

## Psychosocial Status and Quality of Life among Vitiligo Patients

Zahraa. M.Bader<sup>1</sup>, Faten.M.Ahmed<sup>2</sup>, Shima.S.Elsayed<sup>2</sup>

<sup>1</sup>Nursing Specialist in Ashmoun Nursing Secondary School

<sup>2</sup> Psychiatric and Mental Health Nursing, Dept., Faculty of Nursing, Benha University, Egypt

Email:- zahrramohamed671@gmail.com

### Abstract

Vitiligo is a chronic skin disorder that may have a negative impact on patients' self-esteem, body image, social state and quality of life. **Aim:** The aim of the present study was to assess the relationship between psychosocial status and quality of life among patients with vitiligo. **Design:** A descriptive correlational research design was used to achieve the aim of this study. **Setting:** The study was conducted in laser unit at Benha Dermatology Hospital and in phototherapy unit at Benha University Hospital Governorate. **Subject:** A convenience sample of 100 patients with vitiligo was included from the above settings for conduction of this study. **Tools:** Five tools used for data collection. Tool I - A structured interviewing questionnaire was used to collect data about socio demographic and clinical characteristics of the studied sample. Tool II - Self-esteem Scale. Tool III - Body image scale, Tool IV - Social problems scale, Tool V - Quality of life scale. **Results:** More than half of studied sample had low level of self-esteem and quality of life. While more than half of studied sample had moderate negative body image. Also, half of studied sample had moderate level of social problems. **Conclusion:** There was a highly statistically significant positive correlation between total body image, total social problems and quality of life. While, there was a highly statistically significant negative correlation between total self-esteem of the studied patients and total body image, total social problems and quality of life. **Recommendation:** Stress management and assertiveness training program should be given to patients with vitiligo to relieve the psychosocial problems and enhance coping patterns.

**Keywords :** Psychosocial, Quality of life, Vitiligo, patients.

### 1.Introduction

Vitiligo is one of the common stigmatizing dermatological disorders found with a worldwide preponderance. Vitiligo is a condition in which white patches develop on the skin caused mainly by the loss of melanin pigment in the skin. Vitiligo can affect any area of the skin and cause discoloration and ugliness. The most commonly affected areas of the skin are the face, lips, hands, arms, feet, and the genitals. Moreover, the hairs color that grows in the affected areas is usually white. Although exact etiological pathogenesis of vitiligo hasn't been completely understood yet, the role of autoimmune processes has been elaborated [1].

Although vitiligo is not life threatening disease, but is a physical deformity that can lead to many psychological, social, occupational and familial problems for the patients as vitiligo lesions may occur at visible sites and may be accompanied by itching. Therefore, patients may suffer from the disease every day and face numerous problems not only psychological problems such as stress, anxiety, depression, low self-esteem but also, social problems such as disturbances in social relationships, work life and marriage [2].

Low self-esteem is one of the early psychological problems patient with vitiligo face in the early course of disease is the threatening of maintaining an adequate level of self-worth. In addition, the rejection by colleagues, friends and loved ones can cause loss of confidence and loss of one's sense of social identity, leading to feeling of low self-esteem. Manifestation of low self esteem include, being self-critical, self-blaming, self-doubting and focusing on weaknesses rather than positive qualities. Regarding emotional state sadness, guilt, shame, frustration or anger may occur[3].

Body image is one of the most significant psychological elements influencing personality and behavior among patients with vitiligo. Body image is the mental representation of one's own body that develops through impressions of that body. Immediate recognition of an individual's difference from the norm is through the appearance. Vitiligo lesions over the face and exposed sites of the hands and feet may be particularly embarrassing and can cause anger, disillusionment and body image disturbance. So vitiligo is not just the lack of skin pigment, but affects the entire identity of the person [4].

As well as, vitiligo can influence the social interactions of an individual, as the patient has to cope not only with the effects of the disease, but also with the response of people. Milky-white patches over the skin of the patients with vitiligo and, or mucosa which can result in psychosocial distress and social stigmatization, vitiligo can lead to social exclusion. Patients with vitiligo face social problems, as the disease is associated with social beliefs. Vitiligo spoils the chances of young women who are getting married, and may result in divorce in those who is affected by the disease after marriage [5].

Vitiligo affecting activities of daily living and personal relationships. Thus, well-being, the person's physical health, level of independence, social relationships, psychological state, personal beliefs and relationship with key aspects of the environment, which may cause changes in self-esteem and self-image, triggering anxiety and depression. Additionally, As a result, psychiatric morbidity may develop as a consequence, further lowering patients' quality of life [6].

Psychiatric mental health nurse has a major role when providing holistic care for patients with vitiligo

as should view patients as one unit, as a biological, psychological, social and spiritual being. The nurse has a role in health education and dealing with education regarding health promotion, prevention, treatment and rehabilitation. Also, nursing staff working with patients with vitiligo must be highly knowledgeable in management of such patients and teaching patients all aspects of the lifestyle modifications (physical activity, dietary modifications, health improvement, psychological adaptation and stress management, social support, and self-concept improvement [7].

