Research Paper

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A Study of Quality of Life and Psychological Well Being In Patients of Vitiligo

Medical Science

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ABSTRACT

The chronic nature of disease, long term treatment, lack of uniform effective therapy and unpredictable course of disease is usually very demoralizing for patients suffering from vitiligo.Although the disease does not produce direct physical impairment, it may considerably influence the quality of life and psychological wellbeing of the patients. The disease burden includes stigmatization, depression, and impaired quality of life, lack of self-confidence, embarrassment and self-consciousness. With this background a cross sectional hospital based study done in vitiligo patients .They were assessed on GHQ-30, HAD and DLQI. We found more than 82.8% having depression and anxiety on HAD Scale and lot of significant impairment as reflected on GHQ and DLQI. This study indicated that a comprehensive care is needed for vitiligo patients.

INTRODUCTION-

A healthy normal skin is essential for a person's physical and mentalwellbeing. It is an important aspect of their sexual attractiveness, a sense of wellbeing and a sense of self confidence. The skin is the largest and most visible organ of the human body. Hence any blemish on the skin visibly affects the onlooker and thus the person affected profoundly[1.] Vitiligo is a common, acquired, depigmentation disorder of skin, characterized by well circumscribed ivory or chalky white macules which are flush to skin surface[2] ,affecting 1–4% of the world population[3].Non-segmental vitiligo is defined as 'an acquired chronic pigmentation disorder characterized by white patches, often symmetrical, which usually increase in size with time corresponding to a substantial loss of functioning epidermal and sometimes hair follicle melanocytes'.[4] Since ancient times patients with vitiligo suffered the same mental abuses as lepers. In actual fact vitiligo was referred as SwetaKustha meaning "White leprosy". Vitiligois disfiguring in all races but particularly more so in dark skinned people because of strong contrast.[5]In India vitiligo commonly known as leucoderma[6]is unfortunately associated with some religious beliefs. In some Indian religious texts where reincarnation is believed, it is said that a person who did "Guru Droh"in his previous life suffers from vitiligo in this life.[7]Vitiligo has been mentioned in the tomes of every major religion, with its first description dating back more than 3000 years, to the earliest Vedic and Egyptian texts. Despite this ancient recognition, confusion with disorders such as leprosy has been a problem throughout the ages. This has lead to the stigmatization of vitiligo sufferers. The intensity of impact of skin disease on an individual person is extremely variable, however, and depends on natural history of the disorder; the patient's demographic characteristics, personality, character, and value; the patient's life situation; and attitudes of society.[9]The very discussion of psychosocial consequences of vitiligo is not a new thing but has been emphasized since ancient time all over the world. The strength of the pejorative connotation attached with vitiligo has been correlated to the prevailing socio-cultural beliefs of a particular society about the illness. The psychosocial impact of vitiligo ranges from having no correlation with stress[10] to involvement of stressful events in 50% of cases [11]. Over the years, the authors of different parts of the world have worked out over the psychosocial issues associated with vitiligo and delineated various facts associated with this chronic demoralizing skin condition. The quality of life and psychological wellbeing are two important issues which have been mentioned a lot. Most patients of vitiligo report feelings of embarrassment, which can lead to a low self-esteem and social isolation5 . Vitiligo lesions over face may be particularly embarrassing and the frustration of resistant lesions over exposed part of hands and feet can lead to anger and disillusionment. Particularly in teenagers, mood disturbances including irritability and depression are common. Severe depression has been known to lead to suicide attempts[8]. Vitiligo lesions over exposed sites can adversely affect a person's chances of getting a job at interview and so restrict career choices. Also, the impact of such factors is profound subjecting such patients to get indulged in abuse of psychoactive substances such as alcohol[11]. Vitiligo is disfiguring in all races but particularly more so in dark skinned people because of strong contrast5. Porter et al[13] in a study of 158 patients reported that majority of vitiligo patients experienced anxiety and embarrassment when meeting strangers or beginning a new sexual relationship and many felt that they had been the victims of rude remarks. Those who were particularly affected were those with low self-esteem, men, those to whom appearance is important, and single persons. Dermatologists should be especially alert to the effects of disfigurement and should attempt to assist patients with this problem. , it appears that vitiligo is a chronic skin condition which not only affects physical appearence of an individual but also affects overall psychological wellbeing and quality of life. A thorough assessment of such issues has always been emphasized in the literature and is helpful in comprehensive management of such patients. Keeping all these points in mind, this study intends to assess quality of life and psychological wellbeing in patients of vitiligo and their relationship to one another.

