The Family Support among Patients with Psoriasis

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Abstract: *Skin diseases are very common. Psoriasis is a chronic disease with profound stigma which affects the quality of life. The functional component that serves as boon to them is family support . The objective of the study is to assess the family support by using Multidimensional perceived scale of social support. Social support includes family members, friends and significant others involving in patients life journey with devastating disease. The nurse has a pivotal role by educating, motivational interviewing through follow-up of this social support to enhance the patient in their self - care and to live a quality life.*

Keywords: Psoriasis, Family support, Quality of life

1. Introduction

Skin diseases are very common. Psoriasis is a chronic skin disease characterised by red, scaly plaques. These can be minimal or very extensive on scalp, face, trunk , limbs and involve the nails (psoriatic nail dystrophy). It is associated with psoriatic arthropathy and several other health problems. Social stigma is profoundwhetherthe condition is common or very rare because of its impact on quality of life. The functional component that serves to be a boon is the family support. Family member enhances and play an active role by motivating the patients in self- care and shapes his environment. Over 50% of people with chronic disease report that their family is involved with planning their diet and taking medications. 30%-50% of chronically ill patients visit the hospital with their family members .Social support for individuals with chronic health disorder helps to reduce emotional disorders such as anxiety and depression, to help increase feelings of empowerment, and to improve coping skills

2. Significance of the Study

7.5 million Americans have psoriasis, approximately 2–3% of the worldwide population as per National Institutes of Health (Dowling,2014). The prevalence of psoriasis in India is 0.44-2% (D.M.Thoppa 2017).A person experiences a chronic illness is highly subjective (Schussler, 1992).Skin

diseases are obvious and very visible to others. Psoriasis patients has to cope with the effects of their disease as well as to the reaction of others. Psoriasis is incurable and treatments aim to reduce symptoms. Ill people have different coping strategies and varied coping resources, such as social support (Woods et al 1989).Weiss (1974) proposed that individuals need a set of relationships over the course of their lives that can help organize their thinking and actions. Fink (1995), Friedman and King (1994), and Graydon and Ross (1995) found that the presence of social support enhanced well- being by directly maximizing quality of life and by buffering the effects of adversity.

Psychological impact of Psoriasis patients are:
- Feelings of guilt, shame, embarrassment or helplessness
- Poor self-esteem and low self-worth, sometimes leading to social isolation
- Sexual dysfunction, due to self-consciousness or painful lesions
- Suicidal ideation, which occurs in up to 10% of patients with psoriasis
- Decreased vocational opportunities for people with psoriasis, due to discrimination or perceived restrictions on career choices, which can lead to employment and economic difficulties
- Interference with activities of daily living, including dressing, bathing and sleeping

- A negative impact on the patient's family functioning, including financial hardship, caregiver burnout and degeneration of patient–family relationships
- Stress — which can trigger flares of psoriasis — in 43–68% of patients
- Depression, due to a decreased quality of life.

Depression affects a large percentage of people who suffer from psoriasis, and can lead to:
- Chronic fatigue
- Loss of interest in life and everyday activities
- Appetite changes
- Sleep disturbances
- Negative coping mechanisms, including the use of alcohol and/or drugs, self-harm or other high-risk behaviour.

3. Statement of the Study

A study to assess the family support among patients with Psoriasis attending Dermatology Out-Patient department, Christian Medical College, Vellore.

3.1 Objective of the Study

1) To assess the family support among patients with Psoriasis
2) To find the association between the family support and the selected demographic and clinical variables among the patients with Psoriasis

3.2 Operational Definitions

Family Support: In this study it refers to the support offered by family members (informal) as spouse, children and parents to the adult patients with Psoriasis as measured by Perceived social support – Family scale

Psoriasis: In this study it refers to patients who are diagnosed by dermatologists as its type in Christian Medical College more than 6 weeks and attending dermatology outpatient department or admitted as inpatient area for further management.

Demographic Variables: age, sex, gender, educational qualification, family members, occupation, locality, family income and religion.

