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RESEARCH ARTICLE

Assessment of psychosocial well-being, psychological distress, and financial burden in patients with chronic and recurrent dermatophytosis

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ABSTRACT

Chronic dermatophytosis, a persistent fungal infection lasting over six months, is a significant public health concern. The study examines the psychosocial well-being, psychological distress, and financial burden experienced by patients with chronic and recurrent dermatophytosis. A hospital-based cross-sectional design was employed, enrolling 316 patients from a tertiary care dermatology outpatient department in South India over six months. Participants completed questionnaires of quality of life (Dermatology Life Quality Index, DLQI), financial burden (Financial Burden and Worry questionnaire, FBW), and psychological distress (Hospital Anxiety and Depression Scale, HADS). Findings revealed a substantial impact on the quality of life, with 71.6% of participants reporting a very large effect as per DLQI scores. Factors such as itching, embarrassment, and daily routine disturbances were significantly associated with higher DLQI scores. Financial challenges were prominent, with 56.6% of participants delaying treatment due to financial constraints and 30.7% reducing overall expenses. The economic burden was further evident as 26.2% used savings, 12.9% borrowed money, and 16.1% reduced essential healthcare spending for other family members. Psychological distress was significant, with 31.6% and 29.7% of participants showing abnormal anxiety and depression scores, respectively, on HADS. A strong positive correlation was observed between DLQI scores, anxiety, and depression, highlighting the interdependence between disease severity and mental health. This study underscores the need for a holistic approach to managing chronic dermatophytosis, addressing not only medical but also psychosocial and financial aspects. Integrating affordable treatment options, public health awareness campaigns, and psychological counselling can significantly alleviate the burden on affected individuals. These findings provide critical insights for clinicians and policymakers to design comprehensive care strategies aimed at improving patient outcomes and quality of life.

KEYWORDS: Chronic dermatophytosis, dermatology life quality, financial burden, psychological distress, anxiety, depression.

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Introduction

Chronic dermatophytosis, which is the fungal infection caused by dermatophytes lasting for more than 6 months, has emerged as one of the most arduous and cumbersome diseases prevalent in our current Indian clinical scenario. Misinformation, lack of awareness, wrong medications, trivialization by patients, and low socioeconomic status are some of the most common causative factors for the same. Due to the obvious visibility of these lesions, it has a deep-seated repercussion on the self-perception and social interactions of the individual, severely impacting their emotional, physical, and social well-being. With the rampant spread of dermatophytosis within the community, more upscale drugs with longer duration have become the mainstay of treatment, which is imposing a hefty financial burden on our patients. Along with the physical discomfort and pruritus, patients often feel depressed, anxious, and stigmatized, especially in their social and sexual relationships.[1] The incidence of this disease has increased enormously in our country in these years.[2] The incidence of dermatophytosis is not easy to estimate due to a dearth of community-based surveys, which resulted in a wide range of prevalence of 6.09% in South India to 61.5% in North India.[3] Several studies have examined individual aspects of the burden associated with dermatophytosis. For example, Das et al (2022) conducted a cross-sectional study assessing psychological morbidity and found that approximately 30% of chronic dermatophytosis patients suffered from anxiety and depression, with impaired quality of life.[4] Similarly, Narang et al (2019) reported high rates of psychological morbidity in patients with superficial cutaneous dermatophytosis, emphasizing the link between disease visibility, stigma, and emotional distress.[5] Patel et al (2020) explored both psychosocial and financial impacts in a smaller sample, noting that a significant proportion of patients delayed or interrupted treatment due to financial constraints.[1] Furthermore, Varshney et al (2020) highlighted that chronic dermatophytosis considerably affects patients' daily activities, social interactions, and emotional stability, while Salari et al (2022), in a meta-analysis, confirmed elevated rates of anxiety and depression among patients with skin diseases, including dermatophytosis.[6,7]

However, while prior studies have individually explored psychological morbidity, quality of life impairment, or financial stress among dermatophytosis patients, few have comprehensively assessed these domains together in a single study population. Moreover, very limited data exist from South India, where socioeconomic and healthcare access conditions may differ significantly. Previous studies either lacked a structured evaluation of financial burden using standardized instruments or focused on a narrower set of psychosocial variables. There is also a lack of detailed analysis correlating disease severity (body surface area involved) with psychological distress, financial strain, and quality of life outcomes.

