

Quality of life and stigmatisation of people with psoriasis

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ABSTRACT

Introduction: Skin diseases significantly affect the perception of quality of life of people because they interfere with body image and self-perception, lower self-esteem and cause stigmatisation by the environment.

The aim of the study: Was to assess the quality of life and sense of stigmatisation among patients with psoriasis.

Materials and methods: The study involved 60 people with psoriasis. Own questionnaire, standardized DLQI Scale and 6-Scale were used to collect the material for assessing stigmatisation.

Results: According to the majority of respondents (58,3%), dermatological patients should deal with the disease through dermatological treatment. Part of the respondents declared that they were asked several times what the illness is and whether it is treated (16,7%) or whether it is a contagious disease (11,7%).

Conclusions: The quality of life of dermatological patients was slightly reduced. The majority of respondents did not experience stigmatisation or experienced it slightly.

Keywords: psoriasis, DLQI

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INTRODUCTION

As skin is the most visible and exposed organ, its condition significantly affects people's self-esteem and mental state [1]. Quality of life is very individualized and involves a sense of psychological, physical and social well-being. Skin diseases significantly affect the perception of quality of life, because they interfere with body image and self-perception, lower self-esteem and cause stigmatisation by the environment. Moreover, they are often a source of stigmatisation due to the visibility of skin changes and social ostracism which lies at the basis of suspicion of infectious changes, neglect of hygiene and disgust of the environment [2].

Psoriasis is a chronic non-infectious skin disease that affects approximately 2-5% of population. It occurs with the most frequency among Caucasians. The origin of psoriasis has not been completely defined. In addition to genetic factors, it is indicated that the number of inducing and predisposing factors induce and aggravate skin lesions [3-6]. People with dermatological diseases have distorted body image and feel helpless. It causes high level of stress which in turn leads to the severity of skin lesions [2].

Social and mass media requirements form the canons of beauty which glorify smooth, groomed and flawless skin, thus creating body image which is desired by everyone and compatible with trends and fashion. People who are not only able to enter into these trends but differ from them far due to localized changes in skin, suffer from restrictions during making life decisions (for example, the choice of profession), social rejection and stigmatisation [7].

Due to their visibility and excitation of negative emotions in the environment, skin diseases affect quality of life and significantly reduce it. People with dermatological diseases, including psoriasis have problems in making new friends and creating relationships. They avoid public places where their lesions must be presented, for instance, swimming pools, beaches, hairdresser's or gyms. Dermatological patients usually choose clothes in the context of the disease and the possibility of covering their lesions while exposing them, for example, in the swimming pool, causes embarrassment of own appearance and also discomfort as a result of the interest in their appearance by persons from the surroundings and frustration while asking questions and making comments about appearance. The disease also has a huge impact on their intimate life. People with skin lesions feel unattractive to their partners and for fear of the reaction they avoid intimacy. Skin defects make professional life difficult and result into frequent absences from work because of exacerbations. Sometimes they perceive the

difficulty in finding a job or employment in the position corresponding to their qualifications from the point of view of their disease. Their economic conditions worsen also the costs of therapy which tend to be high [8].

The aim of the study was to assess the quality of life and sense of stigmatisation among people with psoriasis.

MATERIALS AND METHODS

A method of diagnostic survey was used in the research. The research material was collected with the use of own questionnaire and standardized tools i.e. DLQI questionnaire which is used to assess the impact of skin disorders on quality of life and a 6-point scale to assess stigmatisation in skin diseases. 60 people with psoriasis took part in the survey.

Most of the respondents were women, which was 90% among the respondents. The majority of respondents had secondary education (63%), less numerous group had higher (25%), vocational (17%) and basic (5%) education. Most of the respondents were single (51,7%) while 26,7% were in non-merital relationship and 21,6% of them were married. There were 23,3% of respondents from rural areas while the rest of them lived in cities. The survey has shown that 46,7% of respondents study while 38,3% of them work. A smaller percentage of the respondents were unemployed (11,7%) and retired (3,3%).

RESULTS

53,3% of respondents have never faced discrimination or unpleasant reactions to themselves or another person with a skin disease. Part of the respondents declared that they were asked several times what the illness is and whether it is treated (16,7%) or whether it is a contagious disease (11,7%). 8,3% of respondents declared that they had never experienced anything bad and they were even offered to help. A small part of the respondents said that they had never heard anything unpleasant, however, body language towards them was negative (8,3%). The least people (1,7%) declared that other people looked at them with disgust while they expose lesions. According to the majority of respondents (58,3%), dermatological patients should deal with the disease through dermatological treatment. 38,3% of respondents indicated improvement of lifestyle and diet, 35% of them believed that all the factors are essential. Some respondents claimed that patients should be treated with natural therapy, herbal medicine (13,3%). Several people recommended water therapy (6,7%).

61,7% of respondents declared that they do not feel the need to integrate with other people with skin diseases. Some people answered that they have a few friends with whom they exchange experience (26,7%). 6,6% of them answered that they have few friends with dermatological problems, including those via the Internet. They also participate in the forum for people with psoriasis. Only 5% of the survey participants answered that they are ashamed of their disease and can not talk about it with anyone.

The average point received by the respondents of DLQI questionnaire was 4,85 points which meant a slightly reduced respondents' quality of life. 16,7% of respondents had a strongly

reduced quality of life because of skin diseases, 13,3% of them declared that they had a moderately reduced quality of life while 33,3% of people with psoriasis said their quality of life was slightly reduced. There was no person with a strongly reduced quality of life among the respondents.

