

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  $\geq 64$  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  $72.1 \pm 9.9$  years. Patients had an average BCVA of 74 letters, and the majority were still driving. A majority of patients (74%) reported impairment in  $\geq 1$  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.

#### PSS40

##### 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.

#### PSS41

##### 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  $47.8 \pm 15$  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 ( $48.8 \pm 8.7$  vs.  $51.6 \pm 8$  and  $41.7 \pm 9.7$  vs.  $45.4 \pm 9.1$ ,  $p < 0.001$ , 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.

#### PSS42

##### 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:  $39.4 \pm 19.5$  vs.  $23.7 \pm 19.4$  ( $p < 0.001$ )) and QoL (DLQI:  $8.9 \pm 7.1$  vs.  $4.5 \pm 7.2$  and mental dimension of SF12 ( $36.5 \pm 9.1$  vs.  $40.9 \pm 10.2$ )) 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.

#### PSS43

##### 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.

#### PSS44

##### 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

data. The model was statistically significant. Avoiding problems in anterior teeth was most highly valued followed by premolar and molar teeth. Avoiding decay with pain in an anterior tooth generated the highest WTP (mean £245; 95% CI £216 to 272) followed by removal of anterior tooth (mean £203; £169 to £235). **CONCLUSIONS:** Results demonstrate that people have stronger preferences to avoid problems with anterior teeth compared to pre-molars and molars. Prevention of gum problems are also highly valued by respondents.

#### PSS45 PREFERENCES OF PARENTS TO AVOID ORAL HEALTH OUTCOMES IN CHILDREN: RESULTS OF A DISCRETE CHOICE EXPERIMENT

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**OBJECTIVES:** Economic evaluation of oral health interventions requires a valuation of potential health outcomes. This is challenging for interventions targeted at children due to a lack of measures of oral health outcome for children. We propose direct elicitation of oral health states by parents of children. We aim to obtain willingness-to-pay (WTP) values for preventing oral ill-health in children to inform economic modelling, using a discrete choice experiment (DCE). **METHODS:** We characterised oral health problems using type of tooth and severity in decay. This was informed by economic model planning, clinical advice 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 the first survey as informative priors in the final statistical design. **RESULTS:** Attributes were defined by type of tooth affected (baby and permanent) and attributes levels were: no problem, decay without pain, decay with pain and tooth requiring removal. Coefficients and standard errors from the first survey (N=257), were used to inform the second survey (N=1050). Conditional logit model was fitted to the data. Avoiding problems in permanent teeth was valued much higher than baby teeth by the parents. They were willing to pay more to prevent tooth decay in baby teeth than avoiding baby tooth loss. Avoiding decay with pain in the child's permanent tooth generated the highest WTP (mean £417; 95% CI £373 to £465) followed by removal of permanent tooth (mean £415; £373 to £459). Avoiding decay with pain in baby tooth obtained a WTP of £107 (95% CI: £70 to £141). **CONCLUSIONS:** Results demonstrate that parents have stronger preferences to avoid problems with permanent compared to baby teeth.

#### SENSORY SYSTEMS DISORDERS – Health Care Use & Policy Studies

#### PSS46 BARRIERS TO MANAGEMENT OF DIABETIC EYE DISEASES IN TURKEY: DR BAROMETER SURVEY

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**OBJECTIVES:** The Diabetic Retinopathy (DR) aims to assess the awareness of, and access and barriers to diabetes management, including screening for Diabetic Eye Diseases (DED). **METHODS:** DR Barometer Study was implemented in 41 countries. 426 adult with diabetes and 175 health care professionals (14 diabetes specialists, 46 ophthalmologists, 64 primary care providers, 51 others) were surveyed in Turkey. The patient survey consisted of 46 questions divided into four sections covering awareness and knowledge, current care for diabetes and eye complications, screening and treatment of DR and Diabetic Macular Edema, and quality of life. The provider survey comprised 43 questions covering characteristics of the practice. **RESULTS:** Patients and providers who participated in the study were self-selected. Most of patients (45%) were aged between 18 and 39 years. 42% of respondents were in paid employment. 47% of respondents reported that they had no complications of diabetes. Of those who did have complications reported vision loss (23%), neuropathy (19%), kidney disease (13%), cardiovascular disease or stroke (13%), and foot ulcers (3.1%). 82% of these respondents reported issues in their daily activities: difficulty in driving (36%), working or keeping a job (33%), social interactions (31%). Providers reported the biggest barrier to eye exams as long waiting time for an appointment (34%). Waiting time for ophthalmologist exam was usually less than one week in 53% of practices. Barriers that were related to the healthcare system were primarily focused on the limited access to diabetes specialists (34%) or the cost, and proximity of care (27%). Ophthalmologists reported that the greatest challenges for improving patient outcomes in DED were late diagnosis (86%), ineffective screening services (54%), and limited access to patient education on DR and DME (43%). **CONCLUSIONS:** Even in this engaged study population, there are many remaining barriers for care. Knowing that diabetes-related vision loss is now preventable, addressing barriers to eye screening is an important policy issue and potential calls for action are needed.

