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STIGMA AND ASSOCIATED QUALITY OF LIFE IN PATIENTS WITH SKIN DISEASE

СТИГМА И ВЛИЈАНИЕ ВРЗ КВАЛИТЕТ НА ЖИВОТ КАЈ ДЕРМАТОЛОШКИ ПАЦИЕНТИ

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Abstract

Introduction. Skin and skin problems lead to a specific set of psychological manifestations of shame, embarrassment, poor self-image and self-esteem for many. The perception of one's own attractiveness is determined by social experiences and existing cultural values. Most of us respond positively to those who are attractive and negatively to those who are unattractive. Therefore, patients with skin diseases have an increased risk of developing feelings of stigmatization and self-injurious ideas.

Attracting attention to others, skin changes lead to situations of avoidance, public ignoring, distancing and reactions of disgust. Ginsburg and Link[1] identify six (6) aspects associated with stigma-anticipation of rejection, feeling guilty, sensitivity to the "attributes" of others, guilt and shame, secrecy, absence of positive attitudes. The authors consider that a basic predictor of stigma is the feeling of rejection. Gupta *et al*. [2] in their research they confirm that 26% of patients with dermatological disease were publicly shunned. Sampogna *et al.* [3] talk about frequent or continuous humiliating experiences where shame is one of the leading emotions that follow the experienced unpleasant experiences. Ginsburg *et al*. [1] talk about how 99 out of 100 patients described real stigmatizing experiences related to their appearance. The feeling of shame and stigmatization leads to a disturbed quality of life and sexual life, as its important component.

Although completely and insufficiently, it has been investigated that individuals with skin disease can stigmatize themselves in conditions where they themselves do not accept their own appearance, assuming that others will react in the same or similar way.

Method. The research was conducted as a clinical, prospective study at the University Clinic of Dermatology. Seventy respondents participated in the research, who answered the questions questionnaires, after previously signed consent to participate.

Results. In our study, the way the patient subjectively experiences and copes with the disease or the perception of the disease as a problem that includes preoccupation with the disease, stigmatizing feelings and experiences related to it, reduced self-esteem was shown to have a greater impact on what concerns the feeling of well-being.

Conclusion. The overlapof the prevalence of experiencing stigmatization, reduced self-esteem among respondents with skin disease and their impact on quality of life may lead to various therapeutic possibilities that will result in reducing the consequences of it.

Keywords: skin disease, stigma, stress, quality of life

Абстракт.

Вовед. Кожата и кожните проблеми кај многумина доведуваат до специфичен сет на психолошки манифестации на срам, засраменост, сиромашна слика за себе и самопочит. Перцепцијата за сопствената привлечност е детерминирана од социјалните искуства и постоечките културолошки вредности. Повеќето од нас позитивно реагираат на оние кои се атрактивни и негативно кон оние кои се неатрактивни. Според тоа, пациентите со кожни болести имаат зголемен ризик за развој на чувства на стигматизираност но и самоповредувачки идеации. Привлекувајќи го вниманието кај другите, кожните промени доведуваат до ситуации на избегнување, јавно игнорирање, дистанцирање и реакции на згрозеност. Ginsburg и Link [1] идентификуваат шест (6) аспекти кои се асоцирани со стигмата-антиципација на отфрлање, чувство на грешност, сензитивност кон „атрибутите“ на другите, вина и срам, тајновитост, отсуство на позитивни ставови. Авторите сметаат дека основен предиктор на стигмата е чувството на отфрленост. Gupta *и сор*. [2] во своите истражувања потврдуваат дека 26 % од пациентите со дерматолошко заболување биле јавно избегнувани. Sampogna *и сор.* [3] зборуваат за чести или континуирани понижувачки искуства каде срамот е еден од водечките емоции кои се надоврзуваат на доживеаните непријатни искуства. Ginsburg *и сор.* [1] зборуваат за тоа дека 99 од 100

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пациенти опишале вистински стигматизирачки искуства врзани за нивната појава. Чувството на срам и стигматизираност доведуваат до нарушен квалитет на животот и на сексуалното живеење, како негова важна компонента.
Иако целосно и недоволно, испитано е дека индивидуите со кожна болест можат самите себеси да се стигматизираат во услови кога и тие самите не ја прифаќаат сопствената појава, претпоставувајќи дека и другите ќе реагираат на ист или сличен начин.
Методи. Во истражувањето кое беше дизајнирано како клиничка проспективна студија учествуваа седумдесет испитаници, кои одговорија на зададени прашалници, по предходно потпишана согласност за учество.
Резултати. Во нашето истражување се потврди дека начинот на кој пациентите ја перцепираат кожната болест и се справуваат со неа на начин кој подразбира преокупираност со болеста, чувство на стигматизираност и доживувања асоцирани со стигма влијае врз чувството на благосостојба кај пациентите.
Заклучок. Препознавањето на застапеноста на доживувањето на стигматизираност, намалена самодоверба кај испитаниците со кожна болест и нивното влијание врз квалитетот на живеење може да доведе до разни терапевтски можности кои ќе резултираат со редуцирање на последиците од истата.

