

Abstract N°: 44**How Accurately Can Patients and Doctors Assess Each Other's Grading of Disease Severity?**Ellie Choi^{*1}, Ruo Chen Du², Nisha Suyien Chandran¹, Valencia Long², Phillip Phan³¹1. Division of Dermatology, Department of Medicine, National University Healthcare System, Singapore, Singapore,²National University Singapore, Singapore, Singapore, ³Johns Hopkins University, Baltimore, United States**Introduction & Objectives:**

In the realm of patient-physician interactions, accurately assessing disease severity is crucial for effective treatment and patient satisfaction. Our previous study showed that almost there was a >20% difference in disease severity graded independently by patients and physicians in almost half of patient-physician pairs, with patients tending to ascribe a higher disease severity relative to physicians. This finding raises important questions about the accuracy and alignment of patient and physician perceptions regarding disease severity.

Materials & Methods:

This was a prospective cross-sectional study in 3 outpatient tertiary dermatological centres in Singapore which recruited adult patients with eczema or psoriasis. In this secondary analysis, we focused on the capability of physicians and patients to accurately estimate each other's assessments of disease severity. The question "How severe do you think the patient the graded his/her overall skin condition" was used to assess the physician's estimation of the patient's grading, and the question "How severe do you think your physician graded your overall skin condition" for patients. These were graded on a 0-10 numerical rating scale and compared with actual grading "How severely would you grade your/the patient's skin condition?" Agreement was calculated using Intraclass correlation (ICC).

Results:

Comparing 1053 paired patient-physician ratings, there was poor agreement between patient and physician's grading of disease severity, with an ICC of 0.275 (95% CI: 0.069-0.997).

Interesting, there was also poor agreement between patient's estimate of the physicians grading and physicians actual grading was 0.21 (95% CI 0.16-0.27), and between physician's estimate of patients grading and patient's actual grading was 0.25 (95% CI 0.19-0.30)

Conclusion:

There exists a notable contrast in how patients and physicians evaluate disease severity. Patients focus on the emotional and functional repercussions, whereas physicians value objective clinical measures. This divergence in perspectives also impedes each parties capacity to perceive and accurately assess the other's assessment.

Consequently, it's crucial for doctors not to presume an understanding of the patient's thoughts. Instead, clear and direct questioning is necessary to uncover these perspectives, addressing the substantial gap in mutual understanding that could otherwise negatively influence treatment choices and patient satisfaction.**

Abstract N°: 240**Some reasons for late seeking medical help in patients with lichen sclerosis of the vulva**

Delya Fozilovna Porsokhonova¹, Nurjanar Ilesova¹, Sevara Nodirbekovna Rakhmatullaeva¹

¹Republic Center Dermatovenereology and Cosmetology, STD and Reproductive disorders, Tashkent, Uzbekistan

Introduction & Objectives: Lichen sclerosis of the vulva (LSV) is one of the underlying diseases of the genitals that precedes the formation of vulvar dysplasia and cancer. The frequency of transformation of LSV into vulvar cancer varies significantly (4-49%), which is largely due to the late presentation of patients. In this regard, studying the reasons for delays in seeking medical help could identify and eliminate one of the main factors leading to genital cancer. **The purpose** of this study is to examine the possible reasons for late seeking medical care in patients with lichen sclerosis.

Materials & Methods: We observed 44 patients aged 18 to 68 years with a diagnosis of lichen sclerosis of the vulva. To characterize the reasons for the late seeking of medical help in patients with LSV, a semi-structured questionnaire was developed that contained 10 correct questions for a scientific and practical task.

Results: As a result of the analysis of the respondents' answers to the questions presented, it was possible to find out that the duration of the disease ranged from 6 months to 12 years (on average more than 2.5 years). At the same time, only 3 (6.8%) patients applied immediately after the first signs of the disease appeared, 26 (59.1%) patients applied within 2 years from the onset of the disease, the remaining 15 (34.1%) applied later 2-12 years. Among the 41 patients, the overwhelming majority of patients named a feeling of embarrassment as the reason for late treatment - 9 (22.0%), fear of cancer - 5 (12.2%), mistook the disease for a manifestation of menopausal syndrome 8 (19.5%), reluctance examined in a gynecological chair - 4 (9.8%), did not attach importance to the manifestations of the disease - 6 (14.6%), mistook itching and burning sensation for a manifestation of a fungal infection - 9 (22.0%). It was also possible to find out that the majority of patients sought help from gynecologists, where they were recommended ointment therapy without an in-depth examination and consultation with a dermatovenerologist or oncologist.