MATERIAL AND METHOD-

This cross sectional hospital based study has been conducted in Rohilkhand Medical College and Hospital (RMCH), Bareilly; Uttar Pradesh in the department of Psychiatry. Study sample consist of two group, Group A – Patients with Vitiligo, Group B(normal control group) – Accompanying person, relative, patient without vitiligo. Semi-structured Performa for socio-demographic and clinical data sheet (self prepared), Dermatology Quality of Life Index27, General Health Questionnaire-3028, Hospital Anxiety Depression Scale 29 were the tools used for assessment. The patients of vitiligo attending to Skin OPD clinics were included in the study Group A. The normal controls were accompanying persons with the patients attending the skin OPD were in Group B. . After taking the consent, socio-demographic and clinical details were assessed using the self prepared socio-demographic and clinical data sheet. Each participant of the study were assessed for psychological well being with the help of GHQ-30 and HADS(Hospital anxiety depression scale). The patients of vitiligo as well as normal controls were assessed for quality of life with the help of DLQI(The Dermatology Life Quality Index questionnaire).

OBSERVATION AND RESULTS-

Table 1: Comparison of age in group A and group B

Parameter	Group A		Group B		Z Value	P Value
	Mean	SD	Mean	SD		
Age (Yrs)	33.37	10.72	33.31	10.28	0.02	>0.05

Table 2: Sex wise distribution of cases in group A and group B

Sex	Group A	Group B	Total
Male	18	15	33
Female	17	20	37
Total	35	35	70

Chi-square = 0.52, P>0.05

Table 1&2 shows that both groups do not have any statistical differences on age and gender.

Table 3: HAD score wise distribution of cases in group A and group B

HAD score	Group A	Group B	Total
0 – 7	6	24	30
8 – 10	6	6	12
11 & above	23	5	28
Total	35	35	70

Chi-square = 22.37, P<0.0001

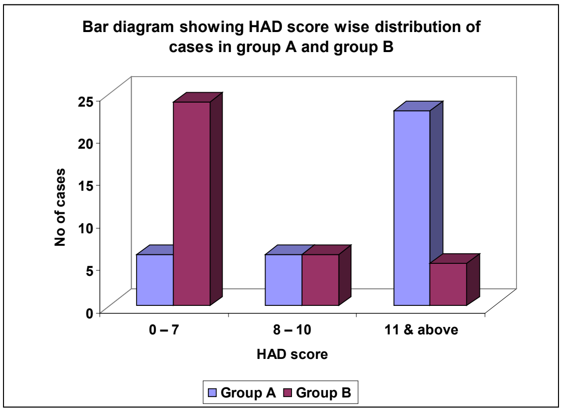

Table 3 shows that more than 82.8% patients suffering from vitiligo i.e. Group A has depression and anxiety on HAD and it is statistically significant.

Table 4: GHQ score wise distribution of cases in group A and group B

GHQ score	Group A	Group B	Total
≤8	11	30	41
>8	24	5	29
Total	35	35	70

Chi-square = 21.25, P<0.0001

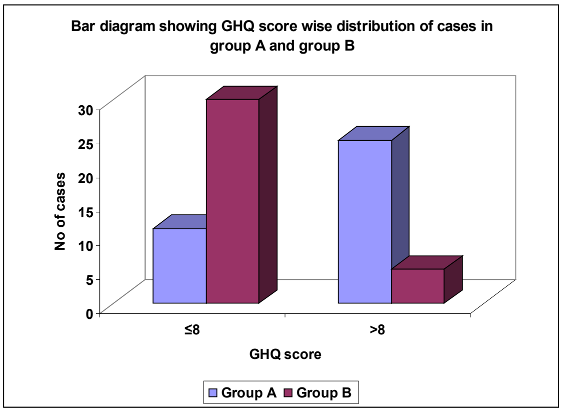

Table 4 also shows statistically significant difference between two groups and showing that lot of distress in vitiligo group.

Table 5: DLQI score wise distribution of cases in group A and group B

DLQI score	Group A	Group B	Total
0 – 1	0	33	33
2 – 5	6	1	7
6 – 10	15	0	15
11 – 20	12	1	13
21 – 30	2	0	2
Total	35	35	70

Chi-square = 62.88, P<0.0001

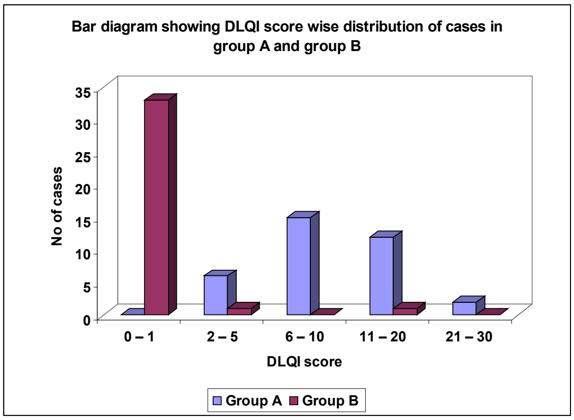

Table 5 also reflect quality of life impaired in group A.

