



QUALITY OF LIFE, QUALITY OF CARE, AND PATIENT SAFETY

CUMULATIVE LIFE COURSE IMPAIRMENT (CLCI): A CONSTRUCT SUPPORTING PEOPLE-CENTERED HEALTH CARE IN CHRONIC SKIN DISEASES

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Introduction: Chronic skin diseases can lead to a considerable, partly lifelong burden for the patients and their social environment. In addition to physical complaints, they can induce far-reaching negative effects on all areas of quality of life such as emotional health, social relationships, work, everyday life and self-efficacy. Despite the mostly non-life-threatening character of most dermatoses, a high proportion of burden is not or not completely reversible over time. The resulting chronic strain is referred to as “cumulative life course impairment (CLCI).

Objective: To characterize the current understanding and measurement of CLCI.

Methods: Systematic overview work of the literature and the use of an a priori search protocol. The searches were carried out in the online databases Pubmed, PsylInfo, Psyclit and Embase.

Results: Only a small number of publications (k=17) addressed CLCI in skin conditions based on study data or systematic concepts. The core findings are: 1) CLCI is a relevant construct in chronic skin conditions reflecting life-changing events, missed opportunities and sustained psychosocial impairment. 2) CLCI cannot be directly measured but is reflected by indicators of chronic strain. 3) Important indicators of CLCI include clinical severity, loss of quality of life, unfavorable coping, reduced psychosocial support and stigmatization, disfigurement and negative body perception. 4) Identification of persons at risk of CLCI may reduce the likelihood of impaired life trajectories and CLCI. 5) The CLCI concept underlines the need for stringent diagnostics, clinical diagnosis and appropriate therapy of skin diseases at an early stage.

Conclusion: CLCI fits into the concept of “people-centered care” as promoted by WHO.^[?] Future studies should further refine the CLCI concept and develop a valid set of indicators for persons at risk. Ideally a valid tool should be used permitting identification of current CLCI as well as the level of CLCI suffered in the patient lifecourse.

