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RESEARCH ARTICLE

QUALITY OF LIFE OF PATIENTS WITH PSORIASIS: A CROSS- SECTIONAL SURVEY FROM A TERTIARY HEALTH CARE CENTER

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ABSTRACT

Aim: The study was aimed to assess the quality of life (QoL) of patients with psoriasis and the association of QoL scores with the selected socio-demographic variables.

Methods and Materials: A cross-sectional survey was carried out among 200 patients affected with psoriasis. Study subjects were recruited from Dermatology clinic, JIPMER (Jawaharlal Institute of Post-graduate Medical education & Research), hospital, Puducherry. Data were collected through face-to-face interviews by using a structured questionnaire on sociodemographic information, three questionnaires on quality of life such as 12- items General Health Questionnaire, modified Psoriasis Disability Index and modified Psoriasis Life Stress Inventory.

Results: Most of the subjects 164(82%) reported that their quality of life was negatively affected with psoriasis. The disability and stress were found to be more in the younger age group (<30 years).

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INTRODUCTION

Psoriasis is one of the most common skin disorders with a prevalence rate of 0.1-3%. It affects people of all ages and its incidence peaks in early adult life and then again in later adult life (Neiman *et al.*, 2006). Chronic nature of illness, frequent relapses, the absence of a permanent cure and symptoms like pruritis make it hard to live with this condition. The cosmetic disfigurement of psoriasis has a negative impact on quality of life by causing psychological stress, disruption of social relationships and difficulties in daily life (Inanir *et al.*, 2006). Skin diseases such as psoriasis can profoundly influence a patient's self-image, self-esteem, and sense of well-being. Findings of the survey by National Psoriasis Foundation (1998) and European Federation of Psoriasis Patients Associations (2006), the respondents felt that psoriasis had a negative impact on their lives, such as difficulties in the workplace, exclusion from public facilities, getting a job and contemplation of suicide. According to Mease and Menter (2006), physical manifestations such as scaly, pruritic plaques and inflamed joints severely impair the physical functioning and occupational capability of psoriasis sufferers. In India, the point prevalence of psoriasis was reported as 8% (Kumar *et al.*, 2014).

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Psoriasis is an incurable and chronic disease that includes unpredictable periods of remission and relapse requiring long-term therapy. It is also associated with significant psychosocial morbidity and a decrease in health-related quality of life. The psychosocial effects may be profound and may result in considerable stigmatization, social isolation and discrimination. Rakesh *et al.* (2008) assessed the quality of life among fifty patients with psoriasis in south India. Among the physical and psychosocial factors investigated, daily activities, employment and treatment were reported to be affected the most. Psoriasis sufferers were also most likely to feel self-conscious, inconvenienced by the shedding of the skin, lived in a constant fear of relapse and avoided social interactions. Pichaimuthu *et al.* (2011) compared the level of social participation experienced by 150 patients each of psoriasis and vitiligo in India. Extreme restriction was observed only among patients with psoriasis and they faced significantly more restrictions in a number of day-to-day life situations.

MATERIALS AND METHODS

A cross-sectional descriptive study was carried out among 200 patients diagnosed with psoriasis attending JIPMER (Jawaharlal Institute of Post-graduate Medical education & Research), hospital, Puducherry. Participants were selected by convenience sampling according to the inclusion criteria. Subjects of both sex and who belonged to the age group of 18 to 65 years were included in the study. In addition to the socio-

demographic data sheet, quality of life was assessed by 12-items General Health Questionnaire (GHQ -12, Goldberg, 1972), modified Psoriasis Disability Index (PDI; Finlay and Kelly, 1987; Finlay and Coles, 1995) and modified Psoriasis Life Stress Inventory (PLSI; Gupta and Gupta, 1995). Ethical clearance was obtained from Institute Ethics committee (humans) of JIPMER, Puducherry, India. The subjects were assured of confidentiality.

RESULTS

The majority (70.5%) of the participants was males, 67.5% of them resided at rural area and 41% of the subjects were doing agriculture work. The psychological distress was assessed by 12-items general health questionnaire.

The responses obtained from the study participants showed that 64(32%) of them had psychological distress concerned with their general well being and 48(24%) of them reported severe psychological distress and more psychological problems. The quality of life of the subjects with psoriasis based on various domains of Psoriasis Disability Index (PDI) revealed that out of 200 subjects participated in the study, 132(66%) of the subjects were found to have slight degree of disability related to their daily activities such as taking frequent baths, necessity to wear clothes to hide the lesions and problem in maintaining hair. Regarding work, 66(33%) of the subjects reported that their career had been affected by psoriasis. Further, 118(59%) of the subjects said that the relationship with their friends and family members was affected by psoriasis.