Clinical variables: medical diagnosis, duration of illness, Number of hospitalization, treatment prescribed and comorbidity

3.3 Methodology

1) **Research Approach**: A quantitative study
2) **Research Design**: The study was done by Non - experimental design –A cross sectional study
3) **Setting:** The study was conducted in Out Patient and inpatient area of Department of Dermatology, Venereology and Leprology in Christian Medical College, Vellore.
4) **Population:** Adult patient attending dermatology, venereology and Leprology and diagnosed by the dermatologist as Psoriasis vulgaris.

5) **Sampling Technique:** consecutive sampling technique
6) **Sample Size:** 168 with Psoriasis

Formula:
$$n = \frac{1.96^2 \; X \, P \, Q}{d^2}$$
Z = 1.96
P = 0.125
d = 5%

Single proportion – absolute precision

Expected proportion = 0.125
Precision % = 5
Desired confidence level (1-alpha)% = 95
Required sample size = 168

The required sample size of 168 is calculated using a formula for estimating the minimum sample size in descriptive heath studies and finding from a previous study. The minimum sample size is increased by 10% to take care of incomplete/non response and refusals.

3.4 Selection of Samples

Inclusion Criteria
Patients who
1) Are eighteen years and above
2) Can read and comprehend Tamil, English or Hindi
3) Give consent to participate in the study
4) More than 6 weeks of time from the initial diagnosis

Exclusion Criteria
Patients who
1) Put forward any demand.
2) Pregnant women and children

Data Collection Instrument
It consists of two parts
Part I: Demographic variables and clinical variables
Part II: Self reported questionnaires

Family Support by Multidimensional Scale of Perceived Social Support
The multidimensional scale of perceived social support is a brief research tool designed to mesure perceptions of support from 3 sources: family, friends and a significant other. The scale is comprised of a total of 12 items with 4 items for each subscale targeted to general adult and youth. It is self report. 7 point scale:
1) Very Strongly Disagree
2) Strongly Disagree
3) Mildly Disagree
4) Neutral
5) Mildly Agree
6) Strongly Agree
7) Very Strongly Agree

Each item is scored 1-7. Total is sum of all 12 items, possible range for total is 7-84.
Total – 69-84 High support
Total – 49-68 Moderate support
Total – 12-48 Low support
The reliability coefficient of the tool is 0.91.

The questionnaire takes 4 minutes to complete.

Data Collection Method

The investigator approached the medical record officer of that particular day and got the list of old patients in general and private dermatology OPD. The investigator had gone through the chart in computer to find out the medical diagnosis. Then the investigator introduced herself and co-investigator, gave information about the study, obtain the informed consent signed and collected the socio-demographic and clinical details from the patient according to the inclusion criteria, after making him/her comfortably in the discussion room. The recruited patients were requested by co-investigator to complete the self- report questionnaire as instructed, until they are called by the dermatologist. Then the co-investigator collected the questionnaire and analysis of the result was done using SPSS version 17 by the investigator

4. Data Analysis

4.1 Results

Table 1: Distribution of patients according to the socio-demographic variables

Demographic Variables: N=168

Particulars	Frequency	Percentage
Age (in years):		
18-40 yrs	74	44
41-60 yrs	76	45.2
>60 yrs	18	10.7
Sex:		
Male	103	61.3
Female	65	38.7
Education Status:		
Elementary	3	1.8
Primary	39	23.2
Secondary	69	41.1
Undergraduate	47	28
Post graduate	10	6
Occupation:		
Employed	85	50.6
Unemployed	83	49.4
Locality:		
Urban	90	53.6
Rural	78	46.4
Marital Status:		
Single	26	15.5
Married	137	81.5
widow	5	3
Type of Family:		
Joint	101	60.1
Nuclear	67	39.9
Religion:		
Christian	17	10.1
Hindu	133	79.2
Muslim	18	10.7
Income: (in Rs)		
<5000	31	18.5
5000-10000	40	23.8
10001-20000	55	32.7
20001-30000	22	13.1
>30000	20	11.9

Inference: The above table highlights the distribution of subjects. 45.2% was in the age group of 41-60 years,61.3% were male,41.1% had done secondary education, 50.6% were employed,53.6%are living in urban, 81.5% were married, 60.1% are in joint family,79.2% were Hindu by religion and 32.7% were earning between Rs. 10001-20000

Distribution of patients according to the clinical variables.