Conclusion: Thus, among patients with LSV there is a clear tendency to seek medical help late, on average more than 2.5 years, which in itself reduces the chances of a successful treatment outcome. The main reasons for late treatment are the feeling of embarrassment, mistaking the disease for manifestations of menopausal syndrome or the manifestation of a fungal infection, for which it was not considered necessary to see a doctor. Therefore, activities to raise awareness about this disease and special attention to the moral and psychological aspects of patients with LSV should contribute to an earlier request for specialized help.

Abstract N°: 259

Impact of Sensitive Skin on Quality of Life, Anxiety, and Depression: A Cross-Sectional Study

Hye One Kim^{*1}

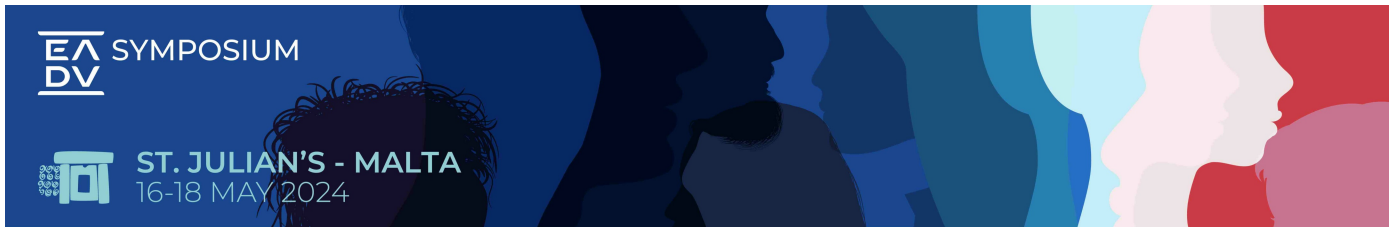
¹Hallym University Kangnam Sacred Heart Hospital, Dermatology

Introduction & Objectives: Sensitive skin is a prevalent condition with a global self-declared prevalence of 71%. Despite its high prevalence, it is often overlooked by medical professionals because of the subjective nature of its symptoms. Yet, patient interviews frequently reveal that individuals with sensitive skin report a diminished quality of life and frequently exhibit symptoms of anxiety and depression. Nevertheless, the precise influence of sensitive skin on patients' mental health remains unclear.** To determine whether sensitive skin adversely affects mental health and whether there is a correlation between symptom severity and its impact.

Materials & Methods: This was a non-interventional, cross-sectional investigation involving 200 patients at the 'sensitive skin clinic' within the Department of Dermatology at Hallym University Kangnam Sacred Heart Hospital, Seoul, Korea, between June 2022 and March 2023. The research employed the Sensitive-Scale 10 (SS-10) for diagnosis and severity scoring of sensitive skin, Dermatology Life Quality Index (DLQI), and Hospital Anxiety and Depression Scale (HADS) for measuring mental health. Participants were grouped as non-sensitive (<20), sensitive (20-49), and extremely sensitive (≥50) based on SS-10 scores.

Results: Out of 200 patients, 146 with complete data were categorized into non-sensitive (16 individuals, 10.96%), sensitive (59 individuals, 40.41%), and extremely sensitive groups (71 individuals, 48.63%). Patients with sensitive skin experienced a lower quality of life compared to those without sensitive skin, and they also exhibit a higher prevalence and severity of anxiety and depression. The extent of psychological distress exhibited a distinct positive correlation with the severity of symptoms.

Conclusion: Sensitive skin is associated with lower quality of life and higher levels of anxiety and depression. The subjective symptoms of sensitive skin have a substantial impact on patients' psychological well-being.