Table 1. Quality of life of subjects with psoriasis based on their general health status

(N=200)		
General health score (Score range:0-36)	Number of subjects	Percentage (%)
0-10 (No stress)	46	23
11-12 (Typical)	20	10
13-14 (Mild stress)	22	11
15-20 (Evidence of distress)	64	32
21-36 (Severe psychological stress)	48	24

Table 2. Quality of life of subjects with psoriasis based on illness related disability

(N=200)								
Domains of psoriasis disability index	Level of disability							
	No disability		Slight degree		Moderate degree		A great degree	
	No.	%	No.	%	No.	%	No.	%
Daily activities	4	2	132	66	49	24.5	15	7.5
Work	41	20.5	66	33	41	20.5	52	26
Personal relations	63	31.5	118	59	14	7	5	2.5
Leisure	28	14	158	79	10	5	4	2
Treatment	26	43	143	71.5	15	7.5	16	8
Over all disability	1	0.5	164	82	29	14.5	6	3

Table 3. Quality of life of subjects with psoriasis based on illness related stress

(N=200)			
Level of stress (score range: 0-54)	Score by percentage	Number of subjects	Percentage (%)
≤27 (Slight degree of stress)	≤ 50%	145	72.5
28 to 40 (Moderate degree of stress)	51-75%	44	22
41 to 54 (A great degree of stress)	>75%	11	5.5

Table 4. Association of quality of life scores between different age groups

Quality of life scores	(N=200)								One way ANOVA F value	P value
	Age group									
	≤30 yrs (n=48)		31 – 40 yrs (n=47)		41- 50 yrs (n=52)		≥51 yrs (n=53)			
Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D			
General health (score range 0-36)	16.5	7.7	16.5	6.0	16.6	7.1	15.2	5.9	0.55	0.651 (N.S)
Disability (score range 0-51)	21.0	11.0	17.9	8.9	16.7	9.3	13.9	7.0	5.27	0.002** (S)
Stress (score range 0-54)	26.7	11.0	22.6	8.1	21.1	9.1	17.9	8.7	7.48	0.000*** (S)

*** Significant at p<0.001 level ** Significant at p<0.01 level N.S - Not significant

Leisure time activities such as going to special functions, participating in sports and taking bath in common places were affected in 158(79%) of the subjects. Treatment related disability was reported by 143 (71.5%) of subjects. The quality of life of the subjects with psoriasis based on Psoriasis Life Stress Inventory (PLSI) suggested that 144 (72%) of the subjects were found to have slight degree of stress due to psoriasis and 44 (22%) of them had moderate degree of stress while 11(5.5%) of them suffered with a great degree of stress. Further analysis on the level of stress reported by the subjects participated in the study showed that the different kinds of stress due to psoriasis was positively correlated with all the sub domains of psoriasis disability index (PDI) such as daily activities, work, personal relations, leisure and treatment aspects and it was found to be statistically significant at $p < 0.01$ level. Hence, it is interpreted that as the illness related stress increases, the disability also increases in the subjects with psoriasis. The association of socio- demographic variables with quality of life (QoL) scores revealed that there was no significant association between general health score and age. But, the results of one-way ANOVA suggested that there was a significant association between age with disability and stress which was shown by the higher mean disability score of $21(\pm 11)$ and it was significant at $p < 0.01$ level in the subjects who belonged to the age group of ≤ 30 years. Similarly, the results showed that the mean stress score was found to be high (26.7 ± 11) in the same age group (< 30 years) and it was significant at $p < 0.001$ level. It was also observed that there was no significant difference in quality of life between married and unmarried. Further, the scores were independent on the income status of the subjects.

Conclusion

The study results showed that 48(24%) of the subjects experienced severe psychological distress and more psychological problems. Most of the subjects 164(82%) reported that their quality of life was slightly affected with psoriasis in their daily life, work related difficulties, personal relationships and their treatment aspects. Further, the results indicated that the subjects with < 30 years old had higher level of stress and disability. The stress level was more in females than males. It can be interpreted that females are more bothered about their appearance and the visibility of the skin lesions make them to feel more stressful.

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