Table 6: Comparison of HAD score in group A and group B

Score	Group A		Group B		MW test Z Value	P Value
	Mean	SD	Mean	SD		
HADS	13.20	5.37	5.97	3.97	5.38	<0.0001
Anxiety	8.66	3.47	4.06	2.27	5.35	<0.0001
Depression	4.54	3.43	1.91	2.56	4.12	<0.0001

Table6 shows more depression and anxiety in group A and it is statistically significant.

DISCUSSION-

In this cross sectional hospital based study we found that in group A i.e group consist of patient with vitiligo has lot of impairment on all three tools and it is statistically significant. This present study showed that Group A had depression and anxiety, impairment on GHQ and high DLQI scores. Salzer and Schallreuter[14] studied 117 patients with vitiligo and reported moderate to intolerable disfigurement and psychological disturbance in 75% of the patients. The results of this study suggest a possible link between catecholamine-based stress and a genetic susceptibility to the onset/progression of this depigmentation disorder. Parsad et al1 in a study of 150 vitiligo patients assessed the nature and extent of the social and psychological difficulties associated with the disease and their impact on treatment outcome by using Dermatology Life Quality Index [DLQI] and demonstrated that patients with high DLQI scores responded less favorably to a given therapeutic modality thereby suggesting that additional psychological approaches may be particularly helpful in these patients.

Papadopoulos et al17 have shown that counseling can help to improve body image, self-esteem and quality of life of patients with vitiligo, also having positive effect on course of the disease. Mohammed &Gerry18 have analyzed in detail the nature and extent of the social and psychological difficulties associated with vitiligo using a combination of qualitative and quantitative methods.Six hundred fourteen members of the U.K. Vitiligo Society completed a questionnaire that included the 12-item version of the General Health Questionnaire (GHQ) and an open-ended question concerning the effects of the disease on their life. The authors haveconcluded that many persons with vitiligo show indications of significant distress that are related to specific types of social encounters and emotional disturbance.

Mechriet al.19conducted a case controlled study to assess the psychiatric morbidity and quality of life in patients of vitiligo. They compared 60 outpatients with vitiligo to 60 controls matched according to age and sex, among outpatients with others dermatologic disorders as warts or superficial mycoses. The rating scales used were the Dermatology Life Quality Index (DLQI), the Montgomery and Asberg Depression Rating Scale (MADRS) and the Hamilton Anxiety Appreciation Scale (HAMA). It was concluded that the quality of life decrease in patients with vitiligo and is especially related to the psychiatric co-morbidity underlining the multidisciplinary therapeutic necessity including the psychotherapeutic approach. Ajose FO et al21 compared psychiatric distress in vitiligo and albinism using the Hospital Anxiety and Depression Scale (HADS)found that the African with vitiligo suffers significantly higher psychiatric distress than the African albino on average and that clinical evaluation of these patients would be incomplete without assessment of their psycho morbidity. ÖzlemDevrim Balaban22 et al in his study on forty-two patients with vitiligo assessed with Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), Hospital Anxiety Depression Scale (HADS), Rosenberg Self-Esteem Scale (RSES), Liebowitz Social Anxiety Scale (LSAS) and Sheehan Disability Scale (SDS) observed that in comparison to healthy controls, the rate of psychiatric morbidity was found to be higher and mean self-esteem score was found to be lower in the vitiligo group. There was no significant difference between groups in terms of social anxiety. Majority of the patients were mildly disabled. Among the vitiligo cases, psychiatric morbidity was found more frequent in female and young participants. Anxiety and social avoidance scores negatively correlated with age.

Osman AM et al23 in his study on Sudanese patients observed using the 12-item General Health Questionnaire (GHQ-12) that Psychological disturbances as a consequence of vitiligo were found in 31 % adult patients. Recently, Al Robaee24 conducted a study to determine the quality of life in Saudi patients with vitiligo and to detect the variables that could influence it by using the Dermatology Life Quality Index (DLQI). A total of 109 Saudi patients of vitiligo of both genders with an age range of 18 to 47 years were recruited. Quality of life was evaluated using DLQI questionnaire and related to variables as age, gender, marital status, and extent of cutaneous involvement. The authors have concluded that Vitiligo is associated with severe impairment of quality of life among Saudi patients and then have suggested that not only the dermatologists should pay careful attention to the psychosocial impact of vitiligo in the patients' life but the involvement of psychologist and even psychiatrist should be an essential part in the management of these cases.

Although in our present study sample size was small but it has showed very important trend and result indicating that comprehensive management is required in dealing these patients. More than 82.8% had depression and anxiety on HAD scale in group A and it was statistically significant which clearly indicate that these things should be addressed seriously.

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