Abstract N°: 513

Cutaneous Pathomimia Simulating Lupus: A Case Study of a 19-Year-Old Patient

Hind Chagraoui¹, EL Fetoiki Fatimazahra¹, Hayat Skalli¹, Fouzia Hal¹, Chiheb Soumiya¹

¹ibn rochd university hospital, dermatology

Introduction & Objectives:

Cutaneous pathomimia is a particular form of factitious disorders, relatively rare, induced by the patient on their cutaneous-mucosal coating or adnexa to fulfill an unconscious psychological need. It represents one of the most complex challenges for dermatologists. Pathomimia often unveils severe psychiatric disorders such as anxiety, depression, and personality disorders, warranting consultation with a psychiatrist. We present a specific case of a young patient exhibiting pathomimia simulating cutaneous lupus.

Observation:

A 19-year-old female, with no significant medical history, presented with round erythematous cutaneous lesions of varying stages, some crusted and excoriated, while others displayed post-lesional hyperpigmentation. These lesions were localized on the face and neck, with no alopecia or mucosal involvement. Initially suspected diagnoses included cutaneous discoid lupus due to distribution on sun-exposed areas and clinical appearance.

Investigations, including negative immunological findings and a non-specific cutaneous biopsy with apoptotic bodies, did not confirm lupus. Suspicion of pathomimia arose, leading to psychiatric consultation. After several interviews, the psychiatrist identified post-traumatic stress in the patient following an emotional shock against a background of obsessive-compulsive personality traits. The patient admitted self-infliction of cutaneous lesions, confirming the diagnosis of pathomimia.

Therapeutically, occlusive dressings containing dermocorticoids and a healing cream were recommended, along with cognitive-behavioral therapy sessions. Evolution revealed complete healing of all lesions with residual hypochromia. This case underscores the significance of a multidisciplinary approach, integrating dermatology, psychiatry, and behavioral therapy, for the effective treatment of pathomimia with positive outcomes on cutaneous lesion healing.

Conclusion:

The presented case highlights a complex scenario of pathomimia, where initially observed symptoms in the patient mimic a clinical presentation similar to cutaneous lupus. In our patient, factors such as lesion localization on the accessible face, absence of specific histological findings, negative laboratory tests, and rapid lesion healing with occlusive local treatment favored a factitious disorder.

Nosographically, pathomimia falls within the realm of borderline states, at the intersection between neurosis and psychosis. Three types of pathological personalities may be identified among pathomimics: paranoid and schizophrenic, unstable individuals resembling histrionic, borderline, or narcissistic personalities, and anxious individuals with avoidant, dependent, or obsessive-compulsive personalities. Our patient falls into the latter category.

The management of pathomimias is intricate, emphasizing the importance of precise diagnosis due to diverse differential diagnoses necessitating distinct interventions. The prognosis remains poorly understood



Abstract N°: 1058**When the skin reveals the bitter truth: a case of dermatitis artefacta.**Alexandra Duşa*¹, Daniela Nestor¹¹Colentina Clinical Hospital, Department of Dermatology I, Bucharest**Introduction & Objectives:**

Dermatitis artefacta or factitious dermatitis is a psychocutaneous condition in which the skin, hair, nail, or mucosae lesions are a result of self-induced injury and not due to any underlying disease. The self-induced lesions are done to satisfy an unconscious emotional or psychological need, attract attention, or evade responsibility. The condition should be suspected in the presence of highly variable lesions which are bizarre and mimic many of the known inflammatory reactions in the skin, depending on the mode of injury used. The characteristic clue for diagnosis is the presence of these lesions only over the accessible parts of the body, associated with an attitude of indifference or, contrary, with a disproportionate worry from the patient. The diagnosis is one of exclusion, and it is often difficult to confirm, with patients hardly ever disclosing their role in the generation of lesions.

Materials & Methods:

A 61-year-old male patient with a history of type 2 diabetes mellitus, suspicion of diabetic cardiomyopathy and hypercholesterolemia was referred to our dermatology department by his diabetologist for skin lesions distributed over his face, retroauricular area, neck, upper back, and upper extremities starting 2 years prior to initial presentation. The lesions were composed partly of multiple ulcers some of them with linear configuration and partly of atrophic plaques and scarring. No pain was described by the patient, and he denied any knowledge of the origin, cause, or circumstances in which these skin lesions appeared or progressed. The swab culture from a facial ulcerative lesion was positive for Methicillin-Sensitive *Staphylococcus aureus* (MSSA). Routine lab tests showed hyperglycemia, high glycated hemoglobin (HbA1c), elevated levels of C-reactive protein and erythrocyte sedimentation rate and urine culture positive for MSSA. Our patient received antibiotic therapy in accordance with antibiogram with favorable response and normalization of inflammatory markers. Considering the clinical presentation, a suspicion of chronic cutaneous lupus was raised. A complete battery of investigations was performed but no abnormalities were revealed. After a reasonable glycemic control was obtained, a skin biopsy was carried out and pathology report showed no characteristic features.