Clinical variables: N=168

Particulars	Frequency	Percentage
Number of hospitalization:		
1 time	45	26.8
2 times	8	4.8
3 times	6	3.6
>3 times	5	3
NIl	104	61.9
Treatment prescribed:		
Medicated Bath	17	10.1
Topical application	130	77.4
Wet wrap therapy	14	8.3
Oral medicines	1	6
Nil	6	3.6
Diagnosis:		
Psoriasis vulgaris	168	100
Comorbidity:		
Diabetes Mellitus	45	26.8
Hypertension	25	14.9
Cardiac problems	3	1.8
Nil	95	56.5
Duration of Illness:		
>6 weeks –m1 year	34	20.2
1-2 years	24	14.3
2-3 years	27	16.1
3-4 years	18	10.7
>5 years	65	38.7

Inference: The clinical details of the subjects in the above table depicts that the subjects with psoriasis who were not admitted in hospital are 61.9%, treated with topical application was 77.4%, medically diagnosed as psoriasis vulgaris were 100%,further majority of the sample did not have comorbidities were 56.5% and had illness for more than 5 years were 38.7%.
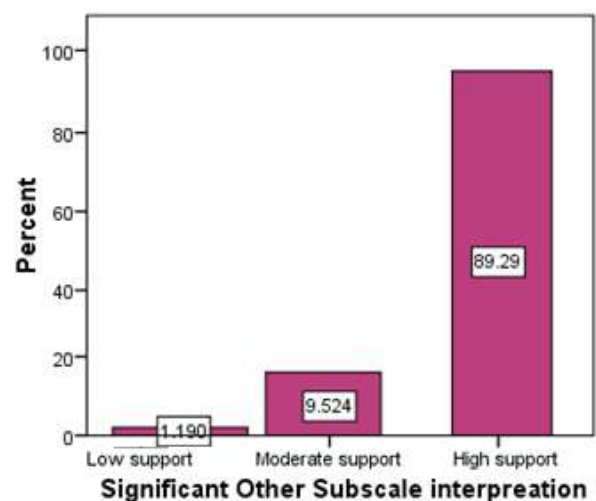

Figure 1

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Psoriasis patients get high support of 89.29% from significant others like relatives, care-givers.
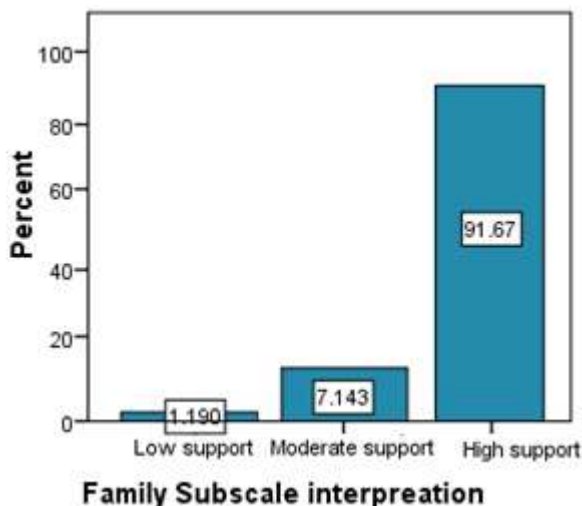

