



# The autoimmune bullous disease quality of life and treatment of autoimmune bullous disease quality of life

**Introduction:** The Autoimmune Bullous Disease Quality of Life (ABQOL) and the Treatment of Autoimmune Bullous Disease Quality of Life (TABQOL) questionnaires are valid and reliable autoimmune blistering disease (AIBD)-specific quality of life (QOL) instruments. Their responsiveness to change remains undetermined.

**Objectives:** To identify trends in ABQOL and TABQOL scores; To determine the responsiveness of ABQOL and TABQOL to change; To determine the relationships between disease extent, treatment intensity and treatment adversity with ABQOL and TABQOL scores.

**Methods:** Methodologies included patient recruitment, QOL (Short Form 36, ABQOL, TABQOL), disease extent (Autoimmune Bullous Skin Disease Intensity Score, Pemphigus Disease Area Index, Bullous Pemphigoid Disease Area Index, anti-desmoglein 1 and 3 and anti-BP180), treatment intensity (Treatment Intensity Scoring System) and adversity (Treatment Adversity Scoring System) assessments, and statistical analysis.

**Results:** Fifty-seven AIBD patients were studied. Mean ABQOL and TABQOL scores decreased over initial 48 months. ABQOL and TABQOL were insignificantly correlated against disease extent, treatment intensity or treatment adversity. Correlations between ABQOL and erosions and blisters (face) scores were low but statistically significant ( $r = 0.356$ ,  $p < 0.001$ ). A 1-point change in physical component scores or mental component scores resulted in a 0.468 to 0.864-point change in ABQOL and TABQOL scores.

**Conclusions:** AIBD has greater impact on QOL during early disease. The ABQOL and TABQOL are responsive to small changes in QOL. QOL is largely independent of disease extent, treatment intensity and treatment adversity. However, active erosions or blisters on exposed skin surfaces resulted in poorer QOL. ( $r = 0.249$ ,  $p$

