

neovascular age-related macular degeneration (nAMD) or diabetic macular oedema (DME). **METHODS:** Multinational, individual, structured interviews were conducted with consenting patients in Canada, France, UK and the USA to identify activities that patients find both important and difficult to engage in, despite good best-corrected visual acuity (BCVA) (defined as ≥ 64 letters on an Early Treatment Diabetic Retinopathy Study [ETDRS] chart). Patients were diagnosed with nAMD or DME for no longer than a year. The interview questionnaire was designed by the investigators, based on their own knowledge, data available in the literature, and advice from additional experts. Overall, 18 pre-defined activities pertaining to 4 categories (reading & writing, independent living, navigation & orientation, social interactions & occupation) were investigated. **RESULTS:** A total of 46 patients were interviewed; 26 with nAMD and 20 with DME. The average age was 72.1 ± 9.9 years. Patients had an average BCVA of 74 letters, and the majority were still driving. A majority of patients (74%) reported impairment in ≥ 1 activity due to their eye condition. Isolated cases reported impairment in up to 12 activities. Driving, adjusting to darkness, reading (print and on-screen), doing hobbies such as playing cards or creating artwork, and working with hands were difficult for the greatest number of patients. Of these, driving, reading, and doing hobbies were rated as being the most important. **CONCLUSIONS:** Patients who maintain good BCVA with nAMD and DME were found to still experience difficulties in performing important activities in their daily lives (ie, driving, reading, and doing hobbies). This study suggests that endpoints other than BCVA may be needed to assess impairment from the patient perspective in the early stages of these diseases.

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ATOPIC DERMATITIS IS ASSOCIATED WITH POOR QUALITY OF LIFE IN ADULT PATIENTS

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OBJECTIVES: Atopic dermatitis (AD) is a chronic skin disorder characterized as an inflammatory, relapsing, non-contagious. Patients with AD could experience a wide range of symptoms ranging from trivial problems to major handicaps that may affect their lives. **METHODS:** A self-administered questionnaire was designed and completed by adults AD patients. Data were collected from patients' members of the French Eczema associations or patients seen in four department of Dermatology in France. Validated tools for evaluating the burden (ABS-A) and QoL (DLQI and SF12) were administered. The severity of AD was also evaluated using a modified version of Patient Oriented (PO)-SCORAD. The severity of the AD disease was classified as mild or moderate (score < 25) [AD-MM] or severe (score > 25) [AD-S] according of this same score. **RESULTS:** 1,024 subjects responded to the questionnaire, including 596 women (58.3%); the mean age of the patients was 39.7 for women and 46.5 for men ($p < 0.001$). 697 subjects were classed as [AD-MM] and 327 were classed as severe AD [AD-S]. 25.8% reported a familiar history of AD at 1st degree. On average, 56% of subjects reported to visit visited a dermatologist on a regular basis to monitor their AD (28.3%[AD-MM] to 74%[AD-S]). The DLQI score obtained for patients was significantly higher than for [AD-MM] 6.4[6.0;6.9] vs. 16.2[15.5;16.8], $p < 0.001$. No differences in the physical dimension of SF12 were observed. In contrast, the mental dimension was degraded in both groups, and showed a significantly more impact in [AD-S] patients compared to [AD-MM] patients: 35.9[34.9;36.8] vs. 42.4[41.6;43.1], $p < 0.001$. The burden evaluated by ABS-A increased with the severity of AD: AD-MM = 18 [16.7;19.3] vs. AD-S = 43.4[41.6;45.2], $p < 0.001$. **CONCLUSIONS:** These results show that the QoL of adults suffering from AD is significantly more impacted in severe AD patients than in moderate and mild patients. The tangible impact of atopic dermatitis on the QoL must be taken into account in order to improve therapeutic care.

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SKIN PAIN IN PSORIASIS

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OBJECTIVES: Although it is now widely accepted that itching occurs in cases of psoriasis, skin pain is often neglected despite being readily reported by patients. Accordingly, we wished to measure the frequency and consequences of skin pain. **METHODS:** A sample of 5,000 individuals representative of the French population aged from 15 to 80 years was chosen using the usual method of quotas (gender, age, geographical location, and socio-professional category) and asked to respond to an internet-based questionnaire regarding these items. One subgroup of subjects suffering from psoriasis was identified, as well as another subgroup without any form of dermatosis (control group). The quality of life was measured with the DLQI in the subjects with psoriasis, and with the SF12 in both subgroups. **RESULTS:** 244 individuals (of which 53% male) reported psoriasis, corresponding to a prevalence of 4.8%. The mean age was 47.8 ± 15 years, which was not significantly different from the control group. Both the physical and mental dimensions of the quality of life evaluated by SF12 were degraded in the patients with psoriasis (48.8 ± 8.7 vs. 51.6 ± 8 and 41.7 ± 9.7 vs. 45.4 ± 9.1 , $p < 0.001$, respectively). Skin pain was 5 times more common in the group with psoriasis than in the group without (33% vs. 6%, $p < 0.001$). In subjects with psoriasis accompanied by painful skin, a significant degradation in the quality of life was observed, as measured by both the DLQI (13.59 vs. 7.66, $p < 0.001$) and the physical dimension: 46.76 vs. 49.82, $p < 0.001$) and the mental dimension (39.15 vs. 42.97, $p < 0.001$) of the SF12. **CONCLUSIONS:** Skin pain is clearly overlooked in cases of psoriasis, even though it is present in one-third of patients and aggravates the effect of the condition on patients' quality of life.

