Quality of life and work productivity analysis of patients with mild to moderate chronic hand dermatitis

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INTRODUCTION
Skin diseases, particularly of the hands, have been reported to have a negative impact on patient quality of life (QoL) and account for a large percentage of occupational illness and loss of productivity.

This analysis describes self-reported QoL and work productivity of patients with mild to moderate chronic hand dermatitis (CHHD).

METHODS
All patients taking part in a clinical trial of a novel agent, pimecrolimus cream 1%, for the treatment of CHHD and who completed the dermatology Life Quality Index (DLQI) and the Work Productivity and Activity Impairment questionnaire-Chronic Hand Dermatitis (WPAI-CHHD) at baseline were included in this analysis.

A total of 251 of the 257 patients in the intent-to-processed population (97.7%) completed baseline questionnaires and were included in the analysis.

Study subjects were over 18 years of age, of either sex, with mild to moderate CHHD.

Results are reported for the total group and for subgroups defined by suspected etiology (irritant contact dermatitis (ICD) vs non-ICD) and palmar surface involvement (PSI vs non-PSI).

QoL and work productivity measures
DLQI: Measures six disease-specific domains, i.e., symptoms and feeling, daily activities, work and school, personal relationships, and treatment.

Scores are expressed as percentages, with higher scores indicating greater impairment.

Recall period is the last 7 days.

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RESULTS
The demographic characteristics of the total analysis group and the subgroups are described in Table 1; baseline WPAI-CHHD and DLQI scores are displayed in Table 2.

Individual items are summed to generate an overall QoL score. Scores are expressed as percentages, with higher scores indicating greater impairment.

Results are reported for the total group and for subgroups defined by suspected etiology (irritant contact dermatitis (ICD) vs non-ICD) and palmar surface involvement (PSI vs non-PSI).

Total Group Analysis
Patients with CHHD averaged 25.1% of maximum disability as measured by the DLQI summary score, which is comparable to scores of a subset of patients with psoriasis (29.7%), higher than those in patients with vitiligo (8.1%), but lower than in patients with concurrent delayed pressure urticaria (43%).

Disability for CHHD patients was greatest in the symptoms and feelings component score of the DLQI, which measures the physical and emotional impact associated with CHHD, with 54.8% of impairment reported.

Impairment in work and school, daily activities, and leisure activities ranged from 18% to 27%.

Work and school time missed due to disease-specific symptoms is low for CHHD (0.3%), which is in line with other chronic conditions such as arthritis (0.6%) and alopecia (1.1%).

Employed patients reported an average of 1.7% impairment at work due to CHHD.

For students, impairment in the classroom due to CHHD was 14.4%.

For all patients, impairment in daily activities due to CHHD was 24.6%.

Subgroup analysis: suspected etiology
Reduced impairment was observed in ICD patients compared to non-ICD patients.

ICD patients averaged greater disability, as measured by the DLQI total score, than non-ICD patients (26.5% vs 23.2%).

Patients with ICD consistently scored higher (worse) on all six components of the DLQI compared to non-ICD patients.

Compared to non-ICD patients, ICD patients experienced greater impairment at work (20.3% vs 13.9%) and daily activities (27.0% vs 21.2%) due to CHHD, as assessed by the WPAI-CHHD.

Subgroup analysis: palmar surface involvement
This analysis has confirmed that mild to moderate CHHD is associated with impairment at work, in the classroom, and during other daily activities and that the symptoms of CHHD can be painful and embarrassing to those who suffer from it.

Patients with ICD and palmar surface involvement tend to report more impairment than corresponding subgroups with CHHD.

CONCLUSIONS
This analysis has confirmed that mild to moderate CHHD is associated with impairment at work, in the classroom, and during other daily activities and that the symptoms of CHHD can be painful and embarrassing to those who suffer from it.

Patients with ICD and palmar surface involvement tend to report more impairment than corresponding subgroups with CHHD.

REFERENCES

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