The Impact of Treatment on Quality of Life of Children with Atopic Dermatitis and their Families

Consuela Witherspoon

Texas Woman’s University
The Impact of Treatment on Quality of Life of Children with Atopic Dermatitis and their Families

There are so many children living with the misery of atopic dermatitis that it just cannot be overstated for it could have a profoundly negative effect on the health-related quality of life of children and their family unit in so many cases. Giving the prevalence of paediatric atopic dermatitis and its impact on affected children and their families it is surprising that so little attention has been devoted to the impact of treatment on quality of life. Atopic dermatitis, a type of eczema, is the most common skin disease, a potentially debilitating condition in children that can compromise quality of life. It is a chronic inflammatory, itchy skin disease, for which there is no known cure, associated with periods of remission and flare-ups, is frequently a reason for healthcare visits, which adversely affects the quality of life of patients and their families. Its most frequent symptom is pruritus. A vicious cycle is usually created by attempts to relieve the itch by scratching, which simply worsens the rash. It is best described as an episodic disease of exacerbation (flaring) and remission, except in severe cases where it may appear continuous. Ongoing therapy is usually required for many patients having frequent exacerbations. It also represents a substantial health care burden, accounting for approximately 30% of general practice dermatology consultations (McHenry et al, 1995), and 1 in 30 community care consultations (Kerr et al, 2007). Providers must remain mindful of the psychological and quality-of-life burdens imposed on children with atopic dermatitis and their families and tailor treatments to the needs of each individual patient.

Atopic dermatitis can pose a great level of difficulty when considering treatment options for this condition, both from the family’s perspective and from the view of the practitioners. Treatment should be directed at limiting itching, repairing the skin and decreasing inflammation
when necessary. Mainstays of therapy usually consist of lubricants, antihistamines and topical corticosteroids. Despite therapy, some patients do not get total clearance of lesions which often evoke parental concerns. Parents that often express a sense of frustration with treatment plans may often abandon medical therapy. Patients will benefit from efficacious therapy that is customized to meet their individual needs and will thereby experience better disease control, improved satisfaction, and quality of life.

Statement of Purpose

The purpose of this evidence-based project is to evaluate current literature as it relates to atopic dermatitis, quality of life, treatment, prevention, exacerbations, familial tendencies, and the long-term effects of early intervention. This project will explore the impact of atopic dermatitis on the lives of children and their family units and the use of some of the recently developed treatment measures, which have enabled the physical, psychological and psychological effects of childhood eczema across all aspects of life. This project will further enhance the knowledge of how the effects of an individualized treatment plan have on limiting itching, repairing the skin and decreasing inflammation when necessary. Additionally, this project should posit a guide for nursing interventions and the keys to quality of life that lie in being well-informed, awareness of symptoms, and their possible cause; and developing a partnership involving the patient or caregiver family member, health care provider and other health professionals. Despite the symptoms caused by atopic dermatitis, is this concern regarding the impact of treatment on the quality of life warranted or is it even possible for children with the disorder to maintain a good quality of life?
Significance of the Study

*Incidence and Prevalence*

Despite its high prevalence, atopic dermatitis has been frequently discounted, regarding it as a minor skin problem that will resolve with time. Although atopic dermatitis is being viewed as a very common inflammatory skin condition in children, it has resulted in many a pediatric healthcare visits. The exact cause of atopic dermatitis continues to be unknown, but familial/genetic factors are considered to play an important role in the development of this disease. The risk of developing atopic dermatitis increases with each first-degree family member suffering from atrophy, and less than half (46%) of patients with atopic dermatitis are known to concomitantly display allergic rhinitis and/or asthma (Raimer, 2000). It affects males as well as females accounting for 10 to 20 percent of all visits to dermatologist offices. Although atopic dermatitis may occur at any age, it most often begins in infancy and childhood. Approximately 70% of cases begin within the first year of life and up to 90% within the first 5 years (Mozaffari et al, 2007. Though atopic dermatitis can be reared into adulthood, the adult disease is significantly less than the childhood disorder. According to Mazaffari et al, the lifetime prevalence of atopic dermatitis was reported to be between 12-37 %, over the last 3 decades.

Although it is difficult to identify exactly how many people are affected by atopic dermatitis, an estimated 20 percent of infants and young children experience symptoms of the disease. A universal finding associated with atopic dermatitis is pruritus. Pruritus can be severe, sometimes causing sleep disturbances, irritability and generalized stress for affected patients and family members (Mazaffari et al. 2007). In the majority of cases, pruritus usually causes scratching which results in other skin anomalies such as lichenification (thick accentuation of skin lines), excoriation and breakdown of the skin barrier. Consequently, atopic dermatitis has
been referred to as “the itch that rashes” rather than the “rash that itches” (Correale et al. 1999). Due to the severity of itching, other associated abnormalities have been reported such as: difficulty falling asleep, diminished total sleep, greater sleep-related awakening, daytime tiredness, and irritability.

