



A Study to Assess Psychosocial Problem in Children with Skin Disease in A Selected Hospital in Mangalore

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ABSTRACT

Living with psychosocial problem, especially if it is chronic or recurring, can make them exhausted, overwhelmed and helpless. Recognizing the negative thoughts is a part of the psychosocial patient road to recovery. Materials and methods: A descriptive research design was used for the present study. The sample consisted of 100 dermatological patients. Data was collected by administering rating scale. Results: The findings of present study highlights that that majority, 54% of subjects have severe psychosocial problems, 31% have moderate psychosocial problems and 15% of subjects have mild psychosocial problems. Conclusion: It has been estimated that children with dermatological conditions have an increased risk of developing psychosocial problems in their life. Association between psychosocial problem and skin disease highly depend on the severity of the condition. Keyword: Skin disease, Psychosocial Problem of children.

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INTRODUCTION:

According to World health organization (WHO) health is viewed as "a state of complete physical, mental and social wellbeing not merely the absence of disease or Infirmity".¹ When we critically analyze the definition, there is a triad of physical, mental and social wellbeing, which determines our health. If anyone of this triad component is affected, then there is a possibility of illness. So it is important to keep balance between mind, body and spirit, then you will achieve a perfectly balanced life. Here we can conclude than anything alters mind will affect body also.

Today, psychosocial problem is estimated to affect 350 million people.² Psychosocial problems often start at a young age; they reduce people's functioning and often are recurring. For these reasons, psychosocial problems is the leading cause of disability worldwide in terms of total years lost due to disability. So psychosocial problems can affect anyone and it is one of the most widespread illnesses, often coexisting with other serious illness.³

When a person develops a skin problem, it can affect a whole lot more than his/her physical appearance.⁴ Looking at the mirror and seeing unsightly blemishes makes it tough to feel confident. In dermatological patients the prevalence of psychosocial problem is around 30% which is more in comparison to patients in general practice where prevalence of psychosocial problems is 22%.⁵ A review of literature suggests that psychosocial problems affect children with disorders in dermatology. In many cases, psychosocial problem is undetected and undertreated in the primary care settings, particularly, in the busy dermatology clinics. The aim of the present study is to estimate the prevalence of psychosocial problems in children with skin diseases using the modified Beck youth inventory scale.

OBJECTIVES:

1. To assess psychosocial problem of children (12-16yrs) with skin disease.
2. To find the association between psychosocial problems of children (12-16 yrs) with skin diseases and selected demographic variables.

MATERIALS AND METHODS:

1. Setting: The study was conducted in Dermatological OPD in Father Muller Medical College Hospital, Mangalore
2. Research approach: The approach used for this study was descriptive approach.
3. Research design: Descriptive survey design
4. Sample: 100 children who came with selected skin disease.
5. Sampling technique: purposive sampling technique.
6. Inclusion criteria:

- Children of 12-16 yrs with skin diseases in selected OPD in Mangalore.
- Children diagnosed with atopic dermatitis, acne vulgaris, hives, vitiligo, eczema, urticaria and undergoing treatment in Father Muller Medical College Hospital
- 7. Exclusion criteria:
 - Children those who can't speak English
- 8. Data collection instruments:
 - Baseline proforma
 - Modified Beck youth inventory scale
- 9. Description of tool:

The tool consisted of two aspects:

Tool 1: Baseline Performa

This tool had total of 17 items such as age, gender, religion, educational status, family income per month, place of residence, type of family, duration of illness, area of body affected, diagnosis, treatment cost, type of management other than allopathic, no of doctors consulted, source of knowledge about dermatological problems and history of mental illness in family.

Tool 2: Modified Beck youth inventory scale

This tool was prepared after reviewing the standardized Beck youth inventory scale⁴² based on the first objective of research study. The original version contains 21 items, but after consulted and discussed with various experts it was modified into 12 items. Then the 12 items were categorized into four major areas such a stress-3 items (62.83%), low self esteem-4 items (63.75%), absenteeism/self withdrawl-2 items (46.5%), stigma/ isolation-3 items (54.33%). This tool was a 3 point rating scale with maximum score of 24 and minimum score of zero.