Results:

In view of the clinical and histological data, and a more detailed interview in which the patient partially confessed to manipulating his lesions, a diagnosis of dermatitis artefacta was made. He was referred to a psychiatrist. At the two-month follow-up, the considerable improvement of the skin lesions helped confirming once more the artifactual nature of our patient's lesions.

Conclusion:

The aim of our case report is to increase awareness of dermatitis artefacta that is fragrant underdiagnosed and to encourage physicians to maintain an open mind and to have a high index of suspicion regardless of the patient's age or gender and to perform appropriate investigations to rule out disease mimickers.

**Abstract N°: 1075****Quality of Life in Patients with Rosacea**

Ouissal Hormi¹, Zerrouki Nassiba², Dikhaye Siham², Zizi Nada²

¹Department of Dermatology Venereology and Allergology, CHU Mohammed VI, Oujda Morocco., Faculty of Medicine and Pharmacy Oujda, University Mohammed Premier, Oujda Morocco, Oujda, Morocco, ²Department of Dermatology Venereology and Allergology, CHU Mohammed VI, Oujda Morocco., Laboratory of Epidemiology, Clinical Research and Public Health Faculty of Medicine and Pharmacy, Mohammed Premier University, Oujda, Morocco, Oujda, Morocco

Introduction & Objectives:

Rosacea is a chronic inflammatory dermatosis that primarily affects the cheeks, nose, chin, and forehead. It is characterized by recurrent episodes of flushing, erythema, papules, pustules, and telangiectasias or phymatous changes. It has a profound negative impact on patients' quality of life, self-esteem, and well-being. The aim of our study was to evaluate the impact of rosacea on patients' quality of life.

Materials & Methods:

This is a descriptive retrospective study conducted over a period of 3 years from January 2021 to January 2024, including patients with rosacea. Quality of life was assessed using the Dermatology Life Quality Index (DLQI) questionnaire. The total score ranges from 0 to 30 and is divided into five classes: 0-1 (no effect), 2-5 (mild effect), 6-10 (moderate effect), 10-20 (significant effect), 20-30 (extremely significant effect).

Results:

A total of 131 patients were included in the study.

The mean age was 34.2 +/- 14.8 years, with a range from 19 to 80 years. There was a clear female predominance (82%). The mean duration of the disease was 4.2 +/- 3.4 years, ranging from 38 days to 12 years.

The mean DLQI score was 11.2 +/- 8.76.

The distribution of the impact on quality of life according to DLQI was as follows:

- Extremely significant impact in 6.8% of patients
- Significant impact in 45.8% of patients
- Moderate impact in 36% of patients
- Mild impact in 11.4% of patients

The impairment of quality of life was more pronounced in females, patients aged 20 to 30 years, patients with a papulopustular phenotype, and patients with a shorter duration of the disease.

Given that rosacea primarily manifests on the face and alters patients' aesthetic appearance, it often disrupts their social and professional interactions. It typically appears between the ages of 30 and 50 but can occur at any age.

The Dermatology Life Quality Index, developed in 1994, is a widely used questionnaire to measure the impact of skin diseases on a patient's quality of life. It covers six aspects of life, namely symptoms, feelings, daily activities, leisure, work or school, personal relationships, and treatment. It relies on patients' perceptions over the previous week.

A cross-sectional analytical study conducted by Yang et al concluded that the impact of rosacea on patients' quality of life and mental health tends to significantly deteriorate with increasing disease severity.


Halioua et al. conducted a study on 275 patients with rosacea, one-third of whom reported feelings of stigma, with a predominance of male patients.

The mean DLQI score in our study falls within the range reported in a systematic review and is higher than the averages reported in several other studies.

