and the sensitive impairment of quality of life significantly contribute to the high socioeconomic burden of AD.

**BELGIAN DRUG UTILISATION STUDY OF ELIDEL® IN ROUTINE PRACTICE IN ATOPIC DERMATITIS**

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**OBJECTIVES:** To assess the impacts of Elidel® (pimecrolimus) cream 1% usage, in routine Belgian clinical practice in patients with mild to moderate atopic dermatitis, in terms of: pimecrolimus drug consumption; use of topical corticosteroids; quality of life; and safety. METHODS: An open-label, single arm, observational, multicenter study with one year follow-up to cover the seasonality of atopic dermatitis. Yearly pimecrolimus drug consumption was estimated based on the number and quantity of delivered prescriptions and on the number of unused or partially used tubes left at the end of the study. Topical corticosteroid use was assessed by a steroid usage questionnaire and the delivered topical corticosteroid prescriptions. Quality of life was gauged using validated disease specific instruments, i.e. the Parents’Index Quality of Life-Atopic Dermatitis (PIQoL-AD) or the Quality of Life Index-Atopic Dermatitis (QoLIAD), depending on patient’s age. All adverse events were recorded.

**RESULTS:** A total of 416 patients were enrolled from 49 study centers geographically spread over Belgium. For patients who completed this 12 months study, the mean (SD) amount of prescribed pimecrolimus cream 1% per patient was 120.8 (117.0) gram per year, with an estimated consumption of 104.4 (117.6) gram per year. Total corticosteroids were used before the study in 81.7% of the population. At the end of study 83.3% of them stated that they were using less topical corticosteroids when pimecrolimus is part of their treatment regimen. Mean (SD) improvements versus baseline in PIQoL-AD and QoLIAD scores were 34.5% (84.3%) and 31.2% (70.8%), respectively. Median (IQR) improvements were 50.0% (12.5%–85.7%) and 46.4% (0.0%–85.0%), respectively. Pimecrolimus also showed good tolerability profile.

**CONCLUSIONS:** This observational study showed favorable pimecrolimus profile in routine practice reflected by relatively small amount of drug used, corticosteroid sparing effect, improvement in quality of life, and good tolerability.

**CONVERGENT VALIDITY AND SENSITIVITY TO CHANGE OF THE GENERIC INSTRUMENT EQ-5D AND THE DISEASE-SPECIFIC DLQI IN ATOPIC DERMATITIS**

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Generic instruments such as EQ-5D are useful to compare quality of life (QoL) of different populations and to include QoL information in health-economic research. However these instruments could be criticized for having some drawbacks, and disease-specific instruments could be more capable to measure those aspects of wellbeing influenced by a specific disease and could be more sensitive to measure health changes over the time.

**OBJECTIVE:** We tested convergent validity and sensitivity to change over time of EQ-5D and the Dermatology-Life-Quality-Index (DLQI), possible scores = 0–30, higher score = lower QoL) in Atopic Dermatitis (AD), a very frequent, chronic, sensitive disabling disease. METHODS: Data from the Costi-&-Outcomes-in-Dermatite-Atopica (CODA) naturalistic, prospective Cost-Of-Illness study, involving moderate and severe AD patients, were used. Sociodemographic, clinical severity (with SCORAD, SCORing-Atopic-Dermatitis index, possible score = 0–100, higher score = higher severity), economic and QoL data were collected. Patients from 16 y.o. self-completed twice (at flare-up and after 2 months) EQ-5D and DLQI. We tested correlation of EQ-5D indexes with DLQI and sensitivity to change over time of these indexes with paired Students’ t tests, Standardized Response Mean (SRM), Effect Size (EF). RESULTS: Patients were 66, 43.9% male, median age = 8.8 y.o., median SCORAD at enrolment = 41.5 (3.0–85.0). CDLQI significantly correlated with KINDL-P (Spearman’s r = −0.44 p = 0.001) and KINDL-C (r = −0.36 p = 0.008), KINDL-P sensitively correlated with KINDL-C (r = 0.67 p < 0.0001). At follow-up clinical severity significantly decreased (Student’s paired t test, p < 0.0001). Patients reported significant lower scores of CDLQI (Student’s paired t test, p < 0.05), while no statistical change was found with KINDL-P and KINDL-C. SRM and ES were moderate for CDLQI (SRM = 0.44, ES = 0.41) and low for KINDL-C (SRM = 0.26, ES = 0.26) and KINDL-P (SRM = 0.12, ES = 0.11). CONCLUSION: KINDL significantly correlated with CDLQI, anyway sensitivity to change results were moderate to lower. Understanding these properties in QoL questionnaires is necessary to allow their appropriate use and interpretation of QoL data.
QUALITY OF LIFE OF ADULT PATIENTS WITH ATOPIC DERMATITIS: THE CODA STUDY

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OBJECTIVE: To evaluate the socioeconomic impact of AD.

METHODS: It was a naturalistic, multicenter, longitudinal, ambispective (retro-prospective), prevalence-based Cost-Of-Illness study enrolling adult and pediatric patients with moderate or severe AD and flare-up. Data was on socio-demographic, clinical severity (with SCORAD, SCORing-Atopic-Dermatitis index, possible score = 0–100), higher score = higher severity), economic (direct and indirect costs), intangible costs in terms of Health-Related-Quality-of-Life (HRQoL), preferences towards pharmacological treatment. Following results pertain to adult patients’ HRQoL, evaluated with the disease-specific DLQI (Dermatology-Life-Quality-Index, with scores 0–30, higher score = lower HRQoL) and the generic EQ-5D. RESULTS: A total of 98 valid adult patients (48%, male) from 5 Italian dermatological centres were enrolled; 39.8% patients were 18–27 y.o., 30.6% were 28–37 y.o., 29.6% were >38 y.o. At enrollment the median SCORAD was 53.0 (18.4–90.0), the median DLQI was 10.0 (0.0–30.0), the median EQ-VAS (EQ-Visual-Analogue-Scale) was 65.0 (0.0–95.0). Concerning the EQ-5D profile, 12.2% of patients reported moderate problems with “mobility” and 27.6% with “self-care” (nobody reported severe problems), 53.0% moderate/severe problems with “usual activities”, 95.1% moderate/severe levels of “pain/discomfort”, 65.9% moderate/severe levels of “anxiety/depression”. After 2 months from enrolment, the SCORAD decreased significantly (Wilcoxon-Signed-Ranks test, p < 0.0001) and patients reported higher levels of wellbeing (Wilcoxon-Signed-Ranks test for DLQI or EQ-VAS, p < 0.0001). Also the EQ-5D profile significantly got better for “usual activities” (McNemar test: p < 0.001), “pain/discomfort” and “anxiety/depression” (McNemar test: p < 0.0001). CONCLUSIONS: This is the first study evaluating the QoL consequences of AD in Italy. Adults with AD had impaired levels of HRQoL, worsening during the relapse period. The adoption of HRQoL instruments can help physicians and decision-makers in the adoption of more effective and efficient health care technologies.