10. Data collection procedure: The investigator obtained permission to conduct the study from the concerned hospital authority and informed consent was taken from subjects. Purposive sampling technique was used. Data was collected through a rating scale for assessing the level of psychosocial problems.

Major findings of the study:

The data was analyzed presented and under the following heading:

Section 1: Sample characteristics

- Data shows most of the subjects are of 12 years (35%) and least subjects (4%) belonged to age group 16.
- Data shows that 61% belongs to urban area and 39% belongs to rural area.
- Majority of subjects ie, 64% of them have illness for less than 2 months duration and minority ie, 16% of them have illness for more than 6 months of duration.

- Data shows 65% of subjects have illness in unexposed area and 35% have illness in exposed part of body.
- Data reveals that majority of children are diagnosed as having acne vulgaris ie, 36% and 7% diagnosed as having urticaria,(figure 1)
- Most of the subjects, i.e. 43 (43%) belonged to treatment cost of 501-1500 rupees/month and minority ie, 5 (5%) subjects treatment cost were more than 2500rups/month.
- Data shows majority of subjects i.e. 58 (58%) had taken only allopathic treatment and 42 (42%) subjects had taken treatment other than allopathic.

Section 2: Level of psychosocial problem in children. Figure-2

- Figure-2 shows that 54% of subjects have severe psychosocial problems and 15% of subjects have mild psychosocial problems

Section 3: Domain wise mean standard deviation and mean percentage of psychosocial problem

Table:1 Domain wise distribution of mean standard deviation and mean percentage of psychosocial problem.

The data in table 3 shows mean score of area 1 (stress) is 3.77 and area 2 (low self esteem) is 5.10, area 3 (absenteeism / self withdrawal) is 1.86 and area 4(stigma/isolation) is 3.26.The standard deviation of area 1 (stress) is 1.846 and area 2 (low self esteem) is 1.226, area 3 (absenteeism / self withdrawal) is 0.864 and area 4 (stigma / isolation) is 1.088.The mean percentage of depression score of area 1 (stress) is 62.83% and area 2 (low self esteem) is 63.75%, area 3 (absenteeism / self withdrawal) is 46.5% and area 4 (stigma / isolation) is 54.33%.

Section 4: Association between psychosocial problems and demographic variables.

There is no significant association between psychosocial problem of children with skin disease and selected demographic variables

Figure 1: Bar diagram showing distribution of subjects according to their diagnosis

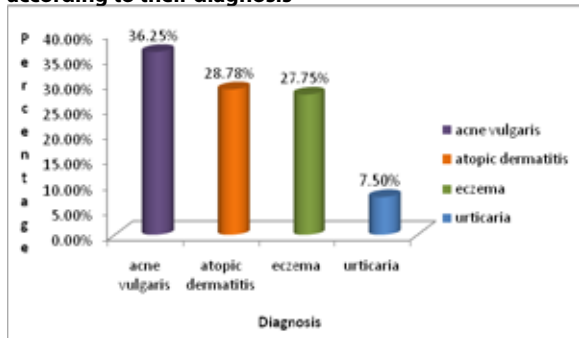


Figure 2: Distribution of level of psychosocial problem in children

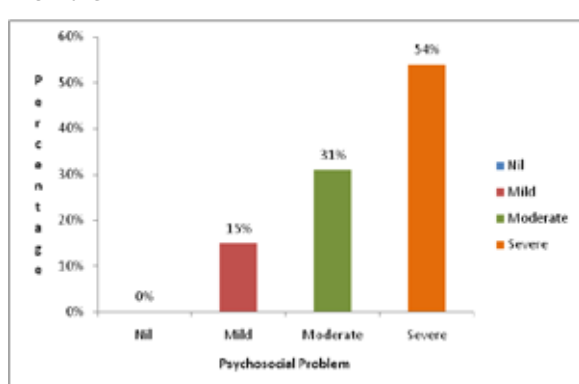


Table 1: Domain wise distribution of mean standard deviation and mean percentage of psychosocial problem score.

