A study to assess the knowledge on psoriasis among adults

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Abstract
Psoriasis was viewed as just as a skin issue; nonetheless, it is currently best portrayed as an intricate, multifactorial and inflammatory illness. Psoriasis is an interminable skin sickness and the epidemiology shows its event more a few nations than India. Psoriasis is thought to influence somewhere in the range of 2% and 4% of the populace in Westernized nations and in spite of the fact that not perilous, it is related with a noteworthy debilitation of personal satisfaction, influencing work, family and sexual relations, just as physical and mental prosperity. Both genders are influenced similarly and, for most of the patients (75%), psoriasis first presents between the ages of 15 years and 25 years, with the rest of those influenced encountering side effects between the ages of 55 years and 60 years. The aim of the study is to assess the knowledge regarding psoriasis among adults. Quantitative research approach with pre experimental research design was adopted for the study. Convenient sampling technique was used to select the 100 adults who attend dermatology outpatient in Saveetha Medical College and Hospital. The demographic variable data was collected by structured questionnaire, and the level of knowledge on Psoriasis was assessed by psoriasis knowledge scale. The pretest level was assessed by psoriasis knowledge scale, and then health education on psoriasis was given for seven days, followed by a posttest. The data were analyzed using descriptive and inferential statistics. Additionally, Wilcoxon rank sum test was performed to assess the effectiveness of the study.

INTRODUCTION
Psoriasis is a constant repetitive inflammatory skin infection. The word ‘psoriasis’ originates from Greek words signifying “The condition of having the tingle”. The undeniable indication of psoriasis is the shading change related with the plaques [the raised patches on the skin] and individuals’ understanding of tingle can differ from none at all to serve. A patient with psoriasis has protests about problematic sensation, including consuming, harming and stinging. Life gets hopeless by the constant irritated, textured and kindled that may happen on any piece of the skin and scalp (Gelfand et al., 2005).

Psoriasis is a dependable immune system ailment described by patches of irregular skin. These skin patches are regularly red, dry, irritated, and flaky. On individuals with more obscure skin, the patches might be purple in shading. Psoriasis fluctuates in seriousness from little, confined patches to finish body inclusion. Injury to the skin can trigger psoriatic skin changes at that spot, which is known as the Koebner phenomenon (Jankowiak et al., 2004). Psoriasis has a critical negative effect on patients’
wellbeing related personal satisfaction (HRQoL). In an overview by the National Psoriasis Foundation, practically 75% of patients accepted that psoriasis had moderate to an enormous negative effect on their satisfaction, with modifications in their everyday exercises. Another investigation detailed that at any rate, 20% of psoriasis patients had mulled over suicide (Cork et al., 2003).

The side effect, which essentially impedes personal satisfaction is tingle. It happens in 60% to even 92% of psoriasis tingle sway on prosperity can be directed by illness seriousness, yet additionally by mental components. Scratching can prompt expanded spotlight on the impression of tingle and increase it. Then again; this movement helps in lessening inward strain giving quick good feeling, functioning as uplifting feedback of that behaviour (Lagan and Layton, 1991).

Ongoing investigations had directed an examination to survey the nature of psoriasis. 72 patients with psoriasis, more established than 15 years of age, who consented to take part in the investigation. We applied the Dermatology Life Quality Index and the Psoriasis Severity Index; distinct insights, proportions of focal inclination, scattering, and relationship measures were utilized. The outcome that uncovered that Patients (n = 72), were 43% male, 57% female. The consequence of the effect on personal satisfaction was moderate as a result in 33.3%, the contrast between the level of association of the infection and the effect on personal satisfaction and relationship between the personal satisfaction and level of psoriasis (Balato et al., 2013).

Late investigations had led study to the most regular manifestations experienced by the mail-overview respondents were scaling (94%), tingling (79%), and skin redness (71%); 39% revealed that psoriasis secured 10% or a greater amount of their bodies. A complete 6194 patients with extreme psoriasis were gone into the database for the phone study. 79% revealed that psoriasis negatively affected their carries on with, 40% felt baffled with the inadequacy of their present treatments. The phenomenal reaction to the study furnishes convincing proof that people with psoriasis accept that the infection has a significant passionate and social just as physical effect on their nature of life (Bostoen et al., 2012).

This program dependent on the acknowledgement yet a patient's wellbeing ability is significant for their inclusion in the illness adapting, quality of life, and use of health care resources. Psoriasis can be troublesome and can influence various parts of personal satisfaction. Helpless adherence to endorsed treatment is additionally a significant issue in this patient group (Fortune et al., 2002).

Psoriasis is a serious condition unequivocally influencing the manner in which an individual sees himself and the manner in which he is seen by others. It has huge monetary and money related implications. Psoriasis is connected with social demonization, torment, inconvenience, physical handicap and mental trouble. As per current investigations, in excess of 8 million Americans have psoriasis. 125 million individuals overall 2 to 3 per cent of the all-out populaces—have psoriasis, as indicated by the World Psoriasis Day consortium. Ongoing investigations directed to evaluate the clinical seriousness, just as physical and psychosocial incapacity and stress brought about and to examine their inter-relationship in psoriasis patients matured over 18 years. This emergency clinic based cross-sectional examination was led in the Department of Dermatology, Clinical seriousness, physical and psychosocial dreariness, and the anxieties caused were estimated utilizing psoriasis (Ersser et al., 2007).