#### PSS47 QUANTITATIVE ASSESSMENT OF OPHTHALMOLOGIST PRESCRIBING PATTERNS FOR SEVERE VERNAL KERATOCONJUNCTIVITIS (VKC) TO INFORM PAYER DECISION MAKING IN THE EU

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**OBJECTIVES:** VKC is a rare, chronic form of ocular allergy that can cause severe visual complications. It predominantly affects children and adolescents. Prevalence is estimated to be ~3/10,000 individuals with higher rates in young males and hot dry climates. VKC is characterized by symptoms like severe itching, photophobia, foreign body sensation, mucous discharge and blurring of vision. Like many orphan diseases, there is a need for better understanding real world disease management. This research aims to explore the burden of illness of VKC and treatment patterns in severe VKC, to better inform payer decision making. **METHODS:** A survey targeting

60 ophthalmologists from several EU countries treating severe VKC was undertaken. The survey covered the differences in treatment approach and use of non-licensed use of ciclosporin eye drops to treat severe VKC. **RESULTS:** Physicians identified several problems with prolonged use of corticosteroids, including development of glaucoma (11% of patients), and highlighted limitations of antihistamines in severe VKC. If not treated adequately, patients with severe, persistent VKC may develop corneal ulcers and chronic eye disease throughout adulthood which can threaten vision, reducing visual acuity in ~27% of patients, and may require surgical intervention. In the light of this ciclosporin is often used to treat severe VKC; off-label branded ciclosporin (in up to 87% of cases, where licensed) and hospital formulations (~13%) are frequently used. 20% of physicians reported encountering frequent reimbursement restrictions for severe and very severe VKC. **CONCLUSIONS:** The survey highlighted an unmet need for licensed therapies for severe VKC. Antihistamines and corticosteroids are not considered to be viable maintenance therapies for severe VKC. Given these limitations and the absence of licensed options, hospital-compounded formulations and off label products of ciclosporin are currently prescribed, despite inconsistencies in formulation and downsides related to non-licensed use in severe VKC.

#### PSS48 DOSE INCREASE BEYOND LABELLED DOSE OF BIOLOGIC TREATMENTS IN PSORIASIS PATIENTS: A REAL-WORLD STUDY IN SWEDEN

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**OBJECTIVES:** Previous research shows dose increase beyond labelled dose (DIBLD) of biologic treatments is commonly observed in psoriasis. However, this has not been studied in Sweden. This study estimated the occurrence of DIBLD of biologic treatments including anti-TNFs (adalimumab; etanercept) and ustekinumab in patients with moderate to severe psoriasis in Sweden. **METHODS:** The study included adult psoriasis patients beginning maintenance phase of treatment with adalimumab, etanercept, or ustekinumab between 1 January 2013 and 31 December 2015 with at least 2 prescriptions during study follow-up. Patients' psoriasis diagnoses were identified in the Swedish National Patient Registry and corresponding drug dispensing data in the Swedish Prescribed Drug Registry. Patients were followed for one year after start of each treatment's maintenance phase. At each maintenance dispensing, average daily dose (ADD) was calculated as total supply in milligrams divided by the days between the current and following dispensing. DIBLD was defined as ADD 50% higher (sensitivity using 10% and 30%) than the label dose for a given prescription. **RESULTS:** The study included 1090 patients, 400 treated with adalimumab, 557 with etanercept, and 133 with ustekinumab, respectively. Mean age was 49, 44% were female, and the cohort treatment was the first line biologic in 74% of cases. 35%, 40%, and 31% of the adalimumab, etanercept, and ustekinumab cohort had an observed DIBLD, for an average of 79, 50, and 91 days respectively. Using a 30% (10%) ADD threshold resulted in 41% (55%), 49% (61%), and 40% (50%) of patients with DIBLD in the same cohorts. The percentage of patients with DIBLD increased as follow-up increased from 3-12 months. **CONCLUSIONS:** Dose increase beyond labelled dose is common in Swedish patients with moderate to severe psoriasis for those treated with adalimumab, etanercept and ustekinumab. Future research should investigate the reason for this increase and corresponding patient outcomes.

#### PSS49 BURN CARE OUTSIDE BURN CENTERS IN GERMANY; RESULTS FROM AN ANALYSIS OF HOSPITAL QUALITY REPORTS

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**OBJECTIVES:** The German associations for burn care publish precise data on an annual basis about the care situation in the 26 German burn centers. However, it is unclear what happens outside those centers and what percentage of patients receive sub-optimal levels of care. The new mandatory quality reporting system for German hospitals may provide some insight; in particular, how many and how many severely burned patients are treated outside burn centers. **METHODS:** The quality reports for all German hospitals for 2013 and 2014 were analyzed for burn patients, the degree of burns, location, age, and coverage materials. The data for burn centers and non-burn centers were compared. **RESULTS:** In 2014, 1,007 German hospitals reported the treatment of 13,464 cases of burned patients either second or third degree. 600 hospitals had less than 10 and 38 more than 100 cases. The burn centers treated 44% of all higher degree burns. Coverage with temporary skin substituting materials was performed 7,638 times in 231 hospitals and in 77% of all cases in a center. Relative xenograft use was 33% in centers and 67% in non-centers; allogenic coverage 44% in centers and 56% in non-centers, alloplastic (Suprathel) 66% in centers and 34% in non-centers. The coverage with a skin transplant was performed 5,950 times in 413 hospitals of which in 82% were in centers. **CONCLUSIONS:** Germany has a burn care structure with regional burn centers. Not even half of the patients with a higher degree burn are treated in such a center. Around a fifth of all higher specialized wound coverages, like skin transplant or coverage with skin substituting materials are performed outside of centers. The treatment patterns differ largely between centers and non-centers.

#### PSS50 COMPARATIVE ANALYSIS OF LISTS OF ANTIFUNGAL PREPARATIONS FOR ONYCHOMYCOSIS TREATMENT IN BRITISH AND UKRAINIAN NATIONAL FORMULARIES

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**OBJECTIVES:** Topical antifungals are used to treat fungal nail diseases (onychomycosis). The research aim was to compare antifungal drugs for topical treatment of onychomycosis listed in British National Formulary 70 (BNF, 2016) and Ukrainian National Formulary 8th edition (UNF, 2016). **METHODS:** data and comparative analysis of preparations included in the formularies. **RESULTS:** Topical antifungal drugs