#### **Significance of the problem:**

Vitiligo affects 15 to 20% of global population with an equal incidence in male and female patients and in all racial, ethnic groups. Vitiligo most commonly appears in people ages 10 to 30 years and rarely appears in the very young or very old age. Furthermore, vitiligo is an important medical health problem as vitiligo is one of the most psychologically devastating diseases in dermatology which has a negative impact not only on psychosocial health but also on quality of life. It associated with many psycho-social aspects in term of anxiety, depression, physical deformity, loss of self-beauty, loss of self-esteem, stigmatization, social discrimination and all domains of quality of life [8].

According to study was done in Egypt at Damanhour Teaching Hospital showed that the prevalence of vitiligo was 0.86% and it was slightly more common among females and in rural areas. Also cross-sectional study on 185 pupils chosen from two elementary schools in Zagazig City indicated higher rates in rural parts of Egypt with prevalence rate for vitiligo (3.6%) [9].

Vitiligo is strongly associated with morbidity and mortality, less is known about impact of vitiligo on psychosocial status and quality of life, however in recent years research has been conducted to study of psychological problems associated with vitiligo. There are limited researches done in to the psychosocial impact of disease and quality of life so, the researcher conducted the study to assess psychosocial status and quality of life among patients with vitiligo. So the aim of the current study was to assess the relationship between psychosocial status and quality of life among patients with vitiligo.

#### **Theoretical & Operational definition:**

Psychosocial status can be defined as the interaction between social variables and a persons' thought and actions [10]. Psychosocial status in the present study operationally mean the mean score of self-esteem, body image and social problems.

Self-esteem defined as Self-esteem defined as a positive or negative approach to one's own persons. The concept of self-esteem has two parts:- how one feels about the ability to accomplish goals and the value which is placed on one's own persons. Self-esteem typically refers to respect for one self [11]. Self-esteem in the present study was operationally define by the items of self-esteem scale and its mean score measured by [12].

Body image defined as the mental representation of one's own body that develops through impressions of that body. Additionally, body image influences how someone views the look and any potential remedial actions[1]. Body image in the present study was operationally define by items of body image scale and its mean score measured by [13].

Social problems can be defined as a condition which many people consider undesirable and wish to correct. Examples of social problems that patients with vitiligo can face as being a subject for isolation, whispered comments, antagonism and insult [14]. Social problem in the present study was operationally defined by items of social problems scale and its mean score measured by [15].

Quality of life defined as the degree of wellbeing felt by an individual or group of people as quality of life is a general term applied to the totality of physical, psychological and social function [16]. Quality of life in the present study was operationally define by the items of quality of life scale and its mean score measured by [16].

#### **Aim of the study**

The aim of this study was to assess the relationship between psychosocial status and quality of life among patients with vitiligo.

#### **Research questions:-**

What are the levels of psychosocial status and quality of life among patients with vitiligo?

What is the relation between psychosocial status and quality of life among patients with vitiligo?

#### **2.Subject and methods**

##### **I-Technical design:-**

##### **Research Design:**

A descriptive correlational design was utilized to achieve the aim of the study.

##### **2.Research Setting:**

The study was conducted in laser unit at Benha Dermatology Hospital which is affiliated to the Ministry of Health. The hospital is in Benha City beside the Psychiatric & the Chest Hospital, the hospital has three entrances, the first entrance is for buying the consultation tickets & the pharmacy, the second leads to three clinics numbered as 3, 4, 5, and physical therapy. The third leads to two clinic numbered as 1, 2. The first room for Ultraviolet treatment. The selected hospital specify two days/week (Sunday & Wednesday). From 9 Am to 12 Pm for the treatment of patients with vitiligo only. The hospital provides patients with vitiligo with 2 sessions per week on Narrow Band UVB devices for at least one year.

Also, the study was conducted in phototherapy unit at Dermatology Department of Benha University Hospital, Qalubia Governorate which is affiliated to the Ministry of High Education. Dermatology department has two entrance, the first entrance is for resident patients and the second lead to room for lasic treatment and Narrow Band room. The selected hospital specify 4 days / week (Saturday & Tuesday) for female and (Sunday & Thursday ) for male from 9 Am to 12 Pm for the treatment of patients with

vitiligo. Also, the hospital provides patients with vitiligo with 2 sessions per week for male and female on Narrow Band UVB devices for at least one year. these hospitals were selected due to the high number of patients with vitiligo selecting help there.

#### **Research Subject:**

**Sample type:** A convenience sample of 100 patients was recruited consecutively (70 patients from Benha Dermatology Hospital & 30 patients from Benha University Hospital).

#### **Sample size:**

The study was included (70 patients from Benha Dermatology Hospital & 30 patients from Benha University Hospital) of both sexes, medically diagnosed with vitiligo, the patients' age ranged from 18 to 60 years old . The study was conducted during six months from February to July /2022. Patients fulfilled the following inclusion criteria:-

1-With no psychotic problems and neurological disorders.

2- Patients willing to participate in the study.

#### **Tools of data collection:-**

In order to achieve the aim of the study, the following tools collected were being used:-

**Tool (I):-** Structured interviewing questionnaire sheet was developed by the researcher after reviewed related literature and consists of two parts:

**Part (1):-Socio-demographic characteristics** of the studied patients with vitiligo which include (age, sex, marital status, educational level, occupation, residence, monthly income and who live with you).