Therefore, the present study addresses these critical gaps by systematically assessing psychosocial well-being (anxiety, depression), quality of life, and financial burden in patients with chronic and recurrent dermatophytosis attending a tertiary care centre in South India. By analysing the interrelationships between clinical severity, psychological distress, and financial hardship, this study aims to provide a more integrated and holistic understanding of the full impact of chronic dermatophytosis on affected individuals. The findings are intended to inform not only clinical practice but also healthcare policy and public health interventions aimed at comprehensive patient-centered care. The aims of our study were: 1) To examine the overall impact of chronic and recurrent dermatophytosis on patients, including its effects on quality of life, financial burden, and psychological distress. 2) To examine the associations of quality of life, financial burden, and psychological distress with the demographic and clinical characteristics of patients with chronic and recurrent dermatophytosis. 3) To examine the associations of financial burden and psychological distress with quality of life.

Materials and methods

Participants and Procedures

A hospital-based cross-sectional study was conducted at the outpatient department of Dermatology, Venerology, and Leprosy in a tertiary care center in South India. The study was conducted after obtaining ethical clearance from the Ethics Committee of the hospital and according to the Declaration of Helsinki (1995) as revised in Edinburgh (2000) for a period of 6 months from April 2022 to September 2022. Three hundred and sixteen patients were enrolled in the study. All patients of both genders above 18 years, diagnosed to have chronic dermatophytosis (presence of glabrous tinea for six months or longer, continuous, or recurrent, with or without treatment) or recurrent dermatophytosis (reoccurrence of the glabrous tinea after 4 weeks of stopping treatment following clinical cure) were included. Patients with other concomitant skin disorders, on medication for other illnesses, pregnant and lactating females, patients with any major illness in the preceding 3 months, and any pre-existing psychiatric illnesses were excluded. Written informed consent was taken from all the study subjects.

A demographic history of the patient was obtained, including age, sex, total family members, monthly family income, educational status, and occupation, after obtaining informed consent. A clinical history including the onset, duration of disease, area of involvement (body surface assessment, BSA, was calculated), and family history of similar complaints was taken. An extensive treatment history, including topical, over-the-counter medications, herbal/home remedies, etc., was taken. Patients were asked to fill out three questionnaires in the language of their choice (English/ Kannada/ Malayalam). In case the patient was unable to comprehend the questionnaires, the interview method was used.

Instruments

The Dermatology Life Quality Index (DLQI) questionnaire was used to measure the impact of skin diseases on the quality of life of an affected person.[8] After obtaining necessary permissions, the Kannada and Malayalam translated versions were created according to the ISPOR guidelines.[9] It consists of 10 questions, such as symptoms, embarrassment, shopping, home care, clothes, social and leisure, sport, work or study, close relationships, sex, and treatment. These questions evaluated the skin problems that had affected life over the previous week. Scoring of each question is from 0 to 3. The higher the score, the more quality of life is impaired: 0-1, no effect on the patient's life; 2-5, small effect; 6-10, moderate effect; 11-20, very large effect; 21-30, extremely large effect.

The Financial Burden and Worry questionnaire (FBW) consists of 9 questions that assess how chronic or recurrent dermatophytosis or its treatment is affecting their finances.[1,10] After obtaining necessary permissions, the Kannada and Malayalam translated versions were created according to the ISPOR guidelines.[9] The financial burden was calculated as the sum of selected responses. Financial worry was self-reported by the patient on a scale of 1 to 5, with 1 being "some worry" and 5 being "very much worried."

The Hospital Anxiety and Depression Scale (HADS) is a self-assessment questionnaire for detecting states of anxiety and depression in the setting of a hospital outpatient department.[11] After obtaining necessary permissions, the Kannada and Malayalam translated versions were created according to the ISPOR guidelines.[9] It has seven items, each for depression and anxiety subscales. The scores for each aspect range from zero to three, with three denoting the highest anxiety or depression level. A total score of >8 points out of a possible 21 indicates clinically significant symptoms of anxiety or depression, and the anchor points of each subscale are: 0-7, normal; 8-10, borderline abnormal; 11-21, abnormal.