Figure 2

Psoriasis patients get high family support of 91.67% from spouses, children, parents and parent-in-laws.
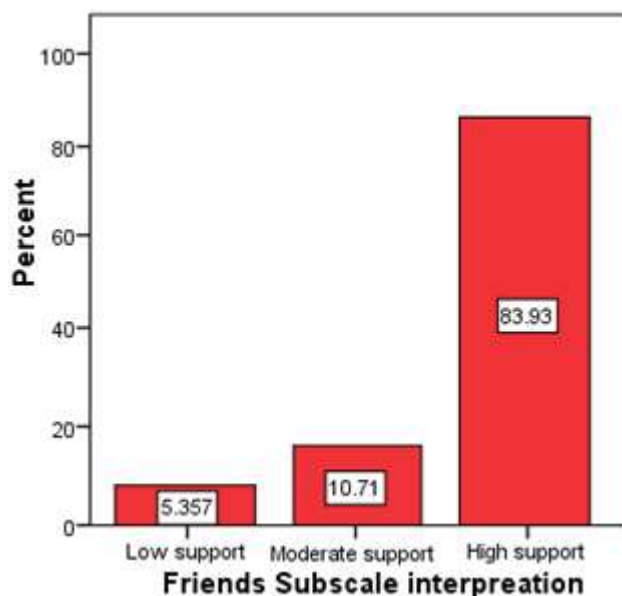

Figure 3

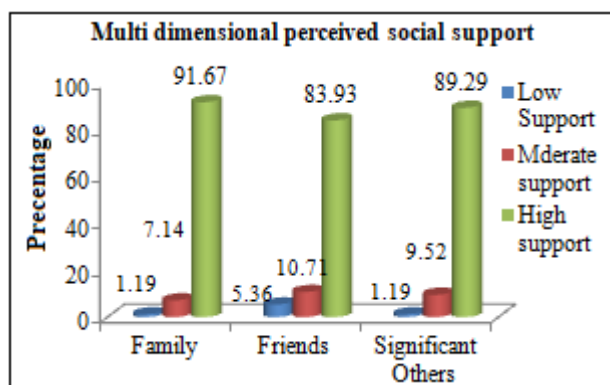Psoriasis patients get high support of 83.93% from friends

Figure 4

Overall perceived social support depicts that family support of 91.67%, significant support of 89.29% and 83.93%. There is no association between the family support and the selected demographic and clinical variables among patients with psoriasis.

5. Discussion

During disease process family play a crucial role. Family and social support are important aspects of adherence to treatment. Numerous correlational studies shown a positive and significant relationship between social support and adherence to treatment. Family and friends of chronic disease patients provide significant support for day-to-day self- management through, emotional support, direct assistance with task like getting appointment , visiting doctors with patients and getting medicines from pharmacy and facilitation of healthy behaviours like topical application, weight reduction diet, accompanying or motivating for exercise, preparation of medicated bath and observation of complication. Elaborate education about the disease condition has to be taught to the family members, empowering them with motivational counselling and telephonic follow-up will be alleviating symptoms or lessening the frequency of flares-up which is very comforting for patients with psoriasis

6. Conclusion

Dermatology nurses should recognize the need for high family support which leads to good quality of life of Psoriasis patients. Social support like family, friends and significant others support can alleviate the pain and discomfort of the psoriasis patients physically and mentally. Education and motivational interviewing of the family, friends and significant others through telephonic follow up in turn will help enhance the psoriasis patients to have a meaningful quality of life.

7. Acknowledgements

References

[1] Dowling, Vickie L.(2014). The Psychological Impact of Psoriasis: A Review of Short-term Psychotherapy Group Participation for Psoriasis Patients. Journal of the Dermatology Nurses' Association: September/October 2014 - Volume 6 - Issue 5S - p S2–S6).
[2] Devindra Mohan Thappa. (2017). Research on psoriasis in India: Where do we stand Indian J Med Res 146, August, pp 147-149.
[3] Schussler G.(1992). Coping strategies and individual meanings of illness. SocSci Med 34;427

[4] Woods N., Yates B.C., PrimonoJ(1989). Supporting families during chronic illness. Image J Nursing Sch 21; 46-50.

[5] Weiss R.S.(1974). The provision of social relationships In : Rubin Z, ed Doing unto others: Joining, Modeling, Conforming, Helping, Loving. Englewood Cliffs, NJ, Prentice Hall 17-26.

[6] Fink S.V. (1995). The influence of family resources and family demands on the strains and well being of caregiving families. Nurs Res 44; 139-146.

[7] Friedman M.M. and King K.B. (1994). The relationship of emotional and tangible support to psychological well being among older women with heart failure. Res Nurs Health 17; 433-440.