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ATOPIC DERMATITIS IN ADULTS: IMPACT ON SEXUALITY

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OBJECTIVES: Currently, only few studies have been conducted to evaluate the burden associated with atopic dermatitis, a chronic skin inflammatory disease in adult subjects and its impact on their sexuality. **METHODS:** A self-administered questionnaire was designed and completed by adults AD patients. Data were collected from patients' members of the French Eczema associations or patients seen in four department of Dermatology in France. Validated tools for evaluating the burden (ABS-A) and QoL (DLQI and SF12) were administered. The severity of AD was also evaluated using a modified version of Patient Oriented (PO)-SCORAD. The severity of the AD disease was classified according of this same score. **RESULTS:** 1,024 subjects responded to the questionnaire (women: 58.3%). 283 subjects had mild AD, 414 had moderate AD, and 327 had severe AD. 81.65% of the patients declared to be affected by AD on their sexuality behavior. 12% of the patients reported genital involvement. This proportion increased with the severity of AD: 2.8%, 9.4% and 22.02% respectively for mild, moderate and severe AD ($p < 0.001$). 40.34% of patients with severe AD declared that AD affected their libido (compared to 17.26% and 4.11% for mild or moderate patients). The burden scores (ABS-A: 39.4 ± 19.5 vs. 23.7 ± 19.4 ($p < 0.001$)) and QoL (DLQI: 8.9 ± 7.1 vs. 4.5 ± 7.2 and mental dimension of SF12 (36.5 ± 9.1 vs. 40.9 ± 10.2)) were significantly ($p < 0.001$) more impacted in patients with genital involvement. Finally, 59% of the subjects with genital involvements declared that this localization was the most distressing manifestation of their condition. **CONCLUSIONS:** These results show a major impact of AD on Patients' sexuality and libido. The QoL and the burden are significantly more deteriorated in patients with genital involvement compared to patients without this symptom. Our results on a large sample show that involvement of the genital areas is relatively common. Physicians should take into account this symptom to improve patients care.

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PATIENT CHARACTERISTICS AND DISEASE BURDEN OF PSORIASIS IN MEXICO: A REAL-WORLD PHYSICIAN AND PATIENT SURVEY

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OBJECTIVES: The burden of psoriasis (Pso) is known to be high but data in Mexico remain scarce. This study aimed to describe Pso patients' characteristics and determine the burden of Pso in Mexico. **METHODS:** Data came from the multinational, cross-sectional GfK Disease Atlas real-world evidence program, collected between September 2015 and January 2016. Eligible patients currently or previously had moderate-to-severe psoriasis, as determined by the dermatologist, and were treated with prescription. Disease severity (Psoriasis Area Severity Index [PASI] and Body Surface Area [BSA]) was assessed by the dermatologist. Patients self-reported their quality of life from the Short-form 12 (SF-12), EuroQoL five dimensions (EQ-5D), and Dermatology Life Quality Index (DLQI) questionnaires, and their work productivity and activity impairment from the Work Productivity Activity Impairment (WPAI) Questionnaire. **RESULTS:** The Mexican sample included 40 dermatologists and 248 Pso patients; 55% of patients were male and 83% had plaque Pso. The BSA percentage and mean PASI score were 9.9% and 3.3, respectively. Overall mean disease duration was 9.3 years, and the mean number of Pso consultations in the last year was 4.8. Furthermore, 23% had a concomitant diagnosis of either cardiovascular disease, psoriatic arthritis, obesity, and/or Type II Diabetes. Almost half (48%) of patients reported scaling or redness/inflamed skin symptoms. Only 5% ($n = 12$) reported currently exacerbating, and 77% reported exacerbating in the last year. Almost half (52%; $n = 128$) used topical agents only, and very few patients (7%; $n = 17$) were on biologic/biosimilar agents only. Approximately 20% received conventional and topical agents. SF-12 physical and mental were 46.9 and 45.7, respectively, and the mean DLQI and EQ-5D scores were 7.1 and 0.9, respectively. From the WPAI, 9.4% of patients reported absenteeism, 28.7% presenteeism, and 31% activity impairment. **CONCLUSIONS:** Results from this real-world survey show that despite current treatment, there remains a high disease burden with Pso in Mexico.

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PREFERENCES OF THE GENERAL POPULATION TO AVOID ORAL HEALTH OUTCOMES: RESULTS OF A BAYESIAN DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: Paucity of data on quality of life associated with oral health conditions and concerns over using generic measures has led to alternative approaches being used to value prevention of oral health problems. The purpose of this study was to obtain willingness-to-pay (WTP) values for preventing oral ill-health to inform economic modelling, using a discrete choice experiment (DCE). **METHODS:** The first stage of the DCE was to identify attributes and levels associated with specific oral health problems (tooth decay and gum disease). This was informed by health states expected to be included in an oral health economic model and a focussed literature review. Pretesting was conducted, followed by two surveys administered online to UK general population panel. The DCE study included a cost attribute to estimate respondents' WTP to avoid specific oral health problems. A Bayesian D-efficient design was employed using estimates from first survey as informative priors in the final statistical design. **RESULTS:** Attributes were defined according to the type of tooth affected (molar, pre-molar, anterior), gum disease and cost. The levels within tooth attributes were: no problem, decay without pain, decay with pain and tooth requiring removal. Coefficients and standard errors from the first survey ($N = 944$), were used to inform the second survey ($N = 1047$). Conditional logit model reflecting repeated observations from the same individuals was fitted to the