Statistical Analysis

Comparisons between categorical variables (e.g., gender, education level, income group, support status) and DLQI severity groups were performed using Pearson's Chi-square test. When expected cell counts were less than five, Fisher's Exact test was used instead. Associations between continuous or ordinal variables (e.g., DLQI scores, financial burden scores, worry scores, anxiety scores, depression scores) were analyzed using Spearman's rho correlation coefficient, given the non-parametric nature of the data. Comparisons of mean financial burden scores across demographic subgroups (e.g., age groups, family size, income levels, education levels, body surface area involvement) were conducted using Welch's t-test (for two groups) and Welch-adjusted one-way ANOVA (for more than two groups), as Levene's test indicated unequal variances across groups, making the use of standard Student's t-test inappropriate. A p-value of <0.05 was considered statistically significant in all analyses. Data were analyzed using SPSS version 28.

Results

Table 1 denotes the demographic data of study participants. Males outnumbered females, and a majority of the participants were in the age group of 18 to 40 years. Participants who were dependent and self-dependent were comparable. About 36.1% of the participants were educated up to high school, and about 34.8% of the participants were educated beyond high school. About 63.3% of participants had a family size of up to 9 members, and about 62.7% were earning less than INR 15,000. The BSA (in %) of less than or equal to 10 was observed among 84.2% of participants. In addition, 45.6% of participants had been suffering from the diseases for the last 1 to 2 years, respectively.

Table 1

Table 2 shows the impact of dermatophytosis on the quality of life. A total of 90 (28.4%) participants reported some effect on quality of life based on DLQI scores, while 226 (71.6%) participants experienced a very large effect, as expected from the method of group classification. Dermatophytosis thus had a considerable impact on the quality of life for the majority of participants. Since the DLQI groups were defined based on cumulative scores across individual domains, higher levels of symptoms such as itching, embarrassment, difficulty in socialization, and impacts on social and leisure activities and daily routine were inherently more frequent among participants with a very large effect. Therefore, these differences reflect the criteria used for classification rather than independent associations.

Table 2

Table 3 shows the effect of dermatophytosis on financial burden and psychological stress. Around 56% of participants had to delay their treatment due to financial problems, about 30.7% of the participants had to cut down their expenses, and another 26.2% used all their savings. In addition, 16.1% of participants ended up cutting down expenses on healthcare for their family members. Furthermore, 12.9% of participants had to take a loan and/or borrow money for their treatment. About 31.4% of participants worried about their illness. About 15.9% of participants had abnormally high anxiety scores and 13.9% of participants were categorized as having borderline abnormal depression, and 70.3% had normal scores. About 21.2% of participants had abnormally high depression scores and 10.4% of participants were categorized as borderline abnormal, and 68.4% had normal scores.

Table 3

Table 4 shows the correlation between quality of life, financial burden, and psychological stress. There was a high positive correlation between total DLQI scores and anxiety and between anxiety and depression scores, respectively. In addition, a moderate positive correlation existed between financial burden and worry and between DLQI score and depression score. Furthermore, there was a low positive correlation between financial burden and anxiety and depression scores.

Table 4

Table 5 shows the associations of DLQI with HADS and FBW. It was found that among those with a very large effect on quality of life, 43.4% of participants had higher anxiety scores compared to 2.2% of participants who had some statistically significant effect. In addition, among those with a very large effect, 37.6% of participants had higher depression scores compared to 10% of participants who had some statistically significant effect. In addition, the financial burden was statistically significantly higher among participants who had a very large effect on quality of life.

Table 5

Discussion

In the present study, the financial and psycho-social burden of patients suffering from chronic and recurrent dermatophytosis is established. Most chronic diseases will have an impact on the quality of life (QOL) of the person. Skin diseases being visible will have direct consequences on the self-consciousness of the person, their feeling of looking not attractive, and thereby social withdrawal, which may add to psychological and emotional stress.[12]

DLQI is a simple, feasible, and valid tool employed to assess the QOL of a person suffering from any dermatological disorder. Chronic and recurrent dermatophytosis is a rapidly spreading disease; thus, it requires a more elaborate study. Estimating the impact of disease on QOL and the psychological status of the person may be especially useful to understand the disease burden. The impact of dermatophytosis on the DLQI score varied among the present study population, with a mean score of 11.11±7.308. The present finding correlated with the previous study conducted by Patel et al, where the mean DLQI score was 12.25.[1] The skin lesion and itching associated with dermatophytosis may have an impact on the social well-being of the affected person, thus on the quality of life.

