ranged between £9.44 (UK) and €121.17 (Sweden), mean direct non-medical costs were £6.85/episode. Indirect costs contributed significantly to the total cost/episode in Italy (81.4, 69.14, UK (79.8, 637.55), Germany (60.0, 267.74) and Sweden (59.5, 812.07), whereas indirect costs contributed only 14.7 (€3.54) in Spain, where the value associated with absence from work/school was low.

CONCLUSIONS: AOM was associated with substantial economic burden in these European countries. The cost per episode and the contribution of direct/indirect costs varied between countries, potentially reflecting socio-economic differences and variation in AOM management.

PS38
3-D STUDY - DESCRIPTION OF THE CARE OF THE DENTAL PAIN
Wierzb IC, Auges M*, Watt M*, Frash I.C
1Dental, 2FACAS, 3Dental Group of the International College of Dentists, 4Societé Française de Biostatistique, 5France, 6Fédération y, 7France, 8Fédération Castres, France

OBJECTIVES: Highlight the action of two analgesics combining paracetamol and codeine (Klipal 600® and Efferalgan/Dafalgan codeine®), with a minimum of 50 mg of codeine at a time. METHODS: Multicentre, longitudinal, prospective, observational study objectives: to compare different diseases within the dermatological specialty, and variation in AOM management.

ossal infections and is often recurrent. AOM may impact upon parents’ quality of life (QoL), but there are currently no validated tools designed specifically to measuring this impact. METHODS: An AOM-specific questionnaire was developed, based on a published questionnaire measuring the effect of children’s recurrent ear, nose and throat infections on parents’ QoL. Fourteen AOM-related questions were grouped into three scores: emotional score (ES; eight items), daily disturbance score (DDS; six items) and total score (TS; 14 items). A fifteen generic question score assessed overall quality of life (global score; GS). Responses were measured using a 5-point Likert scale, higher scores indicate greater impact on QoL. Validation of the questionnaire followed a standard procedure for QoL tools, with multitrait analy- ses and internal consistency reliability using Cronbach’s alpha. The tool was applied in a national, prospective, observational study including 500 healthy and children aged <6 years enrolled from 73 medical practices in Germany, Italy, Spain, Sweden and the UK, 1113 of whom experienced a total of 1419 AOM episodes during follow-up. RESULTS: The questionnaire was completed for 1063 episodes (75%). The acceptability rate was excellent, and the data collected by 1541 surgeons who have accepted to participate in it. RESULTS: A total of 105 patients were included. Klipal 600® was prescribed for 76 of them versus 24 for the other group. 56.2% of the patients are women. The average age is 45.57 ± 14.6. The measurement of the average pain intensity, evaluated each day over a 6-day period by a VAS, shows an insignificant difference at the inclusion between the 2 groups (p = 0.23). But, contrary to the Efferalgan/Dafalgan codeine® group, the score differential for the pain intensity is statistically significant between Day 1 and Day 2 with the Klipal 600® group and the improvement is significant up to the fourth day. The pain reduction was evaluated by the Saint Antoine pain questionnaire (abbre- viated format) bearing on 16 sensory and emotional qualifiers specifying the de- scription of the pain experienced. The difference is not significant between the 2 groups at the inclusion (p = 0.09), then it is observed that the pain qualification scores are decreased on the second day for the 2 groups. Then, it is observed that the average number of tablets is in the order of 2.3 during the first 48 hours with a similar progressive decrease up to the sixth day. The prescription of one tablet at a time for the Klipal® is an advantage for the follow up of the treatment and its effectiveness. CONCLUSIONS: In reality, this study demonstrated a quicker improvement in pain in the Klipal® group, also associated with reduced consumption of the treatment and a better effectiveness.

