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QUALITY OF LIFE IN PATIENTS WITH CHRONIC SKIN CONDITIONS AND ITS NURSING INTERVENTION

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Abstract

Many prior research has identified characteristics influencing health-related quality of life for a specific skin illness. Although little is available about the generalized elements that influence the quality of life throughout skin conditions. The goal of the present research was to explore the overall quality of life of as well as determine characteristics associated with substantially decreased QoL among individuals with skin disorders and relevant nurse interventions. The appearance of the outer layer of the skin, along with its connective tissues, not just indicates the overall state of the person's body; however, it also has an impact on a person's self-confidence and self-image, as well as how others see them. To investigate the standards of living in skin disorders as evaluated by the patients and their caretakers, particularly nurses. Most patients and specialists believe that individuals with skin illnesses have no ability to cope successfully with their health condition because they have a negative attitude towards it. The type of skin condition affects the quality of life of people living with skin diseases. Skin diseases can have an extensive spectrum of consequences for quality of life, but psychological stress is especially significant.

With regard to skin disease severity, the present research found that additional ongoing medical conditions and lengthy duration were associated with severely decreased health-related quality of life for individuals with skin diseases. This highlights the importance of raising awareness about treating skin conditions as chronic. It also recommends that healthcare management choices should take into account quality of life improvement, particularly emotional states.

Introduction

Skin illnesses are a prevalent health problem that causes significant disability (Ejaz et al., 2015). Individuals with skin disease can suffer from serious symptoms like itchiness, soreness, and discomfort, which can have a major effect on their mental health. Additionally, individuals' physical and social lives, such as sports and employment, may suffer as a result of their unwillingness to show others their skin disorder. Some methods of treatment can reduce quality of life (QoL) because of the difficulties associated with applying topical lotions and ointments. Despite relatively low death rates, skin disorders have a major impact on quality of life (Pickett et al., 2016). The disability-adjusted life years linked to skin illnesses are comparable to various other health issues. The research also shows that deficiencies in objective QoL evaluations related to ordinary skin diseases (for example, acne) are equivalent to those linked to chronic ailments such as diabetes, asthma, and osteoarthritis (He et al., 2020). QoL assessments may enable dermatology specialists to keep track of and observe a patient's improvement using legitimate, dependable methodologies that allow for interpersonal and intrapersonal comparisons. Evaluating dermatological health-related quality of life necessitates additional methodological research to test and modify existing instruments or develop new ones. When developing a tool to quantify dermatological medical quality of life objectively, cultural variations must be recognized (Sanclemente et al., 2017). Previous global investigations of QoL in individuals with various skin illnesses, that include acne, Skin Disease, melanoma, eczema, and epidermal melanoma, have indicated varying degrees of QoL damage. In poor nations such as Saudi Arabia, people with skin illnesses have had varying degrees of QoL damage. However, several methodological concerns remain, notably the question of cultural variances when using the same measure in various nations (Di Agosta et al., 2021).

The skin is the largest organ of the body and it plays a vital role in the perceived picture by everybody and for everybody. The skin color and skin appendages like hair may contribute to the beauty of individuals. So, a person with good hair color and distribution if he or she develops alopecia can have bad psychological outcomes. People with vitiligo may have emotional disturbances where they might be distressed and frustrated by the reactions of other people (Bae et al., 2021). The life quality of Psoriatic patients are affected physically, psychologically, and socially (Thakare & Madke, 2024). Therefore, they may have difficulty in coping with various aspects of their life, which might be as difficult as physical illnesses. All the skin diseases mentioned above as well as others which, may interfere with certain activities of the affected patient or may be associated with some sort of embarrassment may ultimately affect the quality of life of affected individuals. Quality of life (QOL) is defined as a personal experience involving a series of assessments and judgements made by sufferers. Recent research has focused on the psychological effects of skin problems and how they affect patients' quality of life (Montero-Vílchez et al., 2021). Chronic and periodic skin illnesses can make people feel powerless over their condition, leading to excessive body-checking behavior. Some illnesses, such as vitiligo, may make an individual uncomfortable in social circumstances due to their appearance and stigma. This can additionally skew the person's perception of themselves, significantly impacting social and personal connections. To disguise his sickness, the person may try to prevent exposure to others by carefully selecting clothing, skipping activities such as swimming, and using makeup. Some illnesses, such as itchy skin conditions, are painful and could cause problems with sleeping or physical contact between couples. In addition, some skin illnesses may cause a person to stay away from specific foods or environments, limiting their experiences or behaviors. Others' unfavorable emotions may hinder their ability to thrive in unfamiliar relationships or settings (Skayem et al., 2023). The purpose of the present research was to investigate the quality of life among skin disease patients and nursing treatments.

