

A STUDY ON THE QUALITY OF LIFE IN PATIENTS OF VITILIGO, PSORIASIS AND PEMPHIGUS VULGARIS.

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Abstract

Background/Rationale: Skin is the most visible organ that defines our appearance and plays a significant social communication role to a great extent. Human beings are often concerned with their external physical appearance, which is directly related to the health of the skin, and if any disease triggers a change in the skin's natural appearance, it causes distress to the individual. Chronic diseases such as Vitiligo, Psoriasis, and Pemphigus severely degrades the quality of life (QOL) of affected individuals. ,Psychiatric morbidity was shown by Indian patients as stress ,anxiety depression, lower self-esteem, adjustment disorders, and sleep disturbance, and are vulnerable to various psychiatric disorders such as severe depression and suicidal ideations. The involvement of a chronic illness is typically associated with lower health-related quality of life (HRQOL), and severity of the disorder often affects HRQOL. ***Objectives:*** To evaluate the quality of life of patients having Psoriasis, Vitiligo and Pemphigus Vulgaris and To explore the correlation between disease

severity and quality of life. Methods: Prospective Cross sectional Study will be carried out in 65 patients with chronic skin diseases, attending Out Patient Department of Dermatology, AVBRH, JNMC, Sawangi, Wardha, will be Registered after having considered different conditions for inclusion and exclusion. A detailed history will be taken, severity index will be calculated and questionnaire, DLQI, HRQOL will be given to the patients. Results: The result would be undertaken in SPSS software. Conclusion: The conclusion will be based on findings for study protocol.

Keywords: *Quality of Life, Psychiatric Morbidity, Vitiligo, Psoriasis, Pemphigus, DLQI, HRQOL.*

Introduction

The impact on quality of life (QoL) in patients with skin diseases is known well and can be intense. It is known that personal and socio-economic factors affect QoL in relation to health.[1] It has been found in the past that approximately 30-40% of patients with chronic dermatological conditions have health-related mental and psychological morbidity, sense of stigma and reduced quality of life. Lack of awareness of dermatological issues among rural population contributes to stigma and poor quality of life. Most dermatologists agree that psychological issues are common among subjects who come to their attention and many studies on dermatological patients have shown that psychiatric disorders have been prevalent in them. [2]

The quality of life (QOL) of sufferers of psoriasis has been devastated. This is a condition that has a significant effect on the psychological and social aspects of the person, in particular because of its exposure. Stress, low self-esteem, depression, anxiety , and suicidal thoughts have been shown to be linked to psoriasis. As shown in several studies, the measurement of the effects of psoriasis on QOL together with the clinical severity assessment could provide a measure of the clinical efficacy of dermatological treatments, since improvement in the total psycho-social mortality rates associated with the illness is an significant criterion for the positive outcome of psoriasis therapy[3]

For patients in our country, Vitiligo is of particular concern since depigmentation is readily seen on dark skin and, more significantly, because the disorder creates severe stigma. Study using methods to assess the quality of life related to health (QOL), such as the Quality of Life Index of Dermatology (DLQI), has shown that QOL is impaired by vitiligo.. Study in Indian patients showed that a significant proportion of patients suffer from psychiatric morbidities manifesting as anxiety , depression, and sleep disturbance. Vitiligo patients have lower self-esteem than normal population. Women with vitiligo report an deficiency in QOL greater than their male counterparts. Children are affected psychosocially. Studies using QOL and psychiatric morbidity questionnaires showed Incidence of psychiatric morbidity in 25% of Vitiligo patients (depressive episodes, adjustment disorders, anxiety). Many of these effects are caused by other disfiguring skin conditions, and patients in other parts of the world share these concerns, but a combination of person , family, and societal responses to vitiligo places a particular burden on Indian patients with this disease[4].