**Part (2):- Clinical data** which include (Onset of illness , lesion site, onset of therapy , therapy type, number of hospital admission, family history of vitiligo and family support).

#### **Tool (II):- Self-Esteem Scale**

This scale was developed by [11], this scale used as screening technique for measuring self-esteem among the studied patients with vitiligo. The scale consisted of 10 items. Positive and negative statements were included in the scale. Scores were calculated as follows: for items 1, 3, 4, 7, 8 and 10, Strongly agree= 3, Agree= 2, Disagree= 1, Strongly disagree= 0 & for items 2, 5, 6 and 9 (which are reversed in valence), Strongly agree= 0, Agree= 1, Disagree= 2, Strongly disagree= 3 The scale ranges from 0-3.

#### **Scoring system of self-esteem scale:-**

0-14: indicate low self- esteem.

15-20: indicate moderate self-esteem.

21-30: indicate high self-esteem.

#### **Tool (III):- Body Image Scale**

This scale was developed by [13], to measure body image among patients with vitiligo. The scale consisted of 30-items, Each question was answered from 0 to 3 grade where no negative body image scored as 0, mild negative body image scored as 1, moderate negative body image scored as 2, highly negative body image scored as 3, appositively the negative items scored.

#### **Scoring system of body image scale:-**

0-13 :indicate no negative body image.

14-43 :indicate mild negative body image.

44-73 : indicate moderate negative body image.

74 -90 : indicate highly negative body image.

#### **Tool (IV):- Social Problems Scale:**

This scale was developed by [15]. The scale was used to assess social problems among patients with vitiligo . The scale included 26 items, each sentence had score ranging from 1-3 (3=agree, 2=agree to some text and 1=disagree).

#### **Scoring system of Social Problems Scale:-**

26-<39 degree (< 50%) indicated: Mild social problems.

39-< 58 degrees (50%-<75%) indicated: Moderate social problems.

59-78 degree ( $\geq 75\%$ ) indicated: Severe social problems.

#### **Tool (V):- Quality of Life Scale**

This scale was developed by [16]. The scale was used to assess impact of vitiligo on quality of life. The scale consisted of 25 questions. The answer to each question was scored as (1=never, 2= sometimes, often=3 and 4= all the time), so the total score ranged between 25 and 100.

#### **Scoring system of Quality of life scale:-**

25-<50 degree (< 50%) indicated: Mild effect on quality of life.

50-< 75 degrees (50% <75%) indicated: Moderate effect on quality of life.

76-100 degree (> 75%) indicated: Severe effect on quality of life.

#### **II-Operational design:-**

##### **Preparatory phase:-**

This included reviewing of relevant literature of different studies related to topic of research using textbooks, articles and magazines to get clear of all the aspects related to the research topic.

##### **- Content Validity:-**

Tools were provided to a jury of five experts in psychiatric and mental health nursing field. Tools were checked for the relevancy, clarity comprehensiveness and applicability of the questions. The tool proved to be valid according to the opinions, modification of some words of Arabic form of Self-esteem scale and Body image scale to give the right meaning of the phase and final form was developed.

##### **Reliability of the tool:-**

It was applied by the researcher for testing the internal consistency of the tool by administration of the same tools to the same subjects under similar condition on one occasion. Answer from repeated testing were compared (test – retest reliability). The Cronbach's coefficient alpha of Rosenberg' self-esteem scale is 0.831for total score, Body Image Scale is 0.850 for total score, Social Problems Scale is 0.837 for total score, while Quality of life scale is 0.863.

##### **Pilot study:**

After the development of the tools, a pilot study was carried on 10% patients with vitiligo who were excluded from the main study sample. The purpose of the pilot study was to ascertain the clarity, applicability relevance and content validity of the tools, estimate the time needed to complete the sheet, and the necessary changes were undertaken.

### The results of the pilot study:

After conducting the pilot study, it was found that:

- (1) The tools were clear and applicable; however, few modifications were made in rephrasing of some sentences in both self-esteem scale and body image scale to be easier and more understandable.
- (2) Tools were relevant and valid.
- (3) No problem that interferes with the process of data collection was detected.
- (4) Following this pilot study, the tools were made ready for use.

#### Field work: -

he actual field work was carried out with 6 months from the beginning of February 2022 to the end of July 2022.

he researcher interviewed the participants 2 days / week (Sunday & Wednesday from 9 Am to 12 Pm) in the rest room beside laser unit at Dermatological Hospital. The rest room consisted of 2 desk and 10 chairs for patients with vitiligo take rest.

iso, In Benha University Hospital, the researcher interviewed the participants 2 days/week (Tuesday & Thursday from 9 Am to 12 Pm), in the entertainment hall beside phototherapy unit (includes chairs arranged in 2 row).

n individual interview was conducted for every patient and the average time needed was around (30-45) minutes.

t the beginning of interview the researcher greeted the patients, introduced herself to each patient,

xplained the purpose of the study, took oral consent to participate in the study,

illed interviewing questionnaire sheet and then each patient was asked to fill self-esteem scale, body image scale, social problems scale and quality of life scale.