Клучни зборови: кожна болест, стигма, стрес, квалитет на живот

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real stigmatizing experiences related to their appearance [1]. The feeling of shame and stigmatization lead to a disturbed quality of life and sexual life, as its important component. Stigma in an individual can appear in different ways and mainly conditioned by two types of negative experiences. In the first case, stigma refers to a direct negative experience when the individual is faced with direct rejection. In the second case, stigma occurs when a person witnesses someone else's experience linked to stigma. Bondura talks about how we humans gather more information about our environment by looking at the experiences of others. In doing so, we expect to be treated in a similar way to how others have been treated, depending on how similar we are to others or behave similarly [4]. Third, although not to that extent specific to stigma, is when the environment does not reject directly, but considers it acceptable to treat and treat people as curiosities because of their skin condition or illness.
Finally, although fully and insufficiently investigated, individuals with skin disease can stigmatize themselves in conditions where they themselves do not accept their appearance, assuming that others will react in the same or similar way.
It is surprising how little research has been done on the true nature of stigmatizing experiences. A better understanding of what stigma actually looks like, under what conditions it occurs, as well as knowledge of the characteristics of those who stigmatize is necessary. Experiences with stigmatization have a huge impact on the individual's well-being, his quality of life, and therefore deserve a deeper analysis.

Introduction

Skin and skin problems lead to a specific set of psychological manifestations of shame, embarrassment, poor self-image and self-esteem for many. The perception of one's own attractiveness is determined by social experiences and existing cultural values. Most of us respond positively to those who are attractive and negatively to those who are unattractive. Therefore, patients with skin diseases have an increased risk of developing feelings of stigmatization and self-injurious ideas. Attracting attention to others, skin changes lead to situations of avoidance, public ignoring, distancing and reactions of disgust. Ginsburg and Link[1] identify six (6) aspects associated with stigma-anticipation of rejection, feeling guilty, sensitivity to the "attributes" of others, guilt and shame, secrecy, absence of positive attitudes. The authors consider that a basic predictor of stigma is the feeling of rejection. Gupta *et al*. [2] in their research they confirm that 26% of patients with dermatological disease were publicly shunned. Sampogna *et al.* [3] talk about frequent or continuous humiliating experiences where shame is one of the leading emotions that follow the experienced unpleasant experiences. Ginsburg *et al*. alk about how 99 out of 100 patients described

Objectives of the research

Social stigmatization, physical limitations, employment problems and others psychosocial comorbidities and their impact on patients' quality of life with skin disease.

Material and methods

Study design

The research was conducted as a clinical, prospective study at the University Clinic of Dermatology. Respondents with a diagnosed skin disease according to the criteria of ICD 10 (International Classification of Diseases) were included in the research.

Sample

Subjects with the following diagnosed skin diseases were included in the research: Vitiligo, Urticaria, Dermatitis atopica, Alopecia areata.

Population

70 subjects with a diagnosed skin disease took part in

the research, and at the beginning of the research, aDLQI[1]-A scale for assessing the impact of dermatological disease on the psychosocial functioning and quality of life of the respondents.

Methodology

The examination was conducted using the following structured tests and procedures:
- A non-standardized questionnaire for demographic, socioeconomic data designed for research purposes and containing the following data:
a) general data: gender, age, education, employment, profession, ethnicity, marital status.
b) age when the disease was diagnosed, length of it, number of hospitalizations due to the disease, type of treatment and therapeutic response.

- DLQI[2]- A scale for assessing the impact of dermatological disease on the psychosocial functioning and quality of life of the respondents.

The scale was designed in 1994 and is the first dermatologically specific instrument for investigating the impact of skin disease on the respondent's daily physical, social and psychological life. Its value has been described in more than 1000 publications, including many multinational studies.
The instrument contains 10 questions that evaluate the impact of the dermatological problem on the respondent's life in a certain period of time. The minimum value obtained -0, indicates the absence of influence, and the maximum value -30, particularly large influence. The scale has a particularly important role in assessing the limitations that the skin disease causes in the patient's daily functioning.
The DLQI-questionnaire is a self-assessment instrument, it is simple to apply and without the need for detailed explanations. It usually takes two minutes to complete.

