

The importance of the health education in life quality improvement in patients with psoriasis

Jankowiak B¹, Krajewska-Kułak E¹, Baranowska A¹, Krajewska K¹, Rolka H¹,
Sierakowska M¹, Ostapowicz Van-Damme K¹, Niczyporuk W², Lewko J¹

¹ Department of General Nursing, Medical University of Białystok, Poland

² Department of Dermatology and Venereology, Medical University of Białystok, Poland

Abstract

Purpose: The aim of the study was to determine the influence of the psoriatic patient knowledge of the disease on the quality of life.

Material and methods: The study was carried out in 149 patients with psoriasis. All patients answered on anonymous questionnaire, in according to Psoriasis Disability Index (PDI).

Results: Almost 43% patients could not show any factor which provoked their disease, 31.5% could not tell any recommendations for cure and care of the psoriatic lesions and 32.2% patients could not point out any methods to avoid psoriatic lesions spread. Almost 60% of the group admitted that their quality of life fell because of the disease. At the same time, patients who did not have enough information concerning the disease had lower quality of life index.

Conclusions: The level of the disease knowledge in the patients with psoriasis influences their quality of life. Therefore it is indicated for the patients and their families to be involved in the proper educational program.

Key words: psoriasis, health education, life quality.

Introduction

In spite of its high frequency among dermatological disorders, psoriasis is not completely studied. Its prevalence in normal population is estimated, on basis of different reports, from

1% to 3%. Some authors consider that number to be over 5%, while underestimated frequency of the disease is due to hiding of this condition by many shy patients [1].

As there are currently known no drugs allowing persistent cure of the disease, one should focus on achieving with the therapy as long lasting remissions as it is possible [2]. On this stage cooperation with the nurses seems indispensable. Nurses in the course of their profession take care also of the education of the patient. Education influences positively health condition and by this quality of life. The educational process passes also knowledge, skills and psycho-emotional motivations, allowing partner interaction between a patient and a teacher. The aims of education are though making patients independent, producing motivation for therapy and counteract fear, depression and frustrations.

The aim of the study was to determine the influence of the psoriatic patient knowledge of the disease on the quality of life.

Material and methods

The study group consisted of 149 patients with diagnosed psoriasis in the remission. The study was carried out with the use on anonymous questionnaire, prepared according to Psoriasis Disability Index (PDI). The questionnaire included subjects from PDI concerning psoriatic patients' interpersonal contacts, free time activities, daily activities in school or work and not working or not studying patients' activities. The detailed questions were prepared estimation of the knowledge of psoriasis, self-care and its influence on the quality of life (QOL). The study tool consisted of 58 questions with the possibility of more than one answer for each question.

Statistical data elaboration included methods of description and examination of interactions for qualitative and quantitative data. For the statistical significance estimation of the observed interactions χ^2 test and single factor analysis of variance (ANOVA) was carried out. Correlation index was estimated as well.

ADDRESS FOR CORRESPONDENCE:

Barbara Jankowiak
Department of General Nursing, Medical University of Białystok
ul. M. Skłodowskiej-Curie 7a, 15-096 Białystok, Poland
Tel: +48 085 748 55 28 wew. 39
e-mail: basiajankowiak@poczta.onet.pl

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Results

The study group included 82 of women and 67 of men. Patients' mean age was approximately 41 years. Disease duration average time was 19.6 years and mean patients' age when the disease was diagnosed was 21 years. In more than 60% of patients the disease was diagnosed between 11th and 27th year of live. Psoriatic lesions in the studied group were present in the whole body area (39.6%), head (32.9%), elbows (27.5%), lower (26.8%) and upper extremities (21.5%). The most problems in a daily live were the skin desquamation (75.2%), reddening and swelling (each of approximately 60% positive answers).

At the beginning of the study patients level of the knowledge of psoriasis was explored. The onset of the disease was in the patients opinion due to stress (54.4%), infections (25.5%) and allergies (16.1%). However, 43% of patients could not find any provocative factor. For that reason knowledge level for symptoms, treatment, disease recurrence prophylactic and lesions care were studied. It was shown that 53.0% of patients had correct information as for psoriasis symptoms, but as many as 31.5% of patients could not tell any recommendations for psoriatic lesions treatment and care and 32.2% of subjects did not know how to prevent psoriatic lesions spread and recurrence.

In the studied group gender had no influence on the psoriasis knowledge level. On the other hand, patients in the age of approximately 46 years were more eager to seek an information on psoriasis during The Psoriatic Patients Association meetings ($p=0.0008$), while younger patients were not interested in that matter.

Almost 75.8% of patients had information concerning the disease from doctors and 13.4% had it from other psoriatic patients. Only five showed a conversation with nurse as an information source.

More than 60% of patients did not reconcile with the fact that they had the disease. Psoriatic patients declared the presence of some social problems: reduction of the number of friends (36.9%), social isolation (26.8%), loosing position in work (11.4%). Psoriasis had an influence on the partner choice in every third person and on the sexual lives in almost 60% of the studied group.

Most of responders (84%) had lowered psychophysical self-estimation due to psoriatic ailments and lack of the disease knowledge (57.8%). The majority of the patients (59.1%) stated that there was a fall in their quality of live.

The disease duration time and a live quality index correlated negatively (correlation index $r=-0.21$). It was a similar relationship between disease duration and the quality of live value: (the longer time of disease, the lower the live quality index).

