Quality of life in dermatology: validation of measurement.

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Introduction: The prevalence of skin disease is very high worldwide, causing extensive damage to people’s lives and productivity. But skin disease rarely kills and so is often ignored and dermatology services under resourced. A major challenge over the last 30 years has been to develop methods to measure the impact of skin disease on the individual and on society. Skin disease can affect virtually every aspect of a person’s life including the psychoemotional state of a person. Measurement of the impact of skin disease on health-related quality of life can be with validated standard questionnaires.

Materials & methods: 263 patients (age range 19-69 years) with chronic skin disease have been examined for 2017. Particularly, among them, there were 146 patients with psoriasis, 51 with eczema, 37 with acne, 22 with atopic dermatitis, 7 with alopecia areata. All patients were evaluated quality of life.

Results: People with chronic skin disease were interviewed to find out the patients’ perspective on how their lives were affected. The main areas were symptoms and feelings, daily activities, social activities, personal relationships and work or study. Patients with chronic skin diseases were less socially active. 37 % of people avoid going swimming, 64 % - avoid to visit saunas. Sporting activities are often avoided, often because of a desire not to reveal abnormal skin to strangers, for example in changing rooms – 62 %. The symptoms experienced are itchiness, soreness, pain and stinging – 38 %. These symptoms often lead to sleep disturbance and resulting tiredness – 29 %. People frequently report feeling embarrassed and self-conscious and these feelings contribute to changes in behavior with family and friends – 89 %. Social and leisure activities are altered by skin disease, as well as the ability to look after the home or undertaking simple basic activities such as shopping – 58 %. In addition the treatment for the skin disease itself often added an extra burden because of the time needed to apply ointments and because of resulting messiness and soiling of clothes, furniture and office equipment – 87 %.

Conclutions: Skin disease can have a profound psychological impact on a person and the individual’s personality will shape their response to having abnormal skin. There is therefore an interrelationship between the psychological makeup of a patient and the overall impact of the skin disease on the resulting impact of the disease on their life quality. Eventually understanding of this contributes to improve the quality of care.