PSN24

ATOPIC DERMATITIS: A CONJOINT ANALYSIS PILOT STUDY

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OBJECTIVES: Atopic dermatitis (AD) is a chronic disease frequent in childhood. The treatment is based on regular moisturizing of the skin, information to the parents on the chronic course with recurrent flares, topical anti-infectious therapy for superinfections and colonization of the skin by staphylococcus aureus, and topical steroids. The immuno-modulatory macrolides (tacrolimus and pimecrolimus) represent a new alternative to topical steroids. To establish the importance of different characteristics of treatment we would apply a conjoint analysis exercise. Conjoint analysis is a technique to elicit preferences toward atopic dermatitis treatment and can help planning optimal health care and guiding therapeutic decisions. The aim of this pilot study is to establishing which characteristics patients and caregivers consider important in atopic dermatitis treatment to design conjoint analysis scenarious. **METHODS:** A focus group identified eight treatment characteristics: Long term adverse events, short term local adverse events, time to response, length of response after treatment, distribution mode, pharmaceutical dosage form, route of administration, frequency of applications. Caregiver (all parents) gave their opinion rating each characteristic from 0 (not important) to 100 (very important), moreover they could suggest other characteristics. **RESULTS:** Twenty parents of children with mild or severe atopic dermatitis were enrolled. The most important characteristic considered was: "length of response after suspension treatment" (mean = 90), followed by "long term adverse events" (mean = 85), "short term local adverse events" (mean = 82), "distribution mode" (mean = 75), "time to response" (mean = 67). None suggested other characteristics. In order to evaluate willingness to pay we will add "out of pocket" costs. **CONCLUSIONS:** This pilot study allowed us to identify aspects considered important by parents for their children treatment. These results will help us to design a Conjoint Analysis aimed at evaluating utilities and monetary value of these aspects.

PSN25

ADULTS WITH ATOPIC DERMATITIS: QUALITY OF LIFE IMPACT

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OBJECTIVES: The aim of this study was to evaluate the impact of atopic dermatitis (AD) on adults' quality of life in France. **METHODS:** Atopic patients coming spontaneously to their dermatologist had to fill in Quality of life questionnaires. The SF-12 scale was administrated. It is composed of two dimensions, a Physical Component Summary (PCS-12) and a Mental Component Summary (MCS-12). The Dermatology Life Quality Index (DLQI), was also administrated. **RESULTS:** The population [n = 266, mean age: 33.4 years old (sd: 12)] was composed of 34.2% of men versus 65.8% of women. The average history of AD was 18 years (sd:13.8). Its severity was determined by the dermatologist using the SCORAD index: 1.6% present a mild form of atopic dermatitis, 44.1% a moderate form and 54.3% a severe form. Mean DLQI total score was 8.8 (sd 5.5) with no significant difference between men, 8.6 (sd 5.3), and women, 8.8 (sd 5.6). According to the SCORAD index, mean DLQI scores were 6.8 (sd 4.4) for group gathering "mild" and "moderate" and 10.2 (sd 5.6) for "severe" group. Although Physical dimension (PCS-12) of SF-12 was not impaired (mean score 50.7, sd 7.3), the Mental dimension (MCS-12) was very low (mean score 39.5, sd 10.6). According to the SCORAD, MCS-12 scores were respectively 42.8 (sd 9.8) and 36.5 (sd 10.1) for "mild or moderate" group and "severe" group (p < 0.0001). **CONCLUSIONS:** The quality of life of patients suffering from Atopic Dermatitis was impaired. DLQI mean score was 8.8. This study especially highlights the impact of AD on patient's mental health (MCS-12 mean score =39.5), demonstrating the importance of psychological interventions in addition to dermatological management.

STROKE

PST1

PREDICTORS OF STROKE RISK ASSOCIATED WITH ATRIAL FIBRILLATION: RESULTS FROM A LARGE COMMERCIALLY INSURED US POPULATION

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OBJECTIVES: Atrial fibrillation (AF) remains a major health problem affecting 2.2 million adults in the U.S. with an estimated cost burden of $3 billion annually. AF is also a major and preventable cause of transient ischemic attack (TIA) and stroke. The purpose of this research was to identify demographic, clinical and treatment factors associated with cerebrovascular co-morbidity in AF and related medical costs. **METHODS:** Continuously benefit-eligible patients with a "new" diagnosis of AF (ICD-9-CM 427.3x) identified from a large administrative claims database (N = 43 million) were identified between 1 Jan 2000–31 Dec 2001 with a variable follow-up period of ≤6 months. Patients were stratified into cohorts based on initial treatment: no-treatment (n = 40,489), warfarin (n = 6846) and other anticoagulants (n = 868). Clinical and demographic factors were assessed using Cox proportional hazards regression. Medical costs were examined using a generalized linear model with a gamma distribution and log-link function to approximate the non-normal distribution related to health care expenditures for both AF and non-AF costs. **RESULTS:** Prior stroke was associated with a 100 fold greater risk of subsequent stroke (HR = 113.39, 95% CI = 103.22, 124.56) compared to no such history (baseline risk = 4.7% over ~20 months of follow-up). Increased risks also were observed with advanced age, prior TIA, left ventricular dysfunction, high stroke risk (multiple co-morbidities) and hypertension. Lower stroke risk was observed with patients who received antithrombotic medication (HR = 0.68, 95% CI = 0.54, 0.85) as well as those receiving cardioversion or ablation. Mean (±SE) AF-related and unrelated costs were $10,355 (±$129) and $7,661 (±$126) respectively. **CONCLUSIONS:** These data are consistent with the clinical and demographic predictors of stroke/TIA. Use of antithrombotic medication appears to confer an independent protective effect on stroke risk. However, the costs associated with AF remain high; more aggressive AF management is necessary improve clinical outcomes and reduce medical costs.

PST2

COST-EFFECTIVENESS OF LOSARTAN IN PATIENTS WITH HYPERTENSION AND LVH: AN ECONOMIC EVALUATION FOR THE NETHERLANDS BASED ON THE LIFE-STUDY

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