In the final stage of the study the influence of patients' level of psoriasis knowledge on the quality of life was estimated. The knowledge type (disease etiology, symptoms, prophylactic, care) persons without sufficient information, estimated their quality of life lower (from 62% to 79% of answers). On the other hand, responders who declared better knowledge of many disease aspects, showed less frequent negative impact of the disease on the quality of live (from 50% to 71% of answers).

As there was a marked association between patients disease knowledge and a quality of live, there should be the same as

Table 1. Patients' knowledge of etiology, treatments methods, prevention and and QOL index

Disease etiology and quality of life index ($p=0.0817$)			
	Average quality index	Number	Standard deviation
Yes	19.0	34	5.84
A little	16.3	78	6.41
No	17.5	37	5.56
Total	17.2	149	6.14
Treatment methods and quality of life index ($p=0.0111$)			
	Average quality index	Number	Standard deviation
Yes	19.4	42	5.07
A little	16.8	73	6.39
No	15.4	34	6.17
Total	17.2	149	6.14
Psoriasis prevention and quality of life index ($p=0.00129$)			
	Average quality index	Number	Standard deviation
Yes	20.4	32	4.52
A little	17.0	69	6.34
No	15.4	48	6.07
Total	17.2	149	6.14

for quality of live index. For five aspects which were used to verify psoriasis knowledge, statistically significant connection was found in three of them (*Tab. 1*) and like it was told before, patients better oriented in the disease and its specificity had higher quality of live index. The correlation between the prophylactic knowledge and influence on the quality of live assessment was also statistically significant ($p=0.0003$).

Discussion

Psoriasis, as a chronic and recurrent disease requires systematic treatment and proper care. In both cases there is an equal role for dermatologist, nurse, patient and his family. In treating the disease there need to be also a place for a proper health education. It should regard the patient during the disease exacerbation and remission. As a result of such an education there should be a rise in patient's consciousness and skills to chose the right in care of health, with the full social responsibility for that choice.

Cox and Bowman [3] in their work postulated to augment role of the nurse in the health education. They calculated that educational gain in psoriatic patients with the involvement of nurse into educational process was 16%. Warin stressed that nurses not only play a key role in the treatment, but also by their educational work, cut costs of patients medical care [4].

It seems important that patients' level of psoriasis knowledge influences significantly their quality of live. Responders, who stated not to be educated how to deal with the disease, estimated lower their quality of live. Also Kernicka et al. [5] showed, that in 20% of psoriatic patients education improved their live image.

Disease reveal, exacerbation or recurrence can be provoked by many exogenous and endogenous factors [6]. Almost 43% of patients could not point out any particular reason for the psoriatic lesions appearance. After analysing possible factors which could influence appearance of successive disease exacerbations, responders indicated the dominant role of the stress (54.4% persons). Al' Abadie et al. [7] showed significant correlation between the stress and psoriasis. Negative effect of the stress on the development and course of psoriasis was confirmed by Gupta et al. [8], Seville [9]. They observed, that the fear of social opinion can augment stress effect in the patients, and this in turn has a disadvantage on the disease course. Psoriatic patients have lowered QOL, which correlates significantly with feeling of stress. The localization of the disease lesions has an important influence on the lowering of the QOL. It was confirmed by this study the disease localization significantly influences the range of contacts between patients and other people. It is related mainly to those patients with lesion localization in visible body parts, easily "noticed" by others. In those patients self-estimation and the feeling of being socially attractive lowers. The obtained information allows stating that psoriasis provokes feeling of isolation from the rest of the society. Weiss et al. [10] showed, that psoriasis influences negatively on the social functions in comparison with persons without chronic diseases. Dooley and Finley [11] confirmed that 17% of patients were confused with the fact, that other people look at them or ask question regarding their skin status. It is reasonable to stress that the nurse preparing for the contact with psoriatic patients should first at all be aware of her own relation to that disease. All negative convictions in this matter disqualify her as an adequate person for taking care of a patient with skin disorders. Nurse negative emotional background can communicate the patient the reluctance, aversion or abomination. Such a behavior can be additionally received by the patient as a rejection and a lack of acceptance, provoking emotional discomfort.

It was demonstrated, that psoriasis and its exacerbations can provoke depression in patients, leading to suicide. Ginsburg [12] described depression, as a secondary phenomenon due to already existing skin lesions, suggesting that as the psoriasis is more serious the depression also deepens. The emotional changes are due to the disease course: the longer the disease duration the worse emotional consequences for patients. For this reason people taking care of such patients should understand their behavior in a stressing situation like the disease. It is very important, because through nursing process it is possible to help patients in expressing conscious and subconscious emotions and creating in them specific strategies to deal with the stress. It should be underlined, that psychological education favors health through reducing negatives psychological stress results [13]. We noted that 75.1% of patients declared need for psychological backup.

According to Koper et al. [14] patients' QOL improvement can be influenced by the existing of associations, in which there is possibility to talk about ones problems and obtain indispensable information helpful in dealing with the disease. In Psoriatic Patients Associations meetings participated only 32.8% of the patients and dominated patients with approximately 21 years of history of the disease, city habitants. Only 3.4% persons living in country were members of the association.

Conclusions

Patients' level of knowledge about the disease, triggering factors, prophylactic and treatment methods influence their quality of life assessment. Not only psoriatic patients, but their families and friends should be educated. Every psoriatic patient and his relatives should be involved into educational program. Interdisciplinary teams involved in the dermatological education should be appointed to take care of the psoriatic patients in a holistic way.

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