



Dermatology

QUALITY OF LIFE ASSESSMENT IN PATIENTS WITH NON-CICATRICIAL ALOPECIA: AN OBSERVATIONAL STUDY FROM A TERTIARY CARE HOSPITAL

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ABSTRACT

Introduction: The term alopecia refers to an abnormal loss of hair from the areas where it is usually present, and it is a matter of concern in any individual irrespective of age and gender. Even though hair loss is a harmless and non-life-threatening condition, it causes a significant amount of psychological stress affecting the individual's Quality of Life (QOL). **Materials And Methods:** Ninety patients of non-cicatricial alopecia who attended Dermatology OPD of Teerthanker Mahaveer Medical College, Moradabad (UP), were included in the study. Detailed history, clinical examination and quality of life assessment was done using Dermatology Life Quality Index (DLQI). **Results:** The DLQI scores of 90 patients with non-cicatricial alopecia ranged from 2 to 15, with a mean score of 10.62. Higher DLQI scores were reported in patients with androgenetic alopecia and alopecia areata compared to telogen effluvium. **Conclusion:** Non-cicatricial forms of alopecia have a negative impact on quality of life (QoL). The psychological burden of hair loss cannot be overlooked; therefore, early recognition and treatment is imperative.

KEYWORDS : alopecia, telogen effluvium, quality of life, DLQI

INTRODUCTION

Hair is an ectodermal structure which has a great cosmetic importance^[1]. The term alopecia refers to abnormal loss of hair from the areas where it is usually present. It is a matter of concern in any individual irrespective of age and gender.^[2]

A normal scalp has about 100,000 hairs, with approximately 86% being in anagen, 1% in catagen, and 13% in telogen^[3]. Telogen effluvium (TE), whether acute or chronic is the most common cause of hair loss in adult females, followed by female pattern hair loss (FPHL)^[4].

The dermatology life quality index (DLQI) is a dermatology-specific quality of life (QoL) measurement that has been used in many skin diseases^[5]. Even though, hair loss is a harmless and non life-threatening condition, it causes a significant amount of psychological stress affecting the individual's Quality of Life (QOL). Thus, we will assess the quality of life in patients with non-cicatricial alopecia by using the Dermatology Life Quality Index (DLQI).



Figure 1: Chronic Telogen Effluvium (CTE) in a 42-year-old female

RATIONALE

Number of patients presenting with hair loss has been rising steadily and poses quite a challenge for dermatologists to elicit the cause and treat accordingly.

Hair loss has a great psychosocial impact on the life of the affected subjects, thus it is important to understand the impact of alopecia on quality of life.

AIM & OBJECTIVES

The aim of this study was to assess quality of life in patients with Non Cicatricial Alopecia in Western Uttar Pradesh by doing an Observational Study. The objectives were to study the clinical and epidemiological profile of patients with non-cicatricial alopecia and assess the quality of life in patients with non-cicatricial alopecia by using the Dermatology Life Quality Index (DLQI).

METHODOLOGY

90 patients of non-cicatricial alopecia who gave written consent were included in the study. A detailed clinical history was taken. General physical examination and scalp examination was done. A non-invasive gentle hair pull test was done as a routine standard care. The patients were instructed to fill the Hindi version of Dermatology Life Quality Index: DLQI (self-explanatory). Patients were given 1-2 minutes to fill it up. Digital photographic record was maintained along with documentation.

RESULTS

Female patients (67%) were more than male patients (33%). Most common age group was 18-27 years with mean age distribution of 25.34 (+ 7.069). Most common cause was Telogen Effluvium (68.9%). (Figure 2)

Mean DLQI score was 10.62 (+ 3.692). The mean score was 10.33 (+ 3.727) in males and 11.20 (+ 3.614) in females. Scores were higher in patients with more than 12 months duration of hair loss. DLQI score was highest in MPHL (12.33) followed by Alopecia Areata (11.89) and FPHL (11.3). (Figure 3)

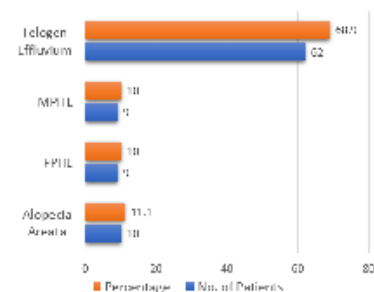


Figure 2: Types of Non-Cicatricial Alopecia in Patients (N=90)

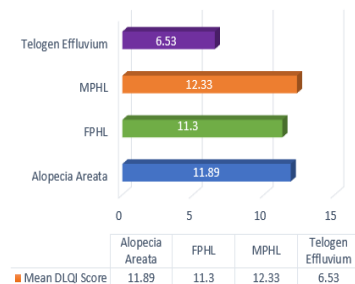


Figure 3: DLQI Score in different types of Non-Cicatricial Alopecia (N=90)

DISCUSSION:

In the present study, 67% patients were females and 33% were males.

Jahnvi Sambangi et al^[6] reported 70% female and 30% male cases. In a study by Dinesh Gowda et al^[7], there were 62% females and 38% males.

Most common age group affected in this study was 18-27 years with mean age distribution of $25.34 (\pm 7.069)$. Similar to our study findings, a study by Malakar Surit et al^[8] reported 18-30 years as the most common age group with mean age of 28.9 ± 8 years. In another study by Manisha Pradhan et al^[9], mean age distribution was 33.93 ± 11.02 .

Telogen Effluvium (68.9%) was the most common cause of non-cicatricial alopecia in this study. This correlates with the data reported by Dinesh Gowda et al^[7]. However, in a study by Jahnvi Sambangi et al^[6], MPHL was most common.

The mean value of DLQI was found to be $10.62 (\pm 3.692)$ in the present study. This is consistent with a study by Mariyam Nasimi et al^[10] where mean DLQI was 10.69 ± 5.93 . In a study by Meera Lalu et al^[11], mean DLQI score was 8.45 ± 2.17 .

Quality of life was most affected in 18-27 years age group with highest mean DLQI score of 12.11 ± 3.612 . Also, higher DLQI scores were seen in patients with >12 months duration of hair loss. Similar observations were made in a study by Meera Lalu et al^[11]. They reported highest DLQI score in 18-29 years age group and in patients with >1 year of hair loss.

While comparing DLQI scores in different types of non-cicatricial alopecia, highest DLQI score was seen in MPHL (12.33) followed by Alopecia Areata (11.89) and FPHL (11.3). This was in accordance with the study conducted by Mariyam Nasimi et al^[10]. Highest DLQI score was observed in MPHL (11.77) followed by Alopecia Areata (10.78). On the contrary, Meera Lalu et al^[11] reported highest DLQI score in FPHL (8.77).

CONCLUSION:

Different types of non-cicatricial alopecia have a major impact on the psychosocial well-being of the patients. A higher DLQI score was associated with younger age, female gender, hair loss for a duration of >12 months, alopecia areata and androgenetic alopecia.

Educational and psychological support in addition to medical therapy could improve long-term physical outcomes in these cases.

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