Another cross-sectional study conducted on 973 patients with rosacea found results similar to ours, with a mean DLQI score of 11.6 ± 7.2 , with a significantly higher score among women and patients aged 31 to 40 years.

Conclusion:

It is essential to understand the overall impact of rosacea on patients' quality of life in order to provide holistic and tailored management to meet their needs.

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Abstract N°: 1112**Exploring pharmacological treatment for trichotillomania. Do we need a better education?**

Piotr Krajewski*¹, Jacek Szepletowski¹, Diamant Thaçi², Henner Zirpel²

¹Wrocław Medical University, Department of Dermatology, Venereology and Allergology, Wrocław, Poland, ²University-Hospital Schleswig-Holstein, Comprehensive Center for Inflammation Medicine,, Lübeck, Germany

Introduction & Objectives:

Trichotillomania, a hair-pulling disorder, is a chronic psychiatric condition of a fluctuating course in which an individual pulls out his own hair, leading to visible hair loss and psychosocial consequences. Due to the unknown pathogenesis, the treatment of this disorder is complex and remains a challenge for dermatologists and psychiatrists.

Materials & Methods:

Due to the lack of guidelines for treating trichotillomania, we decided to perform a large-scale, global retrospective cohort study assessing the pharmacological therapy of trichotillomania. The search was conducted using a TrinetX database for patients with trichotillomania (ICD 10 – F63.3) who were selected in European and United States cohorts (EC and UC, respectively). Based on available knowledge and after a consultation with a psychodermatology expert, a list of 25 medications was used. Data on prescription drugs from 1275 patients for the EC and 109741 patients for the UC were collected

Results:

In both EC and UC cohorts, benzodiazepine derivatives, particularly lorazepam and midazolam, were the most commonly prescribed sedatives/hypnotics. Antipsychotic prescriptions, primarily haloperidol, followed benzodiazepines. The second analysis revealed notable changes in drug prescriptions for EC, including increased likelihoods for acetylcysteine, haloperidol, quetiapine, sertraline, olanzapine, and risperidone post-trichotillomania diagnosis. UC showed minimal changes. Overall, both cohorts leaned towards benzodiazepine prescriptions (37% UC, 21% EC) and had limited antidepressant use. Haloperidol (19.3%) and quetiapine (15.1%) were commonly prescribed in both cohorts. The results of our study indicate a different approach to treating trichotillomania. Benzodiazepines and their derivatives seem to be the first option regardless of the studied cohort. Moreover, antipsychotic drugs, with haloperidol being the most commonly prescribed, are the second option for treating trichotillomania.

Conclusion:

Further studies are necessary to create guidelines or standard of pharmacological care for patients with trichotillomania.



Abstract N°: 1125**Psychosomatic approach to pemphigus**

Younes Tamim¹, Yassine Berrada¹, El Hilali Samia², Hamada Syrine¹, Ismaili Nadia¹, Benzekri Laila¹, Senouci Karima¹, Meriam Meziane¹

¹ibn sina university hospital, dermatology, rabat, Morocco, ²ibn sina university hospital, 2Clinical research, epidemiology and biostatistic laboratory; Public health department, rabat, Morocco

Introduction & Objectives:

Pemphigus is an autoimmune blistering disorder affecting the skin and mucous membranes, causing painful blisters and erosions, significantly impacting patients' daily lives.

The chronicity, frequent relapses, and demanding treatment can lead to psychological distress and somatization.

The psychosomatic approach on pemphigus explores the relationship between the skin and the nervous system.

The aim of this study is to highlight the association between pemphigus and psychosomatic disorders, as well as to assess the quality of life of patients with pemphigus.

Materials & Methods:

The study was carried out over the course of a year, from July 2022 to July 2023, at the University Hospital Ibn Sina in Rabat. It involved the administration of the Arabic version of the PHQ-15 (Patient Health Questionnaire 15) and of the DLQI (Dermatology Life Quality Index) to patients who were both hospitalized and those attending consultations at the dermatology department.

Results:

Of 70 patients recruited, 68.6% were female, with a mean age of 53.1 years. 74.3% of them had comorbidities and only 3 patients were diagnosed with a psychiatric disease. The PHQ 15 score ranged from 0 to 16 with a median of 3, and 44.28% having a PHQ 15 ≥ 5 suggesting somatization. The two most important symptoms reported were tiredness and low energy felt in 50% and in second line pain in the arms, legs, and joints in 46%.