6-Point questionnaire for assessing stigma was used to assess the sense of stigmatisation among the respondents. Summing up the results of the completed questionnaire, the average total of points was 4,21 points with the possibility of obtaining 0 points-no stigma to 18 points -severe stigma (Fig. 1). Most of the respondents have never experienced stigmatisation because of skin lesions or have experienced it to a small extent.

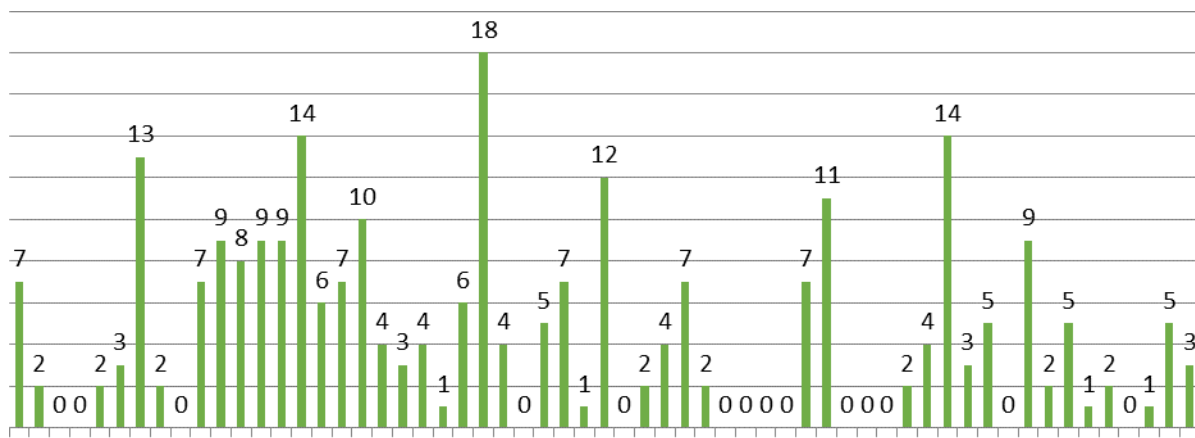


Figure 1. Individual respondents' results in 6-point Scale to assess stigmatisation

DISCUSSION

Due to chronicity and visibility of skin lesions, psoriasis significantly reduces quality, has an impact on social relationship and make daily life and performance of social roles difficult. In addition, noticeable skin lesions cause negative reactions of society and labeling people with skin problems which translate into experience psychosocial stress by sick people. Kowalewska et.al [9] point to the importance of psychological factors in the development and severity of skin lesions. The mutual influence of emotional factors on the severity of skin lesions and influence of the severity of skin lesions on an increase in skin reaction form a vicious circle deteriorating the state of a sick person both in terms of skin lesions and emotional state. On the other hand, according to Kowalewska et.al [10], the negative perception of dermatological patients concerns not only society in general, but also medical staff.

Patients with psoriasis, who are often socially rejected and stigmatized, experience anxiety and withdrawal [11]. According to

Godlewska [7], patients are socially rejected mainly due to the visibility of lesions and suspicion of their infectivity. Also Kowalewska et. al [12] and Jankowiak et.al. [13] obtained the results which confirm the stigmatisation of people because of their skin disease.

Among the survey respondents of own study, the majority of them did not face discrimination or unpleasant reactions towards themselves or another person with skin diseases. The quality of life was reduced slightly in the case of the majority of people (33,3%). 16,7% of people claimed that their quality of life was reduced strongly and 13,3% of respondents said they had a moderate level. A reduced quality of life in dermatological patients were also described in the studies by Zielińska-Więczkowska, Pietrzak [14] and also Jankowiak et.al. [15].

It is widely known that during formation of any skin lesions the basic indicated activity is the therapy under the supervision of a dermatologist. It also turns out that the respondents were aware of the impact of food intake on the appearance of skin. Properly selected and balanced

diet can help to mitigate and minimize skin lesions and help to reduce the risk of cardiovascular complications in patients with psoriasis [16,17,18].

A large number of the respondents thought that patients should be treated in accordance with the recommendations of a dermatologist and they should modify their diet and health behaviour. Patients with dermatological problems mostly did not feel the need to integrate with other people with skin diseases and if they decided to exchange their experience, they did it with their friends.

According to Łakuta and Przybyła-Basista [19], psoriasis is widely recognized as a disease which strongly determines education and work, interpersonal relations and even starting a family. However, own research revealed that the disease was not the problem during everyday work. In the case of the majority of respondents skin lesions did not affect social life, ways of spending free time, realization of professional tasks and they also did not interfere with learning. Part of the respondents declared that the disease caused the need to modify their clothing.

Zięciak et.al [20] indicate that people with psoriasis are overly sensitive to rejection by society and often misinterpret even neutral situations. These people have a sense of fear and danger associated with the reaction and opinion of others about their appearance. According to Kowalewska et.al [21], their expectations towards people from their environment and medical staff have mainly relationship with different treatment because of skin disease.

The majority of respondents covered by own research claimed that they had not been avoided. Moreover, they did not hear unpleasant comments and did not feel unattractive to others. Some respondents sometimes face unpleasant reactions of the environment in connection with the disease.

CONCLUSIONS

Analysis of the research material allowed to put forward the following proposals:

1. The respondents rarely felt rejected by society because of a disease.
2. According to the respondents, people with psoriasis should be treated by a dermatologist through diet and lifestyle modification.
3. According to DLQI scale, the quality of life of dermatological patients was slightly reduced.
4. The majority of respondents did not experience any stigmatisation or experienced it slightly.

Conflicts of interest

There was no commercial, financial or other associations that could pose a conflict of interest

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