ranged between £9.44 (UK) and €121.17 (Sweden), mean direct non-medical costs were €8.55 per episode. Indirect costs contributed significantly to the total cost/episode in Italy (71.4%, €91.14), UK (79.8%, €37.55), Germany (60.0%, €26.74) and Sweden (59.5%, €82.07), whereas indirect costs contributed only 14.7% (€35.44) 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
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1Dental, France; 2Dental, France; 3Dental, France

OBJECTIVES: 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: Multicentric, longitudinal, prospective, observational, study. The study included 603 patients, to compare different diseases within the dermatological specialty,

PS39 ASSESSMENT OF THE HEALTH STATUS USING THE 12-ITEM MEDICAL OUTCOMES STUDY SHORT FORM (SF-12) QUESTIONNAIRE (2578 DERMATOLOGICAL PATIENTS)
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OBJECTIVES: To assess whether the SF-12 questionnaire could yield a valid description 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 recorded the diagnosis and the evaluation of the clinical severity. RESULTS: The data were complete for 2,578 patients. We observed a reduction in the Physical Component 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 dermatitis and were dramatically lower in almost all the diseases observed compared to the scores reported for non-dermatological conditions and patients with dermatitis, and were dramatically lower in almost all the diseases evaluated at baseline and after 1, 6, and 12 months. Data were analyzed using multivariate regression analysis. CONCLUSIONS: In reality, this study demonstrated a quicker improvement in pain in the Klipal® group, as associated with reduced consumption of the treatment and a better effectiveness.

PS40 THE EFFECT OF ACUTE OTITIS MEDIA IN CHILDREN ON PARENTS’ QUALITY OF LIFE: DEVELOPMENT AND VALIDATION OF A QUESTIONNAIRE IMPLEMENTED IN A PROSPECTIVE OBSERVATIONAL COHORT STUDY IN EUROPE
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OBJECTIVES: To test the efficacy of an "emotional writing" exercises to improve quality of life of patients with psoriasis undergoing systematic 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 methodology. RESULTS: The 60 patients were allocated to the Writing group and 105 to the Control group. Forty-two patients of the intervention group had PASI-50 (i.e., a reduction of 50% in the PASI score) observed at different follow-up episodes, these was a significant difference compared to the 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.

PS41 IMPACT ON QUALITY OF PATIENTS WITH ACTIVE AND INACTIVE PSORIASIS IN SPAIN
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OBJECTIVES: Estimate the impact of psoriasis on quality of life of patients according to clinical features of the disease. METHODS: Patients ≥18 years with a diagnosis of plaque psoriasis. Variables: demographic and clinical data, health status perceived by the patient and quality of life (QoL) questionnaires specific for psoriasis (12 items with 4 response options, and overall result from 0 to 100 with an impact of 40–maximum impact) and PSO-LIFE (20 items, with a timeframe of 7 days, are answered on a 5-point Likert scale (from “Always” to “Never” and the overall result ranging from 0 to maximum impact to 100–minimum impact). RESULTS: A total of 304 patients were included (153 pa- tients with active-psoriasis and 151 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 patients showed a poor 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 PSO-LIFE 57.4 (SD = 20.4) versus 76 4 (SD = 20.6) respectively. There was a correlation between PASI and PASO-LIFE 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±22) compared with trunk and lower limbs (74.8±24) or patients not at the time of inclusion in the study (78.5±21.6). After adjusting by age, education and duration of the last psoriasis episode, there were significant differences in QoL 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.