PS39
ASSESSMENT OF THE HEALTH STATUS USING THE 12-ITEM MEDICAL OUTCOMES STUDY SHORT FORM (SF-12) QUESTIONNAIRE (2578 DERMATOLOGICAL PATIENTS)
Tabelli S, Pagliarello C, Paradisi A, Spagnoli A, Sampogna F, Abeni D
IRD HECSS, Rome, Italy

OBJECTIVES: To assess whether the SF-12 questionnaire could yield a valid de- scription of the health status of a large number of dermatological out-patients. METHODS: The SF-12 and the 12-item General Health Questionnaire (GHQ)-12 were utilized. Questionnaires were self-completed by the out-patients in the waiting rooms of a dermatological hospital. At the end of the visit the dermatologists re- corded the diagnosis and the evaluation of the clinical severity. RESULTS: Data were complete for 2,578 patients. We observed a reduction in the Physical Compo- nent Summary score (PCS-12) with increasing age, while the Mental Component Summary score (MCS-12) was stable. PCS-12 and MCS-12 scores were worse in women. For the MCS-12 scores, the lowest mean values were seen in the group of patients with psoriasis and were dramatically lower in almost all the diseases compared with inactive-psoriasis, mean age 44 (SD = 15) years and 56 men. The mean time from psoriasis diagnosis was 18 years (SD = 12), the mean weight 76 (SD = 16.5 kg), the PASI index was 17 (SD = 7.4) for active-psoriasis and 5.6 (SD = 5.3) for inactive-psoriasis, 47% of active-psoriasis and 7.5% of inactive-psoriasis patients reported their overall health status as being rather, quite or very poor. Two question- naires show a poorer QoL in patients with active-psoriasis compared with those with inactive-psoriasis: PDI of 8.3 (SD = 8.1) against 3.6 (SD = 5.5), and SF-12 LIFE 57.4 (SD = 20.4) versus 76 4 (SD = 20.6) respectively. There is a correlation between PASI and PCS-12 score (r = 0.43; p = 0.01) and patients with visible affected areas such as head or upper limbs showed greater impact in QoL (63;SD = 22) compared with trunk and lower limbs (74, SD = 24) or patients not affected at the time of inclusion in the study (78,5;SD = 21.6). After adjusting by age, education and duration of the last AOM episode, there was no significant difference between patients with active and inactive-psoriasis (p = 0.01). CONCLUSIONS: The quality of life in patients with psoriasis is affected especially in patients with active psoriasis and in patients with localized lesions in visible areas.

PS42
EVALUATION OF THE IMPACT OF WRITING EXERCISES AND EDUCATIONAL INTERVENTIONS ON QUALITY OF LIFE IN PATIENTS WITH PSORIASIS
Tabelli S, Pagliarello C, Sampogna F, Di Pietro C, Abeni D, Centro Studi GISED, Bergamo, Italy

OBJECTIVES: To test the efficacy an “emotional writing” exercises to improve qual- ity of life of patients with psoriasis undergoing systemic treatments. METHODS: This study was designed as a controlled randomized intervention. Seven Clinical centers in Italy were involved. The intervention group (n = 100) wrote about the most stressful event in their life for three sessions of 20 minutes each. The Control group (n = 100) received only the educational materials that were also given to the intervention group. The recruitment time was twelve months, and the follow-up time was also 12 months. The SF-12, GHQ-12, Skindex-29, and PASI scores were evaluated at baseline and after 1, 6, and 12 months. Data were analyzed using Generalized Estimating Equations model. RESULTS: 203 patients were allocated to the Writing group and 105 to the Control group. Forty-two patients of the first group and 49 of the control group reached the 12-month follow-up visit. Data were consistent with the expected improvement after the start of treatment as observed at the different follow-up times: the severity of psoriasis decreased, the impact of disease on quality of life improved, and improved both for the physical and mental components. The proportion of patients reaching PASI-50 (i.e., a reduction of 50% in the PASI score) observed at different follow-up times was similar in the two study groups and was not associated with any of the examined demographic variables. No advantage was observed for the intervention group also in terms of QoL and general health status. CONCLUSIONS: The longitudinal analysis did not prove relevant differences between the group receiving ed-