### III- Administrative design:-

#### Administrative approval:-

Official letters from the Faculty of Nursing- Benha University were obtained to the director of the Dermatology Hospital and the director of Benha University Hospital to interview the patients. Oral consent of the subjects was taken to participate study and all authorized personal concerned the title, objective, tools to conduct the proposed study, a full explanation about the aim of the study would be explored.

#### Consent and Ethical consideration

All subjects were informed that participation in the study is voluntary; no name will be included in the questionnaire sheet. Anonymity and confidentiality of each participant respected and protected, confidentiality was assured and subjects were

informed that the content of the tool will be used for research purpose only and also had the right to refuse to participate in the study or withdraw at any time without any consequences.

#### Statistical analysis:

The collected data were organized, computerized, tabulated and analyzed by using the statistical package for social science (SPSS) version 25 Data was presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, mean and standard deviation for quantitative variables. Qualitative variables were compared using the chi-square test and correlation coefficient was used to measure the direction and strength of the correlation between variables. A statistical significant difference was considered if P was <0.05. A very highly statistical significant difference was considered if P was <0.001.

### 3. Results

**Table(1)** shows the socio-demographic characteristics of the studied patients with vitiligo. The study clarified that less than half of the studied patients with vitiligo were in the age group of 30-<40 years with the mean age of (36.10 ± 8.04) years, more than half of the studied patients with vitiligo were females, had secondary education and nearly two-thirds of the studied patients were married. In addition, two-fifth of the studied patients with vitiligo were unemployed, and more than two-thirds of the studied patients with vitiligo were residing in rural area. Also, more than half of studied patients hadn't enough monthly income and the majority of the studied patients with vitiligo were lived with their families. **Table(2)** demonstrates distribution of the studied patients with vitiligo according to clinical data, the findings pointed out that, less than half of the studied patients had vitiligo from 1-< 3 years. Also, the extremities were commonly affected areas (65.0%), less than half of the studied patients with vitiligo start treatment from 1-< 3 years. Moreover the majority of the studied patients with vitiligo undergo chemical therapy. In addition less than two-thirds of the studied patients with vitiligo were not previously hospitalized and more than three quarters of the studied patients with vitiligo hadn't family history of vitiligo. Also, less than three-quarters of the studied patients with vitiligo had family support.

**Figure(1)** illustrates percentage distribution of the studied patients with vitiligo according to level of self-esteem. It shows that, more than half of the studied patients have low level of self-esteem. While, only of the studied patients have high level of self-esteem.

**Figure(2)** illustrates percentage distribution of the studied patients with vitiligo according to level of body image. It shows that, more than half of the studied patients have moderate negative body image. While, only of the studied patients have no negative body image

**Figure(3)** illustrates percentage distribution of the studied patients with vitiligo according to level of social problems. It shows that, half of the studied patients have moderate level of social problems. While, less than one-quarter of the studied patients have mild level of social problems.

**Figure(4)** illustrates percentage distribution of the studied patients with vitiligo according to the impact of vitiligo on quality of life. It shows that, more than half of the studied patients have severe impact of vitiligo on quality of life. While, less than

one-fifth of the studied patients have mild impact of vitiligo on quality of life.

**Table (3)** illustrates there is a highly statistically significant positive correlation between total body image, total social problems and total impact of vitiligo on quality of life among the studied patients. While, there is a highly statistically significant negative correlation between total self-esteem of the studied patients and total body image, total social problems and total impact of vitiligo on quality of life.

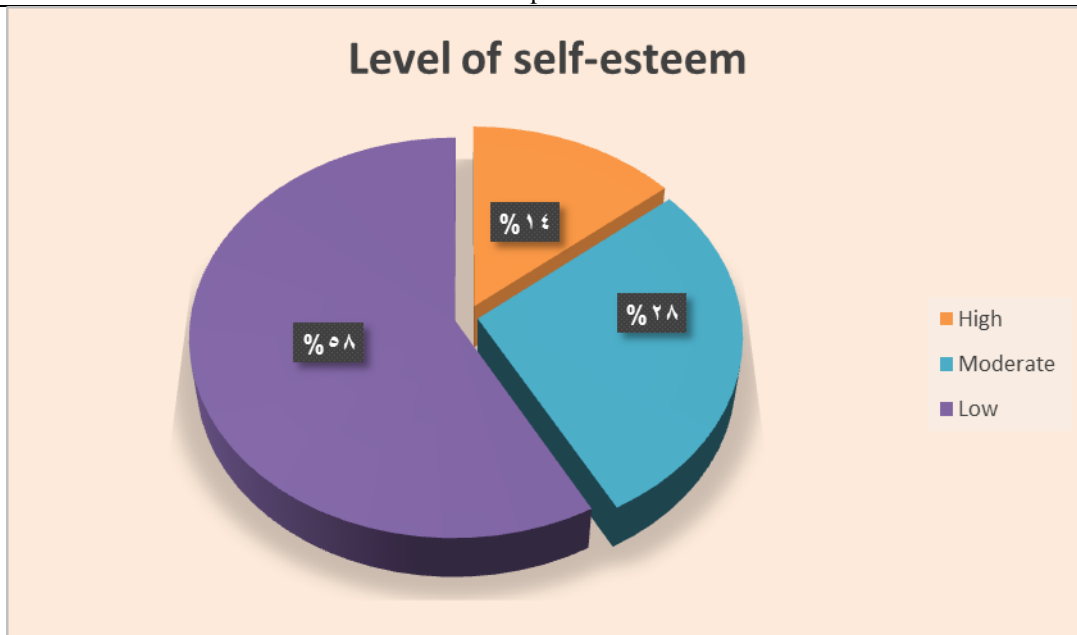
**Table (1)** Distribution of the studied patients with vitiligo according to socio-demographic characteristics (n=100).

