

Quality of life in patients with vitiligo: A descriptive study on 83 patients attending a PUVA therapy unit in Imam Reza Hospital, Mashad

Sir,

Vitiligo is disfiguring in all races, particularly in patients with darker skin, because of stronger contrasts. Patients suffer from poor body image and low self-esteem and also experience a considerable level of psychological burden.^[1] Moreover, in Iran, there is a strong negative public attitude toward this disease. Since ancient times, patients with vitiligo suffered the same mental abuses as patients with leprosy and, maybe, the two diseases have been confused clinically.^[2]

In a descriptive study, we assessed the Dermatology Life Quality index (DLQI) in Iranian patients attending the PUVA therapy unit of the Dermatology Department in Imam Reza Hospital, Mashhad-Iran. The Persian version of DLQI was completed by 83 vitiligo patients between February 2006 and February 2007. DLQI comprises of 10 questions classified into six categories, which include symptoms and signs (Q 1 and 2), daily activity (Q 3 and 4), leisure (Q 5 and 6), work and school (Q 7), personal relationships (Q 8 and 9) and treatments (Q 10). Each question gets a score from 0 to 4. Then, the index score is calculated by summarizing the scores and results in a maximum of 30 and a minimum of zero. The higher the score, the more impaired the quality of life.

Fifty-one females and 32 males between 16 and 59 years of age were included in this study, with disease duration from 3 months to 50 years (mean duration of 9.9 ± 9.4 years). The lesions were limited to exposed areas in four, to non-exposed areas in 26 and presented in both areas in 53 patients. Thirty-eight patients had lesions in sexually important areas of the body.

The different aspects of the patient's life according to our questionnaire (mentioned above) were impaired as following: Q1, 48.2%; Q2, 42.1%; Q3, 9.6%; Q4, 47%; Q5, 16.8%; Q6, 14.4%; Q7, 9.6%; Q8, 48.2%; Q9, 15.2%; Q10, 16.9%.

The mean DLQI score in our patients was 7.54 ± 4.97 , within the range of 0–20. The mean DLQI score for women and men were 8.6 ± 5.2 and 5.8 ± 4.1 respectively. Thus, the quality of life was influenced more significantly in females than in males ($P = 0.013$). The mean DLQI score was highest in the 3rd decade of life, but it was not statistically different between the age groups ($P = 0.278$).

There was no statistically meaningful association between distribution of the lesions in the body (exposed vs. unexposed areas) and DLQI score. The mean score was not significantly affected by the marital state of the patient, although, in the male group, single patients and, in the female group, married patients had higher scores. It is important to keep in mind that extramarital sexual relationship in our country is strongly prohibited for women and our single patients might not mention sexual problems.

With multiple linear regression models, we found that higher DLQI score had an association with living in the rural areas and with involvement of sexually important areas of the body, although these P -values were not significant. In most of our patients, little or no sport activity impairment was noticed in both sexes, which may be caused by a lesser tendency to take part in sport activities in our country.

This study quantifies the burden of vitiligo on the quality of life of a sample of Persian patients, expressed as an overall mean DLQI score of 7.54. This value is very close to that found by Aghaei and coworkers in a study of 70 Iranian patients (mean score, 7.05).^[3] But, there are variable results in different sites of the world, from a DLQI score of 4.82 in England to a DLQI score of 14.72 for a study in Saudi Arabia.^[4] Mechri and coworkers assessed psychiatric morbidity and quality of life in vitiligo and concluded that the quality of life decreases in vitiligo patients and is related to the psychiatric comorbidity.^[5]

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Differences in methodology, such as patient recruitment and population characteristics, makes comparison between studies difficult. Overall, higher DLQI scores in Iranian and Saudi Arabian patients may be caused by their cultural and religious beliefs as well as their darker skin color.

Studies show major impairments in patient's life quality. These results should awake the interest of physicians in this "cosmetic" disease, especially in groups found to be at higher risk of quality life decrements.

Vitiligo patients experience anxiety and embarrassment when meeting strangers or beginning a new sexual relationship, and many feel that they have been the victims of rude remarks.^[1] Dealing with psychological component of this disease is desirable to improve the patient's quality of life. Also, there is a need for accessible, accurate, community-based education about the natural history of vitiligo, the effectiveness of treatments and its expected duration. The provision of such information facilitates therapeutic selection by the patient, enhancing their understanding of treatment options and influencing the public attitude toward this disease.

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