Assessment of dermatology life quality index (DLQI) in patients attending skin clinics in CSTH

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Introduction

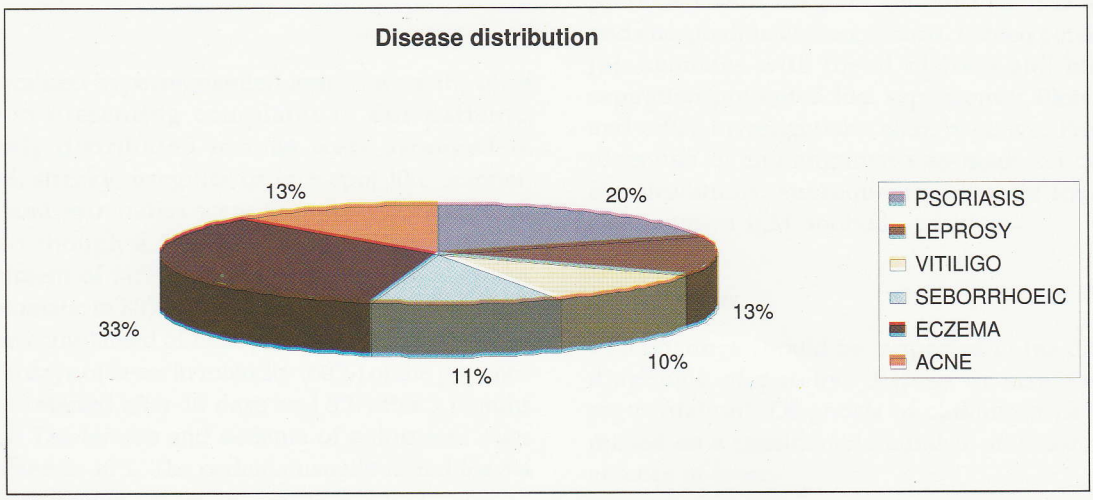
Dermatological diseases can have a significant effect on the quality of life of a patient. This may be due to the symptoms caused by the disease itself such as itching, soreness and pain or due to the psychological impact caused by a breakdown of interpersonal relationships and social isolation. Skin diseases like psoriasis have been proven to be as debilitating as major medical conditions like arthritis and cardiovascular disease[1]. The effect of dermatological disease on a patient's quality of life is often overlooked in skin clinics in Sri Lanka. This study was carried out among patients attending the Professorial Unit Skin Clinic and other Skin Clinics at the Colombo South Teaching Hospital.

Method

Various tools have been devised to assess the quality of life of patients with dermatological disease[2,3]. Some are disease specific such as Psoriasis Disability Index (PDI) and the Cardiff Acne Disability Index (CADI). For the purpose of this study we have used the dermatology life quality index[4] (DLQI) while not being specific to a particular dermatological condition can be used to assess the effect on the quality of life in patients with dermatological diseases.

The DLQI is calculated using a questionnaire which consists of ten questions. Each question has 4 answers having a value from 0 to 3 points (patients have to be above the age of 16). The maximum score that can be obtained is 30 points and the minimum is 0. A score of between 21 to 30 would mean that there is a severe effect and a score of 1 would mean the there was a minimal effect of the patient's life.

In our study we included 215 patients. All were above 16 yrs of age. We limited the study to patients with 6 common skin conditions namely; eczema, vitiligo[5], leprosy, acne vulgaris[6] psoriasis[7,8] and seborrhoeic dermatitis.



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Results

The highest mean DLQI score was seen in psoriasis, eczema and acne (scores of 8, 7.5 and 6.5 respectively). The DLQI score was the highest for acne in the age group of 15 to 30 while it increased with age in all other skin conditions. The increase with age was statistically significant (p=.045). Males scored higher than females (mean DLQI - male:7.15, female:5.3). There was a significant association between gender and DLQI (p=0.048). Married patients had a higher score than unmarried patients (mean DLQI – married:6.9, unmarried:5.3). As expected the mean DLQI increased significantly with the duration of the disease (4.8 when the disease was present for 1 year or less and 7 when present for up to 10 years).

With regard to specific dermatological diseases it was noted that patients with atopic eczema had a higher score than patients with discoid eczema. The same pattern was seen when comparing segmental to diffuse vitiligo as well. Female patients with leprosy had a higher score than males (mean DLQI 2.6 and 2.2 respectively). Acne associated with keloid formation and scarring had higher scores than inflammatory acne alone (mean DLQI 6.2 and 10 respectively).

Conclusion

This study highlights the significant impact of skin diseases on patient's quality of life. The impact is determined by the type of disease as well as its severity, age of the patient and duration of illness. Males seem to be more affected by dermatological diseases as are married people of both sexes.

Clinicians should try to identify patients who fall into the categories above. Early assessment of DLQI will help clinicians identify the patients who need assistance. They should help these patients improve their quality of life while treating the underlying skin disease.

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