Quality of Life Impairment by Skin Disease

The purpose of the research studies in this review was to comprehend the substantial harm that skin diseases provide to a patient's quality of life. According to a Polish study on the quality of life of skin disease patients, skin disease considerably lowers the patients' quality of life (Oberoi et al., 2023). They went on to say that the primary cause of a patient's poorer quality of life and detrimental impact on their financial situation is the severity of their illness. They referred to their results as concerning and recommended that individuals with skin diseases be given equal job chances. Comparing skin disease patients to the overall population, Fournier et al. (2023) found that QoL is much poorer in these patients, especially in older individuals. However, they did not find a correlation between lower QoL with gender or the extent of the condition. It was additionally discovered that skin diseases significantly affect a patient's financial situation, social activities, career, psychological well-being, and physical health (Nurye et al., 2023).

Effects on Quality of Life of Skin Disease Severity, Age, Gender, and Geography

Of the thirty research, sixteen have examined the impact of the severity of skin conditions on the quality of life of the patients. The findings were highly consistent when it came to the degree of the disease and revealed that patients with skin diseases had a lower quality of life when their disease was more severe (Kang et al., 2022). Furthermore, it was discovered that patients' QoL was considerably impacted by moderate to advanced skin disease. Psycho-social elements that impact a patient's quality of life, such as social exclusion, low self-worth, and unsatisfactory social relationships, have also been linked to the severity of the disease. Individuals with moderate to severe dermatological conditions exhibited the largest impairments in these parameters. Nonetheless, irrespective of the disease's severity, Sánchez-Díaz et al. (2023) discovered that skin diseases significantly lower a patient's quality of life. The physical aspects of skin conditions, such as extreme itchiness, pain, and scaling on patients' skin, are also influenced by the severity of the disease. According to Nejad et al. (2024), there is a direct correlation between the severity of the disease and these characteristics, with patients suffering from moderate to advanced Skin Disease exhibiting intense itching and pain in the affected areas of their bodies. Furthermore, a study conducted on French individuals showed that severe skin diseases had an effect on the patient's physical and mental well-being (Duran & Yürekli, 2023). Thirteen studies that were part of this evaluation examined the association between sexual functioning, age, and gender in patients with skin disease and quality of life (Zabihi et al., 2024). In a similar vein, Ghafoor et al. (2018) discovered that younger patients had psychological anguish while older patients reported having several problems with their everyday activities. Younger patients' quality of life was also shown to be more compromised. According to Rencz et al. (2021), individuals tolerate their fingernail skin disease as they age. However, Sanclemente Mesa et al. (2017) discovered that the psychological aspects impacted by skin disease are the primary cause of complaints from elderly patients. Furthermore, a great deal of research has been done on the effects of skin diseases on the quality of life of individuals of different genders, and the majority of these studies have revealed that females suffering from skin diseases experience greater effects than male patients. Nonetheless, Somrongthong et al. (2016) discovered that skin disease had an equivalent impact on both genders' quality of life in their research of Malaysian patients. However, in individuals with skin diseases, there was no correlation discovered between gender and quality of life. The disparities in sexual orientation in the length of the disease and the makeup of the research groups may be the cause of these contradictory findings across different studies. Finally, patients with skin diseases also have impaired sexual functioning. It has been discovered that patients with skin diseases are more likely to experience genital participation, which significantly lowers their quality of life and sexual performance. A 2016 study by Hazarika & Rajaprabha on skin disease individuals from 13 distinct European nations discovered that skin condition has a significant detrimental effect on a patient's sexual activities, which further impairs their quality of life. Additionally, they noted that over time, comorbid conditions, including anxiety, sadness, and suicidal ideation, are also brought on by impairments in intimacy. Moreover, skin disease lowers sexual activity and standard of life; this is especially true for female patients. According to Hussain (2015), patients who have wounds in the female vaginal area experience more severe problems.

