domain at differentiating adjacent dry eye categories across a range of probability cut-offs with the following Area Under the Curve (AUC) statistics resulting from 20-fold cross-validation and bootstrap replicates for each group (AUC: 0.96 CI = 0.90-0.98), Mild versus Moderate (AUC = 0.74, CI = 0.66-0.84) and Moderate versus Severe (AUC = 0.82, CI = 0.74-0.90). CONCLUSIONS: The IDEEL 58 domain provides a simple and effective basis for differentiating categories of patient-reported dry eye severity.

PSS33
ESTIMATION OF MEANINGFUL CHANGE ON THE SKINDEX-29 AND DERMATOLOGY LIFE QUALITY INDEX IN PATIENTS WITH CHRONIC HAND ECZEMA
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OBJECTIVES: A key question when interpreting quality of life data is: which magnitude of change would be considered meaningful (MIC) to the patient. Our objective was to perform a minimal important difference (MID) analysis for the Skindex-29 and Dermatology Life Quality Index (DLQI) in patients with chronic hand eczema.

METHODS: Secondary psychometric analysis was undertaken on data from two cost-of-illness studies in Germany (N=310). Patients completed the Skindex-29 and DLQI. The Skindex-29 is summarised into domains measuring symptoms, emotions, and functioning, plus a total score. DLQI (10 items) is assessed as a total score. MID was assessed using statistical methods including standard error of measurement (SEM) and 1/2 standard deviation (1/2SD). Internal consistency was also estimated in order to support estimation of the SEM. Estimates were calculated and subsequently validated against existing consistency for Skindex dimensions (symptoms $\alpha=0.834$, emotions $\alpha=0.910$; function $\alpha=0.934$) and DLQI ($\alpha=0.835$) was confirmed. The MID estimated for DLQI was $4.01$, $1/2SD = 2.53$; and for Skindex was $4.13$, $1/2SD = 2.04$. Convergent correlation between Skindex and DLQI was $r=0.55$, $p<0.01$ (Skindex; $r=0.53$, $p<0.01$; DLQI; $r=0.77$, $p<0.01$) and total score (Skindex; $r=0.43$, $p<0.01$; DLQI; $r=0.93$). CONCLUSIONS: The study confirms good internal consistency properties of the Skindex-29 and DLQI in patients with chronic hand eczema and demonstrates the MID for this measure. The DLQI MID based on SEM method is close to a recent report in a Danish study of hand eczema patients using an anchor-based approach which established the DLQI MID at 2.0 (Hald et al., 2011). The DLQI MID for other skin diseases has previously been proposed to range from 2.3 to 5.7 in stable plaque psoriasis (Shikhar et al., 2006) and of 2.24 to 3.10 in chronic idiopathic urticaria (Shikhar et al., 2005) which is consistent with current estimates.

PSS34
QUALITATIVE GROUNDING FOR A NEW PATIENT ASSESSMENT MEASUREMENT IN OPHTHALMOLOGY: THE FUNCTIONAL ASSESSMENT OF VISUAL TASKS (VISTAS)
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OBJECTIVES: Patients’ ability to perform vision-dependent tasks is essential to daily function and quality of life. Visual function measures do not typically assess both corrected and uncorrected function and lack an intermediate visual range scale. To address these limitations, the current qualitative study identifies the preliminary content and item pool for a future measure (Functional Assessment of Visual Tasks-18; FOTAS; VISTAS) for patients with moderate to severe myopia, hyperopia, presbyopia, astigmatism, cataracts and glaucoma participants. It was conducted in a qualitative phase using an anchor-based approach which established the MID for 2.0 (Hald et al., 2011). The objective of these studies was to identify and thematically group meaningful visual tasks occurring in the near, intermediate and distance range. The VISTAS-18 Function Scales were internally consistent (any) was taken for 58.8% of episodes, but the proportion varied between episodes recorded in 1113/5882 children, 91.1% had a questionnaire available. Medically diagnosed AOM was diagnosed with a range of thresholds, including standard error of measurement (SEM) and 1/2 standard deviation (1/2SD). Internal consistency was also estimated in order to support estimation of the SEM. Estimates were calculated and subsequently validated against existing consistency for Skindex dimensions (symptoms $\alpha=0.834$, emotions $\alpha=0.910$; function $\alpha=0.934$) and DLQI ($\alpha=0.835$) was confirmed. The MID estimated for DLQI was $2.04$, $1/2SD = 1.00$. Convergent correlation between Skindex and DLQI was $r=0.93$, $p<0.01$ (Skindex; $r=0.92$, $p<0.01$; DLQI; $r=0.90$). The VISTAS-18 Function Scales were internally consistent and functionally valid. The VISTAS-18 Function Scales were internally consistent (any) was taken for 58.8% of episodes, but the proportion varied between episodes recorded in 1113/5882 children, 91.1% had a questionnaire available. Medically diagnosed AOM was diagnosed with a range of thresholds.

CONCLUSIONS: The objective of this work was to translate and linguistically validate the translations into English and Spanish for multinational research studies. The Chronic Urticaria Quality of Life questionnaire (CU-QoL) is a disease specific tool developed in Italian to assess urticaria from the patient’s viewpoint. The objective of this work was to translate and linguistically validate the translations into English and Spanish for multinational research studies. The Chronic Urticaria Quality of Life questionnaire (CU-QoL) is a disease specific tool developed in Italian to assess urticaria from the patient’s viewpoint. The objective of this work was to translate and linguistically validate the translations into English and Spanish for multinational research studies. The Chronic Urticaria Quality of Life questionnaire (CU-QoL) is a disease specific tool developed in Italian to assess urticaria from the patient’s viewpoint. The objective of this work was to translate and linguistically validate the translations into English and Spanish for multinational research studies.