Pemphigus (in Greek pemphix, meaning bubble) is a category of autoimmune blister disorders which is life-threatening, characterised by the development of intraepithelial blisters. Two Major subclassification of pemphigus are pemphigus foliaceus and pemphigus vulgaris. Because pemphigus is a difficult-to - treat and chronic disease that requires immunosuppressive therapy and long-term hospitalization and besides affecting the

appearance of the patient's, it may cause individuals a significant psychological distress.. Pemphigus patients are vulnerable to various mental conditions, including extreme depression and suicidal ideations. Therefore they should be properly diagnosed and handled accordingly for comorbid mental conditions. Regarding the lack of data on mental health in patients with pemphigus, it is important to determine their mental health status and its determinants[2].

Rationale/ need for study

The patients with chronic skin disease have to take treatment for a long period of time . Due to a long course of the disease patients get drained physically and mentally. In diseases like pemphigus , vitiligo and psoriasis vulgaris patients face social stigma which gives rise to psychological stress and low self esteem. Many patients with these chronic skin conditions experience anxiety, depression, frustration and embarrassment when they go out in the society and disturbances are noted in their interpersonal relations.

This was stated in the literature and also thought that, in addition to the primary dermatological condition, assessment of psychological and social factors is as important as in vitiligo, and perhaps more so in other skin diseases.

A few Indian research have been conducted in patients with these diseases about quality of life and psychological morbidity. This research was conducted to evaluate the psychological morbidity and quality of life in these skin disorders, so that appropriate measures may be introduced to enhance patient diagnosis and management.

Research question

Do the skin conditions Psoriasis, Vitiligo and Pemphigus vulgaris affect the quality of life of a patient?

Aims And Objectives

Aim

1. To study the quality of life in patients having Psoriasis, Vitiligo and Pemphigus Vulgaris attending dermatology clinics.

Objectives

1. To assess the quality of life in patients having Psoriasis, Vitiligo and Pemphigus Vulgaris.
2. To study the correlation between the severity of disease and quality of life.

Materials And Methods

Place of study: Out Patient Department of Dermatology, Venereology and Leprosy, Acharya Vinoba Bhave Rural Hospital (AVBRH), Sawangi, Wardha, Maharashtra

Study design: Prospective Cross sectional Study

Period of Study: September 2018 to August 2020.

Period required for data collection: 2 years

Study setting: All the patients who have chronic skin diseases Psoriasis, Vitiligo and Pemphigus Vulgaris attending the Dermatology, Venereology and Leprosy Out Patient Department AVBRH, Sawangi,(Meghe) Wardha and willing to participate in the study will be enrolled.

Sample size:

$$n = [Z\alpha/2]^2 * P(1-P)/ d^2$$

$$n = (1.96)^2 * 0.088(1-0.088)/ (0.07)^2$$

$$n = 63$$

where -

n = sample size

Z $\alpha/2$ is the normal deviate at 5% level of significance

$$= 1.96$$

P = Prevalence of Vitiligo = 8.8%

d = desired error of margin = 7% = 0.07

Sample size for present study will be **65**.

Inclusion Criteria

1. Patients of all age group and both genders.
2. Patients willing to participate in the study.
3. Patients suffering from Psoriasis, Vitiligo and Pemphigus Vulgaris for more than 3 months.

Exclusion Criteria

1. Patients suffering from other systemic diseases.
2. Patients with pre existing psychiatric disorder.

Methodology

For the period from September 2018 to August 2020, patients with chronic skin diseases who will visit the Out Patient Department of Dermatology, AVBRH, Jawaharlal Nehru Medical College, Sawangi, Wardha, will be enrolled after consideration of various inclusion and exclusion criteria. Authorisation of the Committee on Institutional Ethics will be taken. Written informed consent will be taken from all the patients for voluntary participation and clinical photographs.

