improvement 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. There is a difference for patients using 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 reflects 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 head of the household). Interviews were systematically conducted 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 standardized 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 suffering 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). The SF-12 seems to be an efficient tool to assess the quality of life of patients suffering hair loss, e.g. among patients who expressed living it as a disability or an embarrassment, the mental dimension was more impaired (PCS-12: 41.85 vs. 46.6, p < 0.001). In total, 70% of women and 89% of men suffering hair loss have never been treated whereas they consider it as a dermatological disease for 38.4% and 25.6% respectively. There were no differences concerning socio-demographic profile and hair loss. CONCLUSIONS: Concerning quality of life, assessed by the SF-12, it demonstrated an impairment for patients suffering hair loss, the altered dimensions are different for men and women.

HAIR LOSS, EPIDEMIOLOGICAL APPROACH
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OBJECTIVES: To evaluate the prevalence 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. Hence, the sample was set up in such a way that the results could be analyzed without hesitation, particularly since the principles of statistical representativeness were observed. RESULTS: Of the French population aged over 15 years interviewed in this survey (n = 1006), 40.3% declare suffering from hair loss (36.86% of men and 43.60% of women) and 3.9% are bald. More women that men felt that their hair loss is important (8.8% vs. 8.7%) nor slightly important (34.8% vs. 28.2%) but very few women were bald (1.0% vs. 7.0%). No significant difference was found in terms of gender, socio-professional status, geographic localization nor education level and their impact on hair loss. Mean age was different for patients suffering hair loss (47.6 vs. 43.6, p = 0.0008). If 14.2% of women aged 15 to 19 years reported hair loss, only 3.4% of men did. Whereas 44% of men between 25 and 45 declared hair loss vs. 32 for women; over 60 years: 5% of men versus 11% suffered from it. Among our population suffering hair loss, 5.1% of them (male: 2.6% vs. female: 6.9%) consider it as a disability or embarrassment in their professional life, whereas they are 17.4% (male: 8.8% 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—Health Policy

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. Of the French population aged over 15 years interviewed in this survey (n = 1006), 40.3% declare suffering from hair loss (36.86% of men and 43.60% of women) and 3.9% are bald. More women than men felt that their hair loss is important (8.8% vs. 8.7%) nor slightly important (34.8% vs. 28.2%) but very few women were bald (1.0% vs. 7.0%). No significant difference was found in terms of gender, socio-professional status, geographic localization nor education level and their impact on hair loss. Mean age was different for patients suffering hair loss (47.6 vs. 43.6, p = 0.0008). If 14.2% of women aged 15 to 19 years reported hair loss, only 3.4% of men did. Whereas 44% of men between 25 and 45 declared hair loss vs. 32 for women; over 60 years: 5% of men versus 11% suffered from it. Among our population suffering hair loss, 5.1% of them (male: 2.6% vs. female: 6.9%) consider it as a disability or embarrassment in their professional life, whereas they are 17.4% (male: 8.8% 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.