Recent studies had conducted a study to determine the psoriasis quality of life 90 patients, 61 (67.78%) were males and 29 (32.22%) were females. The mean DLQI score was 15.00 ± 4.93. QoL was impacted by age, sex, marital status and disease severity, whereas the place of residence and educational status had no correlation with DLQI scores (Pickett et al., 2015). There is a marked negative aspect of the disease into consideration during treatment. Thus the ultimate aim of this study is to assess the knowledge regarding psoriasis among adults.

MATERIALS AND METHODS

Quantitative research approach with pre experimental research design was adopted for the study with the sample size of 100 adults in Saveetha Medical College and Hospital. 50 male and 50 female were selected by non probability convenience sampling technique who fulfil the inclusion of the criteria. The inclusion criteria of the present study are patients admitted in SMCH, patients who can able to speak Tamil or English, the age group between 18-60 years. The demographic variable data was collected by a structured questionnaire which includes details such as age, sex, education, marital status, occupation, income, religion, area of residence, marital status, type of family, income, type of patient. The level of knowledge on Psoriasis was assessed by psoriasis knowledge scale. Informed consent was obtained from the sample before the data collection. The pretest level was assessed by psoriasis knowledge scale and then health education on psoriasis.
Table 1: Frequency and percentage distribution of pretest level & post test knowledge on psoriasis among adults

<table>
<thead>
<tr>
<th>Test</th>
<th>Experimental Group</th>
<th>Control Group</th>
<th>Unpaired 't' Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Pretest</td>
<td>29.3</td>
<td>8.71</td>
<td>28.7</td>
</tr>
<tr>
<td>Post test</td>
<td>14.56</td>
<td>9.92</td>
<td>29.88</td>
</tr>
</tbody>
</table>

Table 2: Association between the knowledge of psoriasis among adults with selected demographic variables

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Normal</th>
<th>Below average</th>
<th>Average</th>
<th>above average</th>
<th>Chi square</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 50-60 yrs</td>
<td>10</td>
<td>20%</td>
<td>5</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>b) above 60 yrs</td>
<td>2</td>
<td>49%</td>
<td>15</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 50-60 kg</td>
<td>10</td>
<td>20%</td>
<td>6</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>b) 60-70 kg</td>
<td>8</td>
<td>16%</td>
<td>9</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Food Habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Non Vegetarian</td>
<td>11</td>
<td>22%</td>
<td>2</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>b) Vegetarian</td>
<td>12</td>
<td>24%</td>
<td>9</td>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>

was given for seven days, followed by a posttest. The data were analyzed using descriptive and inferential statistics. Additionally, Wilcoxon rank sum test was performed to assess the effectiveness of the study.

RESULTS AND DISCUSSION

The sample characteristics of the experimental group are out of 50 samples regarding age majority of them belong to the age above 60 years (30, 60%), regarding Gender 35 (70%) are females, regarding Weight 30 (60%) are 60-70 kgs, regarding Education 27 (54%) are literate, regarding Marital status 27 (54%) unmarried, regarding Residential area 28 (56%) reside in a rural area, 33 (66%) do Physical Activity, 38 (76%) belong to the nuclear family, 40 (80%) had a Family history, 42 (84%) are non-vegetarians.

In the experimental group, pretest values of the mean (29.3) and standard deviation (8.71) and the control group, pretest values of the mean (28.7) and standard deviation (8.78) and unpaired t-value is 0.3431, p-value is 0.7323 and pretest is non-significant. In the experimental group, posttest values of the mean (14.56) and standard deviation (9.92) and the control group, posttest values of the mean (29.88) and standard deviation (7.99) and unpaired t-value is 8.5046, p-value is 0.0001 and the post test is statistically significant (Table 1).

This study is supported by G. Venkata Ramana, P. Malini, N. Arun and Anand B, who conducted a study on Patterns of Psoriasis in Patients Attending DVL OPD at Osmania General Hospital - A Prevalence Study. The results of the study are Out of a total 72,000 patients seen in the outpatient Department of Dermatology during the study period, 1872 patients were suffering from psoriasis constituting 2.6% of all skin OPD patients. The male-to-female ratio was 1.5:1. Chronic plaque-type psoriasis (72%) was a commonest morphological type. Pustular and erythrodermic psoriasis accounted for less than 1% cases each. Arthritis was seen in 0.64%
of cases. Pustular psoriasis was seen in 0.4% of cases (Ramana et al., 2017).

The above table reveals that there are significant variables in demographic variables such as age, weight, food habits and other variables are non-significant (Table 2).

This study is supported by Wahl AK et al., 2013 conducted a study on Psoriasis Patients’ Knowledge about the Disease and Treatments. The outcomes are Patients finished the PKQ and gave chosen segment, clinical and wellbeing data previously (T1), following (T2), and 3 months after (T3) CT. Sickness seriousness was evaluated utilizing the psoriasis region and seriousness file (PASI). 254 psoriasis patients were incorporated (74%). The PKQ score improved altogether from T1 to T2 and T3 (P < 0.001 for the two correlations). Albeit the patient’s information improved, the further examination should utilize the highest quality level plans (tests) to consider the impacts of instructive intercessions in various contexts (Wahl et al., 2013).

CONCLUSIONS

The nervous systems, as well as the endocrine system, play an important role in the pathophysiology of psoriasis. Endogenous factors, such as stress, and exogenous factors, such as trauma, cause an increased release of neuropeptides such as substance. Thus, as a result of stress playing such a prominent role in psoriasis, it seems evident that stress reduction programs should be considered when trying to treat the condition. The results of the present study also suggest that educational interventions may help improve the knowledge to patients with psoriasis.

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Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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