Results

At the beginning of this section, the data obtained by processing and analyzing 70 subjects, patients with a diagnosed dermatological disease, aged from 21 to 59 years, with an average age of 41.2±10.7 years, are presented. The gender structure of the respondents consisted of 31(44.29%) male patients and 39(55.71%) female patients (Table 1, Figure 1).

Table 1. Demographic characteristics of the respondents

Variable	n(%)
Sex	
Men	31(44.29)
Women	9(55.71)
Age	
N (70) mean ±SD (41.2±10.7) min - max (21-59)	
Education	
1	12(17.14)
2	36(51.43)
3	4(5.71)
4	18(25.71)

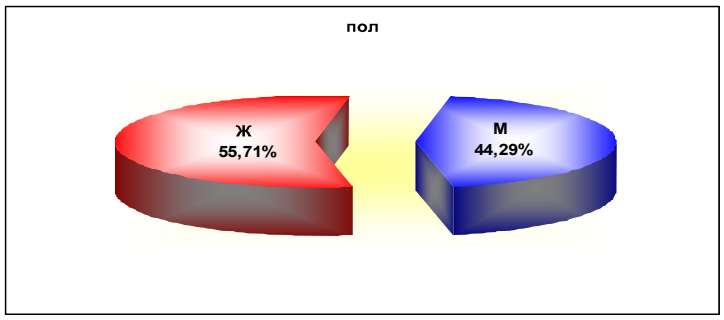

Fig. 1. Graphic representation of the gender distribution of respondents

The results of the questionnaire for assessing the degree of influence of the dermatological disease on the disruption of the quality of life among the respondents [1] showed that in the majority of patients the dermatological disease has a large and extremely large impact - 39 (55.71%). Dermatological disease has no impact on the quality of life only in 6 (8.57%) of the patients (Table 2, Figure 2).

Table 2. Distribution of Dermatology life quality index

DLQI	n (%)
Without effect	6(8.57)
Little effect	15(21.43)
Moderate	10(14.28)
Golem	29(41.43)
Extreme	10(14.28)

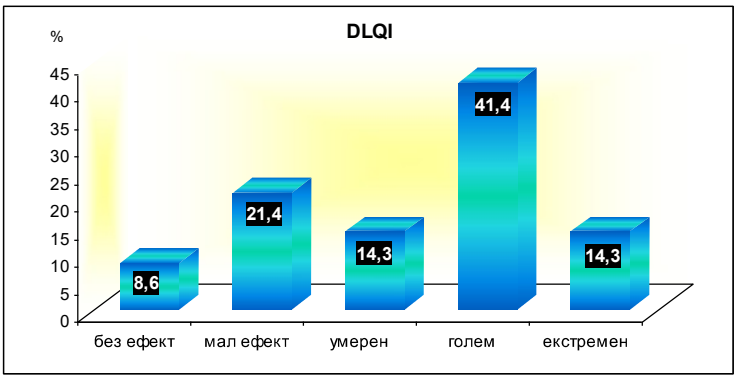

Fig. 2. Graphic display of Dermatology life quality index

Discussion

The purpose of the conducted research was to determine the existence of the complex relationship and the impact of the skin disease and the experience of it on the quality of life.

In our study, the way the patient subjectively experiences and copes with the disease or the perception of the disease as a problem that includes preoccupation with the disease, stigmatizing feelings and experiences related to it, reduced self-esteem was shown to have a greater impact on what concerns the feeling of well-being.

Early experiences and cultural stereotypes related to skin conditions are factors that greatly influence the way of dealing with the skin disease and thus directly the quality of life associated with the disease.

Unexpectedly, in the research we came across an interesting finding, which is little described in the literature and refers to the specificities related to the cultural ideal of how someone should look. What people fear the most is being judged, shunned, ridiculed because of their appearance and appearance. Anticipating negative criticism leads to low self-esteem and self-blame which, on the other hand, conditions a reduction of social capacities.

In the research carried out, the quality of life was affected in a large number of subjects with skin disease, which is in line with other studies that supported it.present the finding that the stress reaction in response to the disease affects the exacerbation of the skin condition, which in turn affects the quality of life.

The impact of the skin disease on the quality of life is conditioned by the disease itself, by stressful situational events (social stigmatization), anticipatory social stigma and changes in the previous life style.imposed by the disease itself. Psychosocial themes and manifestations are an integral part of skin disease and rightfully so-they attract attention in daily practice and also indicate the necessity of biopsyhosocial approach in patients with dermatological diseases.

Conclusion

The overlapof the prevalence of experiencing stigmatization, reduced self-esteem among respondents with skin disease and their impact on the quality of life and changes in the lifestyle imposed by the disease itself can lead to various therapeutic possibilities that will result in reducing the consequences of the disease.

Conflict of interest statement. None declared.

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