A statistically significant association ($p < 0.05$) was found between female patients, mucosal involvement and high dose of corticosteroids with the PHQ 15 score.

Regarding the DLQI, the average score was 4.33 with a range from 0 to 25. Approximately half of the patients (47.1%) reported no impact on their quality of life, while the remaining patients reported small (25.7%), moderate (8.6%), very large (14.3), extremely large (4.3%) impact on their quality of life respectively.

Furthermore, a statistically significant correlation ($p < 0.05$) was found with the PDAI score. In fact, as the PDAI increase, the DLQI increase too.

Conclusion:

Our study underlines the interest of a multidisciplinary management of pemphigus involving dermatologists, psychiatrists and psychologists to improve the prognosis of the disease.

Abstract N°: 1212**Patient validation of estimation of health utility values in alopecia areata**

Caleb Dixon¹, Thomas Price², Elin Gruffydd¹, Andrew Lloyd¹, Ernest Law³

¹Acaster Lloyd Consulting Ltd, London, United Kingdom, ²Pfizer UK Ltd, United Kingdom, ³Pfizer Inc, New York, NY, United States

Introduction & Objectives: In a previous study, several alopecia areata (AA) patient vignettes were developed to describe patient health states by hair loss and its impacts, with one caregiver vignette describing caring for an adolescent patient (aged 12-17 years) with AA. The vignettes were developed using published best practices and were valued using the time trade-off (TTO) method among members of the UK public, to inform health technology assessments. However, trade-offs made by persons living with the disease have not been evaluated to date. This study sought to understand how patients with AA make trade-offs between life duration and disease-specific life impacts.

Materials & Methods: Adult participants in the UK with evidence of an AA diagnosis and currently experiencing scalp hair loss or who currently had no scalp hair loss but had experienced hair loss in the last 12 months were eligible. Sociodemographic background, comorbidities, and alopecia-related background information was collected prior to the interview. Participants' extent of hair loss was self-reported using the Alopecia Areata Patient Priority Outcomes questionnaire. In the interviews, participants evaluated their own health-related quality of life using the visual analogue scale (VAS) and the EQ-5D-5L questionnaire. Participants read through each vignette and were asked to imagine themselves in the health state for the patient vignettes, or the caregiver for the caregiver vignette. For each vignette, participants used the VAS to value each health state. Mean TTO utility weights (0 [dead] to 1 [full health]) were evaluated for each vignette by asking participants to choose between (i) remaining in the health state without improvement for 10 years, or (ii) giving up a number of years of life in favor of "full health". Participants traded 6 months of full health at a time to avoid living in the health state until their trade-off reached a point of indifference.

Results: Fifty participants with AA were interviewed; the majority of participants were female (62%) and non-white (52%). Most participants self-reported moderate scalp hair loss and none had no scalp hair loss; EQ-5D-5L index values showed no differentiation between extent of hair loss categories, and scores did not reflect differences in the extent of hair loss. For the patient vignettes, mean VAS scores were lower for states with greater hair loss (Table 1). Mean TTO utility weights were lower for states with greater hair loss, with wide ranges in scores for each health state; this decrease in mean TTO utility weights for states with greater hair loss was similar to the mean UK public utility weights.

Conclusion: This is the first known study to evaluate how patients with AA would make trade-offs between quantity of life and disease-specific quality of life. Willingness to trade off duration of life was consistent with the previous study conducted in the UK general public. Over a 10-year time horizon, the average patient with AA is willing trade off approximately 5 years of life to avoid impacts associated with 50 to 100% scalp hair loss, supporting the high disease burden of AA.

