## P1406

### Leadership workforce in academic dermatology

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Concern has been raised that the current workforce of academic dermatologists is unable to support the clinical, teaching, and research demands of the field. More specifically, recent practice profile data have shown that while many junior physicians join academia, many also leave in their mid-40's, depleting the pool of faculty able to fill positions of leadership within dermatology. This study examines the demographics, tenure, and future plans of current department chairs of dermatology in an effort to identify any future "leadership gap" where there are insufficient qualified candidates in academic dermatology to maintain the field's leadership needs. Anonymous surveys were sent to 122 dermatology department chairs, with a 60% return rate (n = 73). The average age of current chairs is 56 years. Chairs have been in their current position for an average of 11 years, making their mean age when they accepted the position 45. The anticipated average retirement age is 62, which should affect most departments within 6 years, since 14% of chairs are currently planning to resign and 32% anticipate resigning within the next 3 years. Sixty-8% of chairs did not feel that there was an average age at which an attending left academia. Of the 32% of respondents who did feel that attendings left at a certain age, the majority believed the age was under 40. Current chairs also felt that on average, one attending within their department would be appropriate for consideration as a chair candidate within 5 years. This data suggests that while problems of retention among younger faculty in academic dermatology may exist, they do not currently exist at a level that would compromise future leadership positions.

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## P1407

### Melanoma risk factors in the elderly

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Introduction: Malignant melanoma risk factors have been studied in different geographical area populations. However, few studies have focused on clinical characteristics and risk factors that are more frequently associated to the over-60 age group.

Methods: A prospective study was carried out of a case-controlled group. From the over-60s assessed between 1997 and 2005 in the Dermatology Department of the Instituto Valenciano de Oncología, (IVO) Valencia, Spain and diagnosed as having malignant melanoma, 309 patients were selected. As a control group, 2223 patients assessed during a health promotion scheme in the elderly carried out by the City Council of Valencia were included. This represented 1.2% of the city population in this age group during the period of study. Both groups were assessed for different phenotype characteristics (hair and eye colour, photo type), the presence of other cutaneous lesions (solar freckles, radiation keratosis and nevus), degree and type of solar exposure and personal and family past history of cutaneous, or other, cancer. Contingency tables and logistic regression models were used as evaluation tools.

Results: Risk factors of developing malignant melanoma in the elderly are: males, past history of cutaneous and other cancers, sunburn, photo type, hair and eye colour, and the number of nevus. In the multivariate study persistent risk factors were past history of cutaneous cancer, sunburn, the number of nevus and family history of melanoma.

Conclusions: Past personal history of cutaneous cancer and of sunburn, the number of nevus and family history of melanoma should be taken into account in campaigns for the prevention of malignant melanoma in the Elderly.

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## P1408

### Nail psoriasis: Epidemiological study in France

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The aim of this study was to evaluate the characteristics of patients affected by psoriasis and pay particular attention to those with nail psoriasis. In October 2004, in collaboration with the French Association for the Fight against Psoriasis (APLCP), a vast survey was carried out in France by sending to the 4,000 members, selected by drawing lots, a questionnaire that included several items. The first part of the questionnaire looked into the social and demographic characteristics of the patients, psoriasis localization, and psoriasis age. The second part was dedicated to patients with nail psoriasis with a description of its extent and bothersome effects. The last part was a quality of life questionnaire specific to dermatological pathologies to be filled in by all patients: the DLQI (Dermatology Life Quality Index). In total, 1309 questionnaires were returned. The population was made up of 57.3% of women and 42.7% of men. Mean age was 51.8 years (SD = 16.2). The age of psoriasis was under 1 years old for 1.2% of patients, between 1 and 5 years old for 10.8%, and above 5 years old for 88% of them. Psoriasis affected the nails for 60.8% of subjects (for 16.4% only the hands, for 9.4% only the feet and for 35% both the hands and feet). 86.6% of subjects said that the aspect of the affection was expressed by a thickening of the nail, 84.9% talked about a whitish aspect of the nail and 61.8% reported small spots resembling a thimble. Concerning the consequences, 86.4% considered their affection to be bothersome, 86.5% considered their affection to be unsightly, and 58.9% said that their affection caused pain. Nail affection concerned 60.8% of the patients in the study population. Another study had shown that nail affection concerned half of the patients affected by psoriasis. Nail psoriasis had often been present for many years and its treatments were not sufficiently effective. Consequences on functional, pain-induced, and esthetic distress are significant and related to the localization and extent of nail psoriasis.

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## P1409

### Potential drug interactions in dermatologic outpatient prescriptions: Taiwan analysis

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Background: Adverse drug reactions (ADR) increase morbidity and mortality; potential drug interactions (DI) increase the probability of ADR.

Objectives: To study potential DIs of dermatologic outpatient prescriptions in the National Health Insurance Research Database in Taiwan.

Methods: All prescriptions administered by dermatologists in 2000 were analyzed by information technology to identify potential DIs amongst drugs appearing on the same prescription sheet.

Results: Of 150.6 million prescription sheets with 669.5 million prescriptions administered to the National Health Insurance Bureau of Taiwan, 6.6 million (4.4%) prescription sheets were for dermatology with 19.0 million (2.8%) prescriptions written. There were 283,458 potential DIs in this category, accounting for 1.49% per prescription. The interactions between less-sedative antihistamines such as terfenadine and astemizole and azole antifungal agents were most common (1.1%). Accounting for the most severe drug interaction, terfenadine interaction with cimetidine and ketoconazole ranked first (4.4%), followed by the interaction of astemizole with cimetidine and ketoconazole (2.9%). The interactions of corticosteroids and antacids comprised most types of drug interactions (49%). The incidence rate occurring in dermatologic prescriptions is lower than the general population.

Conclusions: Although the incidence rates of DIs are low, dermatologists need to be reminded of the possible potential DIs when prescribing medications. Keywords: adverse drug reactions/drug interactions/national health insurance/information technology/patient safety.

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