QOL, though, is a subjective factor, has a more complex understanding and expression, and may be a mixture of many attributes like the individual's self-esteem, social life, physical and mental health, and economic and psychological well-being.[13] Embarrassment, itching, and disturbance of daily activities were reported to be more common factors affecting the QOL of patients with dermatophytosis in a previous study.[14] In our study, the components of quality of life were found to be adversely affected by dermatophytosis. However, itching, embarrassment, and daily routine were the components that had an exceptionally large impact. Similar findings were found in a study conducted by Varshney et al, assessing the quality of life in chronic dermatophytosis, where domains of symptoms and feelings, which included embarrassment and itching, followed by the disturbance in daily activities.[6] In an earlier Eastern Indian study on the QOL of patients suffering from tinea corporis, the QOL was adversely affected by the disease.[15] In our study, female participants had a larger effect on DLQI compared to male participants, which was also corroborated in another study.[16]

Added financial burdens arising from the cost of treatment may also have an impact on the QOL of the individuals, as analyzed in previous studies. The present study is in agreement with this statement, where slightly more than half of the study population agreed that there was a delay in the treatment due to financial problems, and they also said that the cost of treatment was a barrier. More than half of the present study population had a monthly income of less than Rs 15,000/-. Meeting the other expenses and spending for this treatment was difficult because the treatment may have to be continued for a long duration. Similar findings were seen in a study where financial burden showed a notable correlation between the financial burden experienced and factors such as the estimated cost of prior treatments, concerns about financial matters, and the DLQI.[1] The financial strain experienced by participants was evident in their coping mechanisms, with 26.2% using savings, 12.9% borrowing money, and 16.1% cutting down on essential expenses such as healthcare for other family members. These findings echo those of Salari et al,[7] who highlighted the economic hardship faced by dermatophytosis patients in low- and middle-income countries and its detrimental effect on treatment adherence.

Moreover, financial burden was significantly correlated with psychological distress, with participants experiencing greater financial strain reporting higher levels of worry, anxiety, and depression. These findings highlight the cyclical relationship between economic hardship and emotional well-being, where financial difficulties exacerbate stress and hinder effective disease management.

The psychological burden of dermatophytosis was another key finding of this study. Anxiety and depression were highly prevalent, with 31.6% and 29.7% of participants, respectively, scoring above the threshold for clinical concern on the HADS. These rates are consistent with Narang et al's findings, which demonstrated that dermatophytosis patients often experience significant psychological distress due to the persistent and visible nature of the disease.[5]

The strong correlations between DLQI scores and both anxiety and depression highlight the interdependence of psychological well-being and QOL in dermatophytosis patients. This relationship underscores the need to integrate mental health support into dermatological care. Psychological counselling, as emphasized by Das et al,[4] has been shown to improve coping strategies and reduce stigma, thereby enhancing patients' ability to manage their condition.

These findings align with previous research studies that have also established connections between chronic dermatophytosis and its impact on various aspects of well-being.[1,5] These included studies that have explored the relationship between disease severity and impaired quality of life, financial stress, and psychological distress. Together, these investigations emphasize that chronic dermatophytosis not only affects physical health but also exerts a substantial toll on emotional and financial well-being. Earlier studies showed that social and psychological support helped the patients to overcome the disorders, such as anxiety and depression associated with dermatophytosis, and brought improvement in their coping strategies.[17]

Addressing these challenges requires a holistic approach that integrates medical, psychological, and financial interventions. Early diagnosis, affordable treatment options, and psychological support should be prioritized to improve outcomes. Public health initiatives, such as awareness campaigns and subsidized treatment programs, can help reduce stigma and alleviate financial barriers.

Among several limitations of our study, the most important was that the translated versions of the study tools have not yet been psychometrically tested.

Conclusion

In conclusion, the study sheds light on the substantial psychological and financial burdens that individuals grappling with chronic dermatophytosis often face. These burdens extend beyond the physical symptoms, encompassing various aspects of their quality of life.

The intricate interplay between the disease's visible manifestations, the emotional toll of dealing with a chronic condition, and the financial strain resulting from treatment costs underscores the need for a comprehensive care approach. By closely monitoring treatment adherence, healthcare providers can optimize therapeutic outcomes and alleviate physical discomfort. However, the significance of providing psychological support should not be underestimated. By addressing the emotional challenges tied to the condition, patients can experience improved mental well-being, enhanced self-confidence, and better overall quality of life.

Acknowledging the financial implications and offering guidance on cost-effective treatment options or financial assistance programs can help alleviate the economic burden. This holistic approach recognizes that treating chronic dermatophytosis goes beyond medical management; it involves fostering resilience, restoring confidence, and improving the overall life experience for patients.

