

QUALITY OF LIFE, QUALITY OF CARE, AND PATIENT SAFETY

## THE IMPACT OF DRY SKIN ON HEALTH-RELATED QUALITY OF LIFE

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INTRODUCTION: A recent French prevalence study suggests that 23.83% of French individuals have dry skin (20.01% among people without associated dermatosis and 32.48% among people with a concomitant skin disease).

OBJECTIVE: The primary objective of our study was to estimate the impact of dry skin on sleep and Quality of ILife (QoL) in patients with chronic inflammatory skin diseases such as psoriasis, atopic dermatitis (AD), chronic spontaneous urticaria (CSU) or senile xerosis.

METHOD: This French multicentre, prospective, observational study (January 2017 to January 2018) included patients with a dermatologist's diagnosis of dry skin associated with skin disorders. Short-Form SF-12v2 Health Survey (SF12) and the Dermatology Life Quality Index (DLQI) were evaluated during outpatient dermatology consultations.

RESULTS: 559 patients were included. The study population included 64% women with an average age different according to the chronic skin disorder (39 and 74 years old in case of atopic dermatitis, and senile xerosis respectively).96% of patients were aware of their dry skin condition.

Overall, 67% of patients reported sleep disturbance and for 41% it is link to their with a frequency of sleep disturbance of 85.7% for CSU, 73% for psoriasisand 73% for senile xerosis.

The average DLQI score was 5.3 and the physical-dimension and the mental dimension of the SF12 52.2 and 44.7 respectively. The DLQI score is significantly correlated to the sleep disturbance.

DISCUSSION: Our study shows that dry skin affects patients' sleep. However, the impact on patients' QoL remains more difficult to assess. The DLQIshowed some limitations in detecting this impact, in contrary, theSF12, especially the mental dimension seems more relevant.





