). The mean number of impacts was 2.3, patients were allocated according to the number of impacts. For patients with three impacts and less the mean DLQI total score was 3.3; it was 6.8 for patients with 4 impacts or more (p > 0.0001). The patient’s perception of their sun sensitivity had a very strong impact on patients’ QoL, the more sensitive, the more QoL was impaired (p < 0.005). The use of sunscreen has an impact on QoL the more patients use sunscreen, the better their QoL was (p < 0.0005). All the symptoms associated with the sunburn impaired the QoL (p < 0.05) except the skin peeling. Further analysis demonstrated that age was not interacting with the scores, neither was the activity when the sunburn occurs.

CONCLUSIONS: Our population reflect a QoL impairment compared to the ranges obtained when initially validating the DLQI; i.e. for patients suffering acne the DLQI mean score was 4.3, it was 6.7 for patients with viral wart and 3.4 for patients with solar keratosis. Those results confirm the ones obtained during a previous study among pharmacy’s staff demonstrating a link between QoL impairment and sunburns severity.

HAIR LOSS, QUALITY OF LIFE IMPACT
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Hair loss due to either ageing, pathology or drug therapy often proves to be poorly accepted by those who suffer from it.

OBJECTIVES: To evaluate the quality impact of hair loss among a representative sample of the French population.

METHODS: We questioned a representative sample of the entire French population aged 15 years and above. The sample was selected by IPSOS Santé, using the method of quotas (sex, age, profession of the head of the household). Interviews were systematically controlled by recalling 20% of those interviewed. The SF-12 is a generic measure of health status. The SF-12 is composed of two dimensions, a Physical Component Summary (PCS-12) and a Mental component Summary (MCS-12). The results are standardised on the general US population [mean score of 50 (SD = 10)], so results can be meaningfully compared to an average and compared one another.

RESULTS: For men with hair loss, the physical dimension is impaired (PCS-12: 48.57 vs. 49.22, p < 0.001), whereas for women, it is the mental dimension which is impaired (MCS-12: 44.26 vs. 46.83, p < 0.001).

In total, 70% of women and 89% of men suffering hair loss considered it as a disability or embarrassment in their personal life, whereas they are 17.4% (male: 10.8% vs. female: 24.1%) to consider it as a disability or embarrassment in their personal life.

CONCLUSIONS: Hair loss concern an important population among young women, therefore its management by dermatologists is justified.

EYE/EAR/SKIN DISEASES/DISORDERS

SUN SENSITIVITY AND PERSONAL BEHAVIOURS
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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 were asked to fill in a questionnaire after a sunburn.

METHODS: Every patient coming to an outpatient pharmacy in order to obtain advice or treatment following a sunburn was remitted a questionnaire assessing their knowledge of the consequences of sun exposure.

RESULTS: Three populations were identified. Those who perceive themselves as having a high sun sensitivity, a sun sensitivity and those who estimate having a low sun sensitivity. In our population, 36% expose themselves more than 2 hours a day, 51% between 11.00–16.00, 76% do it after 16.00 and 36% before 11.00. A total of 35% applied regular protective skin lotion and 44% protect themselves from the sun with a cloth. The patient's perception of their sun sensitivity had a very strong impact on patients’ QoL, the more sensitive, the more QoL was impaired (p < 0.005). The perception patients have of their sun sensitivity is correlated with their skin type and their sunburn history. Patients with sensitive skin are aware of their personal skin status and require more professional advice when buying protective skin lotions (58%) vs. normal skin (38%). Forty-two percent (42%) of patients with normal skin buy protective skin lotions in supermarkets and if 71% of the population with sensitive skin buy protective skin lotions with a protection factor over 20, only 59% of the population with normal skin do so.

CONCLUSIONS: Efforts realised by professionals (dermatologists, pharmacists and GPs) in the past years