N=100

AREA	MAXIMUM SCORE	RANGE	MEAN±SD	MEAN PERCENTAGE OF PSYCHOSOCIAL SCORE
Stress	6	0-6	3.77± 1.85	62.83%
Low self esteem	8	0-8	5.1± 1.23	63.75%
Absenteeism/ self withdrawal	4	0-4	1.86±0.86	46.5%
Stigma/isolation	6	0-6	3.26±1.08	54.33%

Maximum score:24

Discussion

Section 1: Sample characteristics

- Data shows most of the subjects are of 12 years (35%) and least subjects (4%) belonged to age group 16.
- Data reveals that 60% were males and females were 40%.
- Data shows that 61% belongs to urban area and 39% belongs to rural area.
- Data reveals that 56% are from nuclear family, 30% from joint family and 14% from extended family.
- Present study shows majority of subjects ie 64% of them have illness for less than 2 months duration, and 16% of them have illness for more than 6 months of duration.
- Majority of subjects (43%) spend around 501-1500 rupees/month for treatment cost.
- Also most of subjects (58%) had taken only allopathic treatment.

Similar study conducted in Denmark also taken the subjects as psoriasis (23.7%), eczema (17%), Urticaria (9.3%) and other diagnoses including acne were (50.4%). Another study conducted in Saudi Arabia also showed that most of the patients taking treatment on outpatient basis has illness for less than 2 months.

Section-2: Distribution of level of psychosocial problem in children

In the present study shows that shows that 54% of subjects have severe psychosocial problems 31% have moderate psychosocial problems and 15% of subjects have mild psychosocial problems.

A cross sectional study was conducted in Israel to evaluate the prevalence of psychosocial problems in dermatological patients. The study included 384 patients. The screening questionnaire identified 37 patients (9.6%) with major psychosocial problem, 3 patients with mild (0.8%) and 74 patients (19.3%) with moderate symptoms.

A study conducted to determine the frequency of psychosocial problem in dermatology outpatients in Pakistan shows that 34.11% had psychosocial problem. The frequency and percentage of psychosocial problem in dermatological conditions was 66.6% in Urticaria, 66.6% in pruritis, 57.5% in acne vulgaris 50% in psoriasis and 20% in eczema.

Hence from the above findings depict that the dermatological patients are more prone to get psychosocial problems in their disease process.

Section-3: Domain wise distribution of mean standard deviation and mean percentage of psychosocial problem

Mean score and SD of area 1 (stress) is 3.77±1.846 and area 2 (low self esteem) is 5.10±1.22, area 3 (absenteeism / self withdrawal) is 1.86±0.86 and area 4 (stigma / isolation) is 3.26±1.08. The mean percentage of depression score of area 1 (stress) is 62.83% and area 2(low self esteem) is 63.75%, area 3 (absenteeism / self withdrawal) is 46.5% and area 4 (stigma / isolation) is 54.33%.

Section-4: Association between psychosocial problem and selected demographic variables

Present study shows that there is no significant association of psychosocial problem and demographic variables.

A study conducted in Iran also shows that there was no association between Psychosocial problem associated with gender, married people and single ones and age of patients who were suffering from dermatological disorders.

Hence in agreement with other studies, no significant associations were found between psychosocial problem and age, gender, diagnosis, disease duration and area of body affected. Hence present study suggest that increased health education coordinated with intensified medical care should be provided to dermatological patients

Conclusion

Dermatological disorders can cause emotional disturbances, which may cause significant psychosocial disability and distress. These patients often have unambiguous ideas about the causes, controllability, consequences and expected time, course of their disease. The main purpose of the study was to determine the psychosocial problems of children with selected skin disease. This study adds to the limited Indian literature and psychosocial problems among children

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