Table 1. VAS and TTO evaluation of vignettes

	Participants with AA Mean VAS rating (SD)	Participants with AA Mean TTO weights (SD)	UK public Mean TTO weights (SD)
	n=50	n=50	n=120
SALT 0-10	74.3 (19.8)	0.931 (0.115)	0.919 (0.119)
SALT 11-20	59.0 (18.9)	0.871 (0.172)	0.853 (0.227)
SALT 21-49	39.4 (15.3)	0.673 (0.421)	0.703 (0.312)
SALT 50-100	29.6 (15.0)	0.537 (0.448)	0.554 (0.468)
SALT 50-100+ (no eyebrows/ eyelashes)	26.0 (16.9)	0.451 (0.505)	0.502 (0.469)
	n=50	n=50	n=57
Caregiver (adolescent SALT 50-100)	58.6 (22.0)	0.807 (0.415)	0.882 (0.128)

AA, alopecia areata; SALT, Severity of Alopecia Tool; SD, standard deviation; TTO, time trade-off; VAS, visual analogue scale.



**Abstract N°: 1776****The impact of hyperhidrosis on life quality**

Nada Tahri¹, Belharti Kaoutar², Zizi Nada³, Dikhaye Siham³

¹Department of Dermatology, Venereology, and Allergology, Mohammed VI University Hospital, Oujda, Morocco, Dermatology, Oujda, Morocco, ²Department of Dermatology, Venereology, and Allergology, Mohammed VI University Hospital, Oujda, Morocco, dermatology, Oujda, Morocco, ³Department of Dermatology, Venereology, and Allergology, Mohammed VI University Hospital, Oujda, Morocco 2 Laboratory of Epidemiology, Clinical Research, and Public Health, Faculty of Medicine and Pharmacy, Oujda, Mohammed First University, Oujda, Morocco, Dermatology, Oujda, Morocco

Introduction & Objectives:

Hyperhidrosis is an excessive sweating condition that can be primary or secondary, localized or generalized. Patients with hyperhidrosis are affected in their social and professional lives, as well as their mental and emotional health. Our work aims to evaluate the quality of life of patients suffering from hyperhidrosis.

Materials & Methods:

This is a cross-sectional study with an anonymous questionnaire designed using Google Forms, shared through social networks, allowing for the assessment of quality of life through the Dermatology Life Quality Index (DLQI) and the severity of hyperhidrosis through the Hyperhidrosis Disease Severity Scale (HDSS). The target population included all individuals suffering from hyperhidrosis, primary or secondary, whether they had sought medical consultation for this reason or not.

Results:

In total, 40 individuals responded to our questionnaire. Sixty-seven point five percent (67.5%) were female and 32.5% were male, with a female-to-male ratio of 2.08. The most affected age group was between 20 and 30 years old (75%). Thirty-five percent of subjects experienced hyperhidrosis between the ages of 15 and 20, 27.5% between 0 and 5 years, and 37.5% between 5 and 15 years. The most common locations were the axillary folds (57.5%), palms of the hands (50%), soles of the feet (14%), face (12%), and other locations (9%), including the neck, back, trunk, and popliteal folds. This excessive sweating occurred during stress in 31% of cases, physical activity in 31% of cases, emotions in 19% of cases, and without any specific trigger in 19% of cases. It occurred once a day in 52.5% of cases, once a week in 17.5% of cases, and once a month in 5% of cases. It was associated with bromhidrosis in 7.5% of cases and chromhidrosis in 5%. For severity evaluation using HDSS, 25% of cases had an HDSS score of 1, 25% had a score of 2, 17.5% had a score of 3, and 32.5% had a score of 4. For quality of life assessment using DLQI, 27.5% of cases had a score indicating a moderate effect on quality of life, 25% had a significant effect on quality of life, 20% had a mild effect on quality of life, 15% had a score indicating no effect on quality of life, and a score indicating an extremely important effect on quality of life was found in 12.5% of cases (5 cases). Among these, 2 cases had generalized hyperhidrosis associated with chromhidrosis, and 3 cases had axillary localization associated with bromhidrosis. Only 35% of subjects consulted for this reason, while 65% did not consult for various reasons, including lack of means. Fifty-seven point five percent (57.5%) of cases used topical antiperspirants as a treatment for their symptoms, 10% benefited from iontophoresis, 10% benefited from oxybutynin, 2.5% benefited from botulinum toxin, and 20% did not use any treatment

Conclusion:

Hyperhidrosis is a frequent but underdiagnosed and undertreated symptom. It can have a major negative impact on quality of life. Therefore, every physician should be capable of developing a diagnostic and therapeutic approach to cases of hyperhidrosis.

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