Items		No.	%
<b>Age</b>	20-<30 years	29	29.0
	30-<40 years	<b>46</b>	<b>46.0</b>
	40-<50 years	13	13.0
	≥ 50 years	12	
	<b>Mean SD</b>	<b>36.10 ± 8.04</b>	
<b>Sex</b>	Male	42	42.0
	Female	<b>58</b>	<b>58.0</b>
<b>Marital status</b>	Married	<b>65</b>	<b>65.0</b>
	Single	19	19.0
	Widowed	4	4.0
	Divorced	9	9.0
	Separated	3	3.0
<b>Educational level</b>	Illiterate	6	6.0
	Read and write	9	9.0
	Basic education	16	16.0
	Secondary education	<b>55</b>	<b>55.0</b>
<b>Occupation</b>	High education	14	14.0
	Unemployed	<b>40</b>	<b>40.0</b>
	Employed	23	23.0
<b>Residence</b>	Free jobs	37	37.0
	Rural	<b>68</b>	<b>68.0</b>
<b>Monthly income</b>	Urban	32	32.0
	Enough	22	22.0
<b>Who live with you?</b>	Not enough	<b>60</b>	<b>60.0</b>
	Enough and save	18	18.0
	Alone	4	4.0
	With family	<b>94</b>	<b>94.0</b>
	With relatives	2	2.0

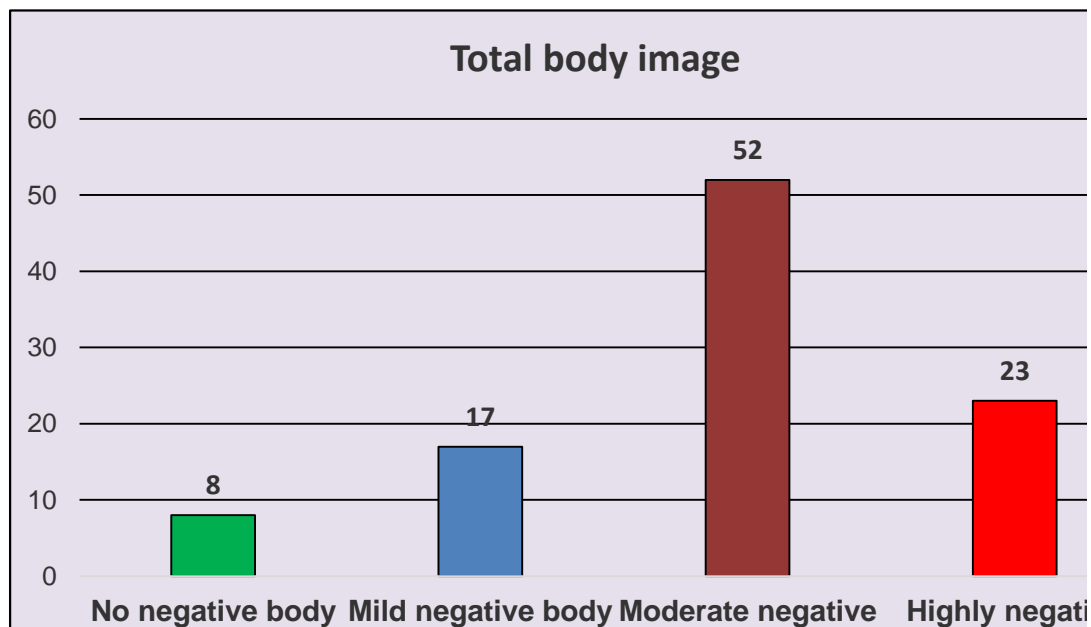
**Table (2)** Distribution of the studied patients with vitiligo according to clinical data (n=100).

Items		No.	%
<b>Onset of illness (years)</b>	1 - < 3	<b>46</b>	<b>46.0</b>
	3 - < 5	32	32.0
	≥ 5	22	22.0
<b>Lesion site</b>	Extremities	<b>65</b>	<b>65.0</b>
	Head and Neck	25	25.0
	Trunk	10	10.0
<b>Onset of therapy (years)</b>	1 - < 3	<b>46</b>	<b>46.0</b>
	3 - < 5	32	32.0
	≥ 5	22	22.0
<b>Therapy type</b>	Psychiatric Therapy	8	8.0
	Chemical Therapy	<b>80</b>	<b>80.0</b>
<b>Number of hospital admission</b>	Psychiatric and Chemical Therapy	12	12.0
	One	20	20.0

	Two	10	10.0
	Three	6	6.0
<b>Family history of vitiligo</b>	No admission	<b>64</b>	<b>64.0</b>
	Yes	<b>18</b>	<b>18.0</b>
<b>If the answer yes (n=18)</b>	No	82	82.0
	Relatives from first degree		<b>66.7</b>
	Relatives from second degree	2	33.3
<b>Family support</b>	Present	<b>72</b>	<b>72.0</b>
	Not present	28	28.0



