

A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

HAIR DISORDERS

HEALTH-RELATED QUALITY OF LIFE OF PATIENTS WITH ALOPECIA AREATA

V Lai (1) - G Chen (2) - D Gin (3) - R Sinclair (4)

Monash University, Monash School Of Medicine, Faculty Of Medicine, Nursing And Health Sciences, Clayton, Australia (1) - Monash University, Centre For Health Economics, Monash Business School, Clayton, Australia (2) - Alfred Hospital, Dermatology, Melbourne, Australia (4) Australia (4)

Introduction: Alopecia areata (AA) is a disfiguring disease with substantial psychological burden. Few studies explore the interaction between symptoms of AA and health-related quality of life (HRQOL) using both disease-specific and generic quality of life instruments. We evaluate the impact on quality of life using the Assessment of Quality of Life-8D (AQoL-8D) and Alopecia Areata Symptom Impact Scale (AASIS).

Objective: To evaluate impairments on quality of life dimensions using both generic and disease-specific measures and to determine correlations between AA symptoms and HRQOL in a cohort of moderate to severe AA patients.

Materials and Methods: Participants with moderate to severe AA from a placebo-controlled randomised trial were administered the AQoL-8D and AASIS at baseline and analysed. Health state utility scores were calculated using an Australian-specific tariff for the AQoL-8D and each dimension was compared with Australian population norms. Global Symptom Impact Score and Global Interference Score were calculated from the AASIS and correlated to the AQoL-8D utility score using Stata 12 statistical software.

Results: 36 participants were analysed. Participants with moderate to severe AA had on average impaired quality of life across 6 of 8 dimensions on the AQoL-8D in comparison to the normal Australian population. Mental health, self-worth and coping were most affected. Only independent living and pain were not impaired in comparison to Australian population norms. AA most substantially interferes with enjoyment of life, interaction with others and work as measured by AASIS. There was a strong negative correlation between the Global Symptom Score and Global Interference Score of the AASIS with AQoL-8D utility scores (both Spearman's correlation coefficient=-0.73).

Conclusions: In a cohort of moderate to severe AA patients, HRQOL was substantially lower than Australian population norms across 6 of 8 dimensions. Greater symptom severity and greater interference with daily functioning were both strongly correlated with poorer











A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

HRQOL.





