



QUALITY OF LIFE, QUALITY OF CARE, AND PATIENT SAFETY

QUALITY OF LIFE IN PATIENTS WITH CHRONIC DERMATOPHYTOSIS

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Introduction: “Chronic dermatophytosis”, can be described as “patients suffering from dermatophytosis for more than 6 months, with or without recurrence”. Since last 4-5 years we are facing an onslaught of chronic and recurrent dermatophytosis in volumes never encountered previously in India. Dermatophyte infections are increasingly becoming frequent and show increasing lack of response to treatment, making it important to assess its impact of on quality of life.

Objective: To determine quality of life in patients with chronic dermatophytosis using Dermatology life quality index(DLQI).

Material and methods: Adult literate patients having chronic dermatophytosis confirmed by KOH mount and visiting Dermatology department of a tertiary care hospital of North India from 15/11/17 to 15/07/2018 were included, analyzed for clinical features and asked to fill Dermatology life quality index(DLQI) questionnaire.

Results: Total patients-263(males-189(71.86%), females-74(28.14%), with mean age(in years)-31.26 (range-18-73). Average BMI(body mass index)-22.21. Duration of illness(months)-11.61(range-6-24). Presenting complaints- itching -251(95.44)%, redness-162(61.6%) and raised lesions-112(42.59). Sites-non-exposed-165(62.36%), both-exposed and non-exposed-96(36.5%).erythema-256(97.34%), scaling-251(95.44%), and annular lesions-215(81.75%).Body surface area(BSA) involvement-16.98%. History of similar illness-91(34.6%), family history of similar illness-167(63.5%). DLQI score-14.28+/-5.16(range-3-28). DLQI distribution-very large effect-162(61.6%), moderate effect-64(24.33%), extremely large effect-32(12.17). Domains of Symptoms and feelings(72.67%), work and school related activities(69%) and treatment related problems(67.67%) posed maximum impairment in DLQI. Quality of life derangement increased with increase in BSA involvement, and depending on exposed or both exposed and non-exposed sites which was statistically significant.

Conclusion: Total 263 patients of chronic dermatophytosis were included in the study out of





which none had normal quality of life, very large effect-162(61.6%), extremely large effect-32(12.17%), moderate effect-64(24.33%) and 5(1.9%) patients had mild effect on quality of life. Domains of DLQI frequently affected were related to symptoms and feelings, followed by work and school and treatment related.