A comprehensive history regarding age, sex, educational status, occupation, number of family members, total annual income and per capita income will be noted. In all conditions, the severity index will be calculated with a thorough general and cutaneous examination. A questionnaire on DLQI and HRQOL will be issued to patients. The final outcome will be based on DLQI and HRQOL ratings, and its potential effect on patient life. Higher the ranking, greater the decline in quality of life.

Severity scoring by

1. Psoriasis area and severity index (PASI) for psoriasis patients
2. Vitiligo Area Scoring Index (VASI) for Vitiligo
3. Pemphigus Area and Activity Score and Pemphigus Vulgaris lesion severity score for Pemphigus Vulgaris

Quality of life and psychiatric evaluation will be done by

1. Dermatology Life Quality Index (DLQI)
2. Health Related Quality Of Life Index (HRQOL)

Statistics

All standard parametric and non-parametric data will be assessed by standard statistical methods.

A 'p' value of < 0.05 shall be considered significant.

Scope

With the help of the study, we can assess the kind of psychiatric morbidity the patient is suffering from and to what extent the disease is affecting the quality of life, so that we can include specific measures in the management of these patients in addition to treatment of disease. If patient is suffering from any major depressive disorder or anxiety or has any suicidal tendencies, we can refer the patient to the psychiatrist.

Expected Results

We expect that most of the patients suffering from these chronic and relapsing diseases are going to have a very large to extremely large impact on their quality of life and we could be able to assess their psychiatric morbidities and provide essential treatment to minimise or eliminate these problems.

Discussion

Ramkrishna P et.al in their 2015 report after a detailed review using standardised scales, patients enrolled for dermatologist consultation who have also been registered for psychiatrist consultation to check for any psychological disorder found that patients with vitiligo have depression and reduced self-esteem;; their quality of life has been affected and the findings relate to the role of mental health practitioners involved in dermatology .[5].

N Sangma et.al in their 2015 research which was A research carried out with the aid of DLQI and HAMD in 100 vitiligo patients and age-and sex-matched 50 healthy controls in a teaching hospital in north-eastern India found that the total DLQI scores of patients affected were significantly increased with increased parameters such as itch, embarrassment, social and recreational activities, more depressed than controls and the inference was that QOL deteriorated[6]

Goyal S et.al in 2017 in their report on Clinical morbidity in psoriasis: A case-control analysis on 100 cases of psoriasis with the aid of GHQ-12 reported that in cases compared to controls, the incidence of psychological distress was substantially higher., statistically significant association of educational status with QOL and PASI with anxiety level. Significant skin lesions, more so on visible body parts were correlated more frequently with psychological distress and suggested that all patients with psoriasis should be informed about the essence of the disease and screened for psychological distress.[7]

Rakesh S V et.al in their cross-sectional research on Quality of Life in Psoriasis in 2008, a study conducted on 50 patients from South India with the aid of PASI, PDI and PLSI studied that psoriasis patients are most likely to feel self-conscious, avoid social interactions, live in constant fear of recurrence and are disturbed / uncomfortable with skin shedding, and conclude that Psoriasis impacts the quality of life and insists on the value of undertaking a multifaceted psoriasis examination.[3]

Arbabi M et.al in 2011 in their study on Mental health in patients with pemphigus on 283 newly diagnosed pemphigus patients assessed the high prevalence of comorbid mental illness in patients with pemphigus and concluded that doctors in charge of psychiatric comorbidity are in an excellent position to recognize psychiatric comorbidity and take the necessary steps [2].

Wohl Y et.al in 2015 in their study in 255 patients with pemphigus, depression was found to be over-represented in a large pemphigus population. Increased prevalence of depressive morbidity, especially in the presence of commonly prescribed treatment with corticosteroids, stressed the need for psychiatric evaluation and intervention in these patients[8].

A number of related articles reflected on the evidence of related problems[9-12]. Chavan et. al. [13] and Balwani et. al.[14] have reported on psoriasis and associated problems in their studies. Few related articles on quality of life were reported [15,16].

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