**Fig (1).** Distribution of the studied patients with vitiligo according to level of self-esteem (n=100).



**Fig (2).** Distribution of the studied patients with vitiligo according to level of body image (n=100).

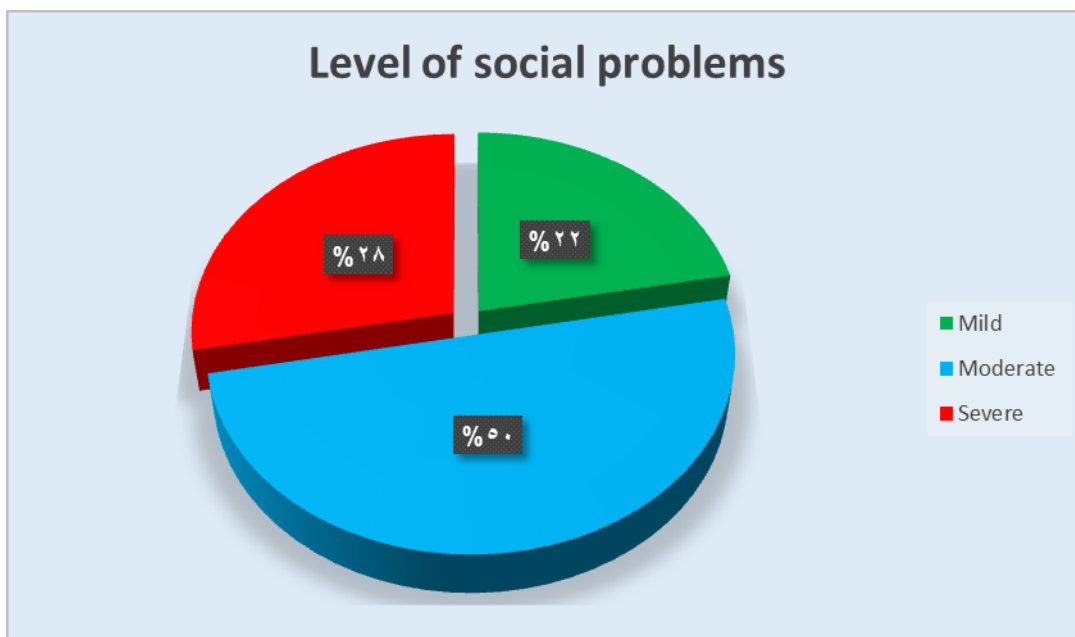


Fig (3). Distribution of the studied patients with vitiligo according to level of social problems (n=100).

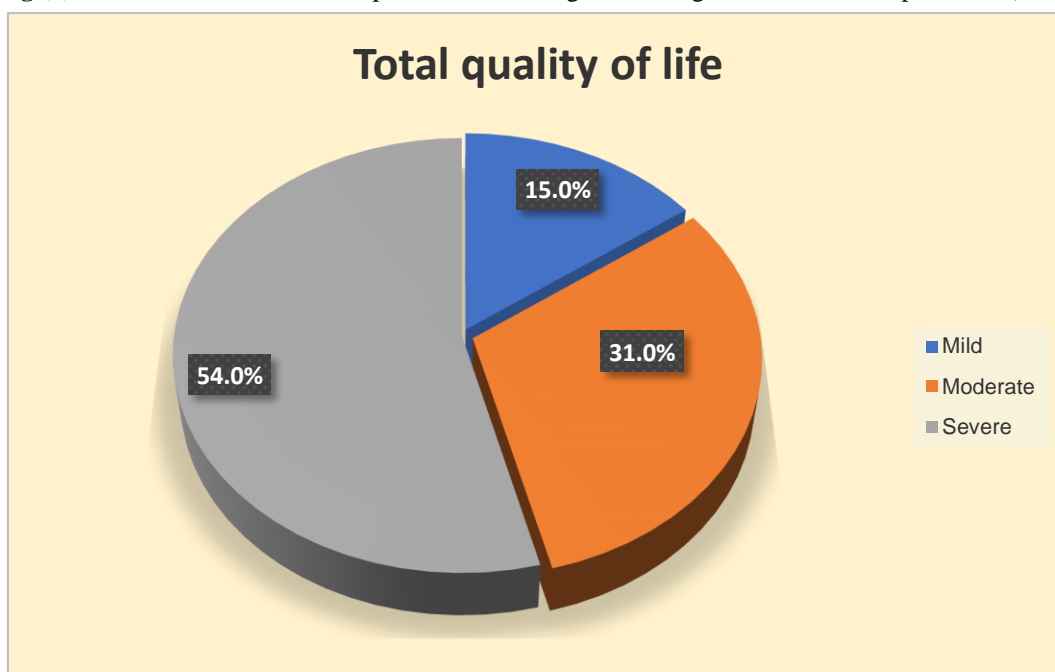


Fig (4). Distribution of the studied patients with vitiligo according quality of life (n=100).

Table (3) Correlation between self-esteem, body image, social problems and quality of life among the studied patients with vitiligo (n=100).