Psychological Effects (Anxiety or Depression) in Patients with Skin Diseases and their Effects on Quality of Life

The Hospital Anxiety and Depression Scale (HADS) and the Hamilton Scales for Anxiety and Depression (HAM-A and HAM-D) are two scales that are mostly employed to measure anxiety and depression among individuals with skin diseases. Individuals with skin diseases who are elderly and female are the focus of anxiety and depression, which lowers their quality of life. The female group seemed to be most severely impacted, as well as their quality of life had drastically declined. When

Ali et al. (2013) compared individuals without skin disease to those with it, they discovered that people with skin disease had a worse quality of life (QoL), with depression and anxiety being major contributing factors.

Discussion

The purpose of this study was to look into current studies that looked at the quality of life of people with skin diseases. The majority of the studies included flaws such as small sample sizes, the application of non-statistical measurements, and, in certain cases, the inclusion of just one instrument question to gauge the patient's quality of life (Janković et al., 2016). Notwithstanding these shortcomings, the review affirms that skin diseases of any kind substantially lower patients' quality of life (QoL), with the disabilities being psychological, social, and physical. As a result, this study offers crucial information about how skin disease and associated complications impair a patient's quality of life.

Additionally, research indicates that a thorough examination of every item on QoL instruments might provide valuable insights into the most afflicted QoL aspect for patients with Skin Disease. This will highlight the psychological aspects of skin disease that require additional consideration when managing the condition. All the research that made up this review indicated that people with skin diseases had lower quality of life. A study comparing the effects of various skin conditions on a patient's quality of life, particularly sexual impairment, was carried out across thirteen different European countries (Rahnama et al., 2013). They discovered that skin disease mostly impacts the mental health of patients, leading to thoughts of committing suicide, despair, and anxiety that are closely linked to the way in which patients operate sexually. Consistent with these findings, Jankowiaket al. (2016) discovered that skin diseases cause anxiety and despair, particularly in younger patients, which negatively impacts their ability to have sexual relations. They discovered that individuals with skin tumors on their vaginal area had the most significant sexual impairments, with female patients having higher impairments than male patients.

Furthermore, an Australian study also found that skin diseases had a detrimental impact on patients' ability to perform sexually and their financial responsibilities. Numerous research looked at the level of severity of the condition and how it affected patients' quality of life. The majority of research found that patients' quality of life is greatly impacted by the degree of their disease and that a more serious condition will result in a more significant loss of quality of life. According to this research, people with moderate-to-severe skin diseases had a worse quality of life than those with mild skin diseases. Both mental and physical impairments were present, although the consequences were primarily on the psychological side, with anxiety and depression increasing as skin disease severity increased. Zarek (2014), however, revealed that although skin illness negatively influences patients' quality of life, this impact is not correlated with the severity of the condition. The study was carried out on individuals suffering from skin disease in Lithuania. These results make it abundantly evident that when determining the degree of the illness, the psychosocial issue, which includes sexual activity, must be taken into account.

The significance of nursing interventions in patients with skin disease

Skin disease management can be provided in a variety of settings (including primary care, day medical centers, and postsecondary or secondary care). The majority of people have moderate illnesses and are often treated in primary care/community settings; however, as much as 10 percent have severe medical conditions (Esmaeili et al., 2014). Hospitalization for medical care is less common, though it might prove necessary for individuals who have chronic diseases. When a structured therapy and education program is deemed necessary, medical care may aid in enhancing topical therapies with outpatient surveillance, reducing the need for systemically inflammatory or biological medicine (Hwang et al. 2019). Nurses are indispensable and highly valued when it comes to providing treatment for people suffering from skin illnesses. According to Flagg (2015), dermatologists can dedicate additional time to the clinical aspects of patient interactions when dermatological nurse specialists provide and help with medical treatment. The nurse-patient talk covers a wide range of issues, such as disease tests, organized training, and psychological aid. There is no agreement on the elements required for discussions or a standard format for them. This might be based on the results of interprofessional team interactions with every client separately (van Os-Medendorp et al., 2020).

Conclusion

Skin illness, particularly chronic skin disease, has a significant detrimental influence on quality of life. In recent years, a range of approaches have been used to explore how skin illness affects an individual's standard of living. Several studies found parallels and inconsistencies when analyzing various aspects of the patient's quality of life. The psychological element, which encompasses melancholy and worry, as well as pain/comfort and economic stress, has been shown to reduce the quality of life among people with skin disease. Moreover, multiple research investigations found that gender and age were related to the patient's well-being, whereas others found no link among age and gender or quality of life. Furthermore, female Skin disease sufferers have been reported to be more physically impaired, with a significant level of depression and anxiety. As a result, a patient's interpersonal and mental traits are particularly important when seeking mental health services because they are heavily influenced by skin disease.

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