Ultimately, the insights gleaned from this study emphasize that by addressing the psychological, emotional, and financial dimensions of chronic dermatophytosis, healthcare practitioners can make a meaningful impact on the lives of patients, enhancing their quality of life and overall well-being. It may be concluded that psychological and financial burdens were experienced by the patients of chronic dermatophytosis. Close monitoring of the patients regarding treatment adherence and psychological support may improve the QOL of these patients.

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Table 1. Distribution of study participants according to sociodemographic details

Sociodemographic details		Frequency (n=316)	Percentage (%)
Gender	Male	162	51.3
	Female	154	48.7
Age group (in years)	18-30	114	36.1
	31-40	100	31.6
	41-50	62	19.6
	51-60	34	10.8
	>60	6	1.8
Support	Dependent	156	49.4
	Self-supportive	160	50.6
Educational level	Illiterate	14	4.4
	Primary and higher primary	78	24.7
	Upto 10th standard	114	36.1
	10th std and above	110	34.8
Family size	1-4	94	29.7
	5-9	200	63.3
	≥10	22	7.0
Monthly income (In Rs)	<15,000	198	62.7
	15,000-30,000	84	26.6
	>30,000	34	10.8
BSA (%)	≤10	266	84.2
	11-30	48	15.2
	>30	2	0.6
Duration of disease	6 months -1 year	102	32.3
	1 to 2 years	144	45.6
	More than 2 years	70	22.2

Table 2. Distribution of study participants according to DLQI score and its impact on individual quality of life (only with impact)

Quality of life component	Some effect N = 90 (Scores 0 to 10) N (%)	Very large N = 226 (Score ≥ 11) N (%)	χ^2	p
Itching	67 (74.4)	226 (100)	62.2	<0.001
Embarrassment	47 (52.2)	218 (96.5)	93.07	<0.001
Daily routine	15 (16.7)	183 (81)	113.7	<0.001
Choice of clothing	8 (8.9)	140 (61.9)	72.77	<0.001
Social and leisure activity	6 (6.7)	174 (77)	129.8	<0.001
Sports	6 (6.7)	69 (30.8)	20.5	<0.001
Loss of work or study	2 (2.2)	111 (49.1)	61.6	<0.001
Socialization	15 (16.7)	180 (79.6)	108.04	<0.001
Sexual life	5 (5.6)	143 (63.6)	86.8	<0.001
Time spent on treatment	4 (4.4)	130 (57.5)	74.2	<0.001

Table 3. Distribution of study participants according to financial burden and worry, and HADS score

Financial burden		Frequency (n=316)	Percentage
Use savings		83	26.2
Borrow money or take out a loan		41	12.9
Could not make payments on other bills		30	9.5
Cut down on spending for food and clothes		36	11.4
Cut down on spending for health care for other family members		51	16.1
Cut down on recreational activities		46	14.6
Cut down on expenses in general		97	30.7
Delay/interrupt treatment due to financial problems		179	56.6
Cost was the barrier		179	56.6
Worry	1	58	18.3
	2	51	19.0
	3	60	16.5
	4	52	14.9
	5	47	31.4
	HADS score		
	Depression score		
Normal	0-7	22	70.3
Borderline abnormal	8-10	44	13.9
Abnormal case	11-21	50	15.8

	Anxiety score		
Normal	0-7	216	68.4
Borderline abnormal	8-10	33	10.4
Abnormal case	11-21	67	21.2

Table 4. Spearman's Rank correlation coefficients between DLQI, FBW, and HADS scores

	DLQI Total	Financial burden	Worry	Anxiety	Depression
DLQI Total	1.000	0.43*	0.47*	0.71*	0.62*
Financial burden		1.000	0.64**	0.45*	0.45*
Worry			1.000	0.50*	0.48*
Anxiety				1.000	0.86*
Depression					1.000

*p<0.05 is statistically significant

Table 5: Associations of DLQI with HADS and FBW

		Some effect N (%)	Very large effect N (%)	Total N	χ^2	p
Anxiety	Normal	88 (97.8)	128 (56.6)	216	50.3	<0.001
	Abnormal	2 (2.2)	98 (43.4)	100		
Depression	Normal	81 (90)	141 (62.4)	222	23.4	<0.001
	Abnormal	9 (10)	85 (37.6)	94		
		Mean ± SD	Mean ± SD	df	Welch t	
Financial Burden		1.19 ± 1.8	2.83 ± 2.3	206.5	44.5	<0.001