Variables	Total self-esteem	Total body image	Total social problems	
Total body image	R	-0.531		
	p-value	0.000**		
Total social problems	R	-0.631	0.651	
	p-value	0.000**	0.000**	
Total impact of vitiligo on quality of life	R	-0.731	0.590	0.628
	p-value	0.01	0.000**	0.000**

4. Discussion

The present study was conducted on 100 patients with vitiligo. The studied vitiligo revealed that, less than half of the studied patients with vitiligo were in the age group of 30-<40 years with the mean age of (36.10 ± 8.04) years, more than half of the studied

patients with vitiligo were females, had secondary education and nearly two-thirds of the studied patients were married. In addition, two-fifth of the studied patients with vitiligo were unemployed, and more than two-thirds of the studied patients with vitiligo were residing in rural area. Also, more than half of studied

patients with vitiligo hadn't enough monthly income and the majority of the studied patients were lived with their families.

As regard to onset of illness, the study results clarified that patients were mentioned had vitiligo disease from 1-< 3 years. From researchers' point of view this could be due to negative life events may stimulate or induce the onset of vitiligo. The probability of exhaustion, tension, stress and other such emotions are generally higher in the patients' age group, which also promote the onset of vitiligo. This result was in accordance with [15] who conducted a study entitled "Psychosocial problems associated with vitiligo" and found that more than half of the studied sample had vitiligo disease from 1-3 years. While this result was in disagreement with [17] who conducted a study entitled "Identifying key components for a psychological intervention for people with vitiligo" and mentioned that the majority of the studied sample had vitiligo disease less than 10 years.

Regarding lesion site of the studied patients, the present study indicated that, more than half of studied patients had vitiligo in the extremities. From the researchers' point of view this could be due to the primary site of vitiligo involvement was sun-exposed areas as many literatures mentioned that. This result goes in agreement with study of [18] who conducted a study entitled "Prevalence and clinical characteristics of itch in vitiligo and its clinical significance" and found that the majority of the studied sample had vitiligo in the extremities. In contrast to that [19] who conducted a study entitled "Quality of life in vitiligo patients in central Soudia Arabia" and mentioned that the scalp, neck and abdomen were commonly affected areas.

The current study showed that, less than half of studied samples started treatment from one to three years. From the researchers' point of view, this finding could be due to duration of illness from 1-< 3 years and vitiligo had strong belief in the role of medicine to control the illness and the studied samples were hopeful about cure and control of vitiligo. This result was in accordance with [20] who conducted a study entitled "Analysis of tumor response and clinical factors associated with vitiligo in patients receiving anti epogrammed cell death-1 therapies for melanoma" and found that the majority of the studied samples started treatment form one to three years. In the other hand, this findings was in disagreement with [21] who conducted a study entitled "Can we consider silymarin as a treatment option for vitiligo?" and found that more than half of the studied samples started treatment form five to ten years.

Regarding therapy type, this study revealed that the majority of the studied patients undergo chemical therapy. From the researchers' point of view there were new advanced options for treatment that help patients to cure the vitiligo disease. This result was in accordance with [4] who conducted a study entitled "Psychosocial predictors of quality of life in patients with vitiligo" and found that the majority of the studied patients undergo chemical therapy. In the other hand, this findings was in disagreement with [22] who conducted a study entitled "Living with vitiligo" and found that more than half of

the studied samples were not currently receiving treatment.

In relation to family history of vitiligo, finding of the current study found that the majority of the studied sample were mentioned not have family history of vitiligo. From the researcher point of view this might be due to that several combination of factors responsible about vitiligo as genetic factors, exposures for physical or emotional stress, or neurogenic factors which all lead to defect and destroy of the melanocytes which lead to vitiligo. This result was in accordance with [23] who conducted a study entitled "Quality of life impairment amongst persons living with vitiligo using disease specific vitiligo" and found that more than half of the studied sample not have family history of vitiligo. In the other hand, this finding was in disagreement with [24] who conducted a study entitled "The effectiveness of a professional intervention program using the general practice of social service to alleviate the problems of vitiligo patients with those around them" and mentioned that the majority of the studied samples had positive family history.

The present study revealed that, less than three-quarters of the studied patients had family support. From the researchers' point of view this might be due to patients with vitiligo were living with the families that given more support and acceptance to patients. This result was in accordance with [22] who conducted a study entitled "Living with vitiligo" and mentioned that three quarter of the studied patients had family support.

Regarding self-esteem among the studied patients with vitiligo, the current study indicated that more than half of the studied patients had low level of self-esteem. From the researchers' point of view this might be due to shakiness of self-esteem by the criticism of others who suffer from vitiligo and this drives the patients infected with vitiligo to loss confidence in the self and evaluate themselves negatively. The result was in accordance with [25] who conducted a study entitled "Health and quality of life outcomes in patients with vitiligo" and mentioned that nearly three quarters of the studied sample had low level of self-esteem. While, this result was in disagreement with [3] who conducted a study entitled "Exploring the affecting factors on self-esteem and health-related quality of Life of vitiligo patients" and found that majority of the patients had moderate level of self-esteem.