PSYCHIATRIKI

ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

Εκτίμηση της ψυχοκοινωνικής ευημερίας, της ψυχολογικής καταπόνησης και της οικονομικής επιβάρυνσης σε ασθενείς με χρόνια και υποτροπιάζουσα δερματοφύτωση

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-- **ΠΕΡΙΛΗΨΗ** --

Η χρόνια δερματοφύτωση, ως επίμονη μυκητιασική λοίμωξη με διάρκεια άνω των έξι μηνών, συνιστά σημαντικό πρόβλημα δημόσιας υγείας. Η παρούσα μελέτη εξετάζει την ψυχοκοινωνική ευημερία, την ψυχολογική καταπόνηση και την οικονομική επιβάρυνση που βιώνουν οι ασθενείς με χρόνια και υποτροπιάζουσα δερματοφύτωση. Διενεργήθηκε συγχρονική έρευνα σε νοσοκομειακό περιβάλλον με τη συμμετοχή 316 ασθενών από εξωτερικό ιατρείο δερματολογίας τριτοβάθμιου νοσοκομείου στη Νότια Ινδία σε διάστημα έξι μηνών. Οι συμμετέχοντες συμπλήρωσαν ερωτηματολόγια για την ποιότητα ζωής (Dermatology Life Quality Index, DLQI), την οικονομική επιβάρυνση (Financial Burden and Worry questionnaire, FBW), και την ψυχολογική καταπόνηση (Hospital Anxiety and Depression Scale, HADS). Τα ευρήματα έδειξαν σημαντική επιδείνωση της ποιότητας ζωής, με το 71,6% των συμμετεχόντων να αναφέρουν πολύ σοβαρή επίπτωση, σύμφωνα με τις βαθμολογίες του DLQI. Παράγοντες όπως ο κνησμός, η αμηχανία και οι διαταραχές στην καθημερινή ρουτίνα συσχετίστηκαν σημαντικά με υψηλότερες τιμές DLQI. Οι οικονομικές δυσκολίες ήταν έντονες, καθώς το 56,6% των συμμετεχόντων ανέβαλαν τη θεραπεία λόγω οικονομικών περιορισμών, ενώ το 30,7% περιόρισε γενικά τις δαπάνες. Η οικονομική επιβάρυνση αναδείχθηκε περαιτέρω από το γεγονός ότι το 26,2% χρησιμοποίησε αποταμιεύσεις, το 12,9% δανείστηκε χρήματα και το 16,1% μείωσε δαπάνες για βασική ιατρική φροντίδα άλλων μελών της οικογένειας. Η ψυχολογική καταπόνηση ήταν επίσης σημαντική, με το 31,6% και το 29,7% των συμμετεχόντων να παρουσιάζουν παθολογικές τιμές άγχους και κατάθλιψης αντίστοιχα, σύμφωνα με την κλίμακα HADS. Παρατηρήθηκε ισχυρή θετική συσχέτιση μεταξύ των τιμών DLQI, του άγχους και της κατάθλιψης, γεγονός που αναδεικνύει τη διασύνδεση μεταξύ της βαρύτητας της νόσου και της ψυχικής υγείας. Η μελέτη αυτή υπογραμμίζει την ανάγκη για μια ολιστική προσέγγιση στη διαχείριση της χρόνιας δερματοφύτωσης, η οποία θα λαμβάνει υπόψη όχι μόνο την ιατρική αλλά και την ψυχοκοινωνική και οικονομική διάσταση. Η ενσωμάτωση προσιτών θεραπευτικών επιλογών, εκστρατειών ενημέρωσης του κοινού και ψυχολογικής υποστήριξης μπορεί να συμβάλει ουσιαστικά στην ανακούφιση των ασθενών. Τα ευρήματα παρέχουν κρίσιμες πληροφορίες για κλινικούς ιατρούς και υπεύθυνους χάραξης πολιτικής, προκειμένου να σχεδιαστούν ολοκληρωμένες στρατηγικές φροντίδας με στόχο τη βελτίωση της έκβασης και της ποιότητας ζωής των ασθενών.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: Χρόνια δερματοφύτωση, δερματολογική ποιότητα ζωής, οικονομική επιβάρυνση, ψυχολογική καταπόνηση, άγχος, κατάθλιψη.

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