Regarding level of body image, the current study results indicated that more than half of the studied patients with vitiligo had moderate negative body image. From the researcher's point of view this may be justified by vitiligo is achronic skin disorder that reduce the patients' beauty as it affects skin appearance that determines patients' body image. This result was in agreement with [26] who conducted a study entitled "Body image in vitiligo patient and it is relationship to psychological hardness" and found that the majority of the studied sample had moderate negative level of body image. In the other hand, this finding was in disagreement with [4] who conducted a study entitled "Psychosocial predictors of quality of life in patients with



vitiligo” and mentioned that the majority of the study sample had highly negative body image.

Regarding social problems among vitiligo patients, the present study indicated that, half of the studied patients had moderate level of social problems. From the researchers’ point of view this might be due to some patients complain that society doesn’t accept them because the appearance and experienced anxiety and embarrassment when meeting strangers or beginning new sexual relationship and may felt that were the victims of rude remarks and t had deep effects on the private and social life, cause social malfunction and shame in social interaction. This result was in accordance with [27] who conducted a study entitled “The psychological impact of vitiligo in adult Sudanese patients” and mentioned that the majority of studied sample had moderate level of social problems.

In addition, this findings was agreement with [28] who conducted a study entitled “The effectiveness of the social work professional intervention program to alleviate the marital relationship problems for vitiligo patients” and found that more than half of studied sample had moderate level of social problems. While, was in disagreement with a study carried out by [29] who conducted a study entitled “Gender differences in depression, coping, stigma and quality of life in patients of vitiligo” and found that more than half of the studied patients had severe level of social problems as in participation restriction was experienced in areas like social interaction, work opportunities, religious activity, going out in public places, meeting new people which avoid and conceal behaviours to patients with vitiligo.

Regarding quality of life among patients with vitiligo, the current study indicated that more than half of the studied patients had severe impact of vitiligo on quality of life. From researchers’ point of view this might be justified by vitiligo is chronic skin disorder that may have a negative impact on the patients and quality of life domains as the disease reduce patients’ beauty as affect skin appearance that determines patients’ body image and any pathologic change in the skin, can decrease self-esteem and isolate patients from the society and had poor affect on the private social life and decrease patients’ quality of life.

These result was in accordance with [30] who conducted a study entitled “Increased risk of psychiatric disorders in adult patients with vitiligo” and mentioned that the majority of the studied patients with vitiligo had severe impact of vitiligo on quality of life. In the other hand, this result was in disagreement with [31] who conducted a study entitled “Effect of vitiligo area scoring index on the quality of life in patients with vitiligo” and mentioned that the majority of the studied patients with vitiligo had moderate impact of vitiligo on quality of life. Also, this result was in disagreement with [32] who conducted a study entitled “Impact of vitiligo on quality of life” and found that the majority of the studied patients with vitiligo had moderate impact of vitiligo on quality of life.

As regards, correlation between self-esteem, total body image, total social problems and total quality of life among the studied patients with vitiligo, the current study results demonstrated that there was a highly statistically

significant positive correlation between total body image, total social problems and quality of life among the studied patients with vitiligo. . From researcher’s point of view this might be due to that when negative body image increased, severe social problems and severe effects of vitiligo on quality of life increased and vice versa. This result was supported with [4] who conducted a study entitled “Psychosocial Predictors of Quality of Life in Patients With Vitiligo” and mentioned that there was a highly statistically significant positive correlation between total body image, total social problems and total impact of vitiligo on quality of life among the studied patients with vitiligo.

Concerning the correlations between total self-esteem and total body image, total social problems and total quality of life among the studied patients with vitiligo, the current study results showed that there was a highly statistically significant negative correlation between total self-esteem and total body image, total social problems and total quality of life. . From researchers’ point of view this might be due to that when there were an increase in negative body image, severe social problems and severe effect of vitiligo on quality of life, self esteem decreased and vice versa This study was in the same line with [33] who conducted a study entitled “Psychosocial problems associated with vitiligo” and mentioned that there was a highly statistically significant negative correlation between total self-esteem and social problems and quality of life among the studied patients with vitiligo. In the other hand, this result was in disagreement with [34] who conducted a study entitled “Correlation between psychological problem, self-esteem and quality of life among vitiligo patients” and mentioned that there was a highly statistically significant positive correlation between total self-esteem and quality of life among the studied patients with vitiligo.

## 5. Conclusion

**Based on the results of this study the following conclusion was formulated:**

Vitiligo is a chronic skin disorder that may have a negative impact on quality of life domains and ultimately results in psychosocial problems among the studied patients with vitiligo. There was a highly statistically significant positive correlation between total body image, total social problems and total impact of vitiligo on quality of life. There was a highly statistically significant negative correlation between total self-esteem of the studied patients and total body image, total social problems and total impact of vitiligo on quality of life at (P= 0.000).

## 6. Recommendations

❖ stress management and assertiveness training program should be given to patients with vitiligo to relieve the psychological problems and enhance coping patterns.

❖ designing and implementing psycho-educational programs for patients with vitiligo to increase self-esteem and quality of life domains.

❖ sycho educational programs should be conducted to improve people's knowledge about vitiligo, causes, early

detection, and management to improve patient's mental health.



psychiatric support must be provided continuously as a part of routine nursing care for all patients with vitiligo.



Further studies are needed on large sample of patients with vitiligo in different geographical areas to generalize the results.

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