*Health Risk*

The long term effects are well documented in the literature as the progression from infancy into adulthood occurs. Pediatric atopic dermatitis can affect children’s physical abilities, emotions and behavior, social skills, self-esteem, and overall psychological development (Mazaffari et al, 2007).

Staphylococcal and streptococcal infections are common complications of atopic dermatitis usually found colonized on the skin of patients with active disease. Occasionally, patients with atopic dermatitis may also develop a herpes simplex infection, characterized by presence of umbilicated vesicles or grouped erosions (Raimer, 2000). Heightened susceptibility occurs because the skin of patients with atopic dermatitis is a poor barrier against organisms.

Specific concerns about psychosocial development included fear of future isolation and the development of poor self-esteem. According to the study on social functioning of atopic dermatitis children done by Chamlim et al, twelve of the twenty-three parents and three of the six experts reported that children avoided contact or playing with atopic children, most often for fear of contagion. A feeling of social isolation and staying home more to avoid unwanted and anxiety-producing advice and negative comments from extended family and strangers was described.
Research Question

Despite the symptoms caused by atopic dermatitis, is this concern regarding the impact of treatment on the quality of life warranted or is it even possible for children with the disorder to maintain a good quality of life?

Relevant Articles

Relationships between quality of life and disease severity in atopic dermatitis/eczema syndrome during childhood

The purpose of this review is to give workers in the field an easy-to-read, up-to-date and accessible summary of recent advances in the relationship between quality of life and disease severity in atopic dermatitis/eczema syndrome during childhood. It has been shown that childhood atopic dermatitis has a major impact on children and families’ quality of life and disease severity were positively correlated at a point in time and over a period of time. They also showed that children and quality of life measures have improved after medical interference. Despite the limitation of the study reviewed, it is logical to conclude that childhood atopic dermatitis has affected children and families’ quality of life. However, disease severity and quality of life should be measured independently.

Quality of life in atopic dermatitis patients

The aim of this study was to evaluate the impact of atopic dermatitis on the quality of life of children or adults and to identify the area of patients’ lives most affected by the disease. The study agreed with previous findings that atopic dermatitis has a major impact on physical well-being. The individuals dealing with atopic dermatitis and their families need more than just the physical treatment of symptoms. Educational and psychological support for patients and their
families in addition to medical treatment of atopic dermatitis may improve their long-term physical outcomes. People with atopic dermatitis tend to report lower health-related quality of life and greater psychological distress than the general population. Children with atopic dermatitis often have behavioral problems such as increased dependency, fearfulness, and sleep difficulties. Peer and teacher relations may be affected by atopic dermatitis because of fear of infection, the child’s physical appearance, or limitations on sports participation.
References


Result List: (MH "Quality of Life")
Quality of life in atopic dermatitis patients.


Immunology, Asthma and Allergy Research Institute, Tehran University of Medical Sciences, Tehran, IR, Iran. mozafart@sina.tums.ac.ir

BACKGROUND AND PURPOSE: Atopic dermatitis (AD) is a common skin condition. The aim of this study was to evaluate the impact of AD on the quality of life of children or
adults and to identify the area of patients' lives most affected by the disease.

METHODS: Eighty six patients with AD who were referred to an immunology clinic and 98 patients (>4 years old) attending a general clinic acting as controls (without any chronic or severe disease) participated in this survey. A physician filled the Children's Dermatology Life Quality Index (CDLQI) questionnaire for 4-16 year old children and the Dermatology Life Quality Index (DLQI) questionnaire for individuals more than 16 years via face-to-face interview. RESULTS: There were significant differences between the mean of CDLQI score and DLQI score in case and control groups (p<0.001). For children and adults with AD, the mean score of each question was significantly higher than in the control group (p<0.001). CONCLUSIONS: This study agreed with previous findings that AD has a major impact on physical well-being. The individuals dealing with AD and their families need more than just the physical treatment of symptoms. Educational and psychological support for patients and their families in addition to medical treatment of AD may improve their long-term physical outcomes.

PMID: 17639168 [PubMed - indexed for MEDLINE]


Relationship between quality of life and disease severity in atopic dermatitis/eczema syndrome during childhood.

Ben-Gashir MA.

St John's Institute of Dermatology, the Guy's, Kings and St Thomas' School of Medicine, London, UK. mohamed.ben_gashir@kcl.ac.uk

PURPOSE OF REVIEW: Atopic dermatitis is a chronic relapsing itchy disease that has an effect on children and families' quality of life. The purpose of this review is to give workers in the field an easy-to-read, up-to-date and accessible summary of recent advances in the relationship between quality of life and disease severity in atopic dermatitis/eczema syndrome during childhood. This review, however, concentrates on original articles that have been published since 1 April 2002, and reports a relationship between disease severity and quality of life scores in childhood atopic dermatitis.

RECENT FINDINGS: It has been shown that childhood atopic dermatitis has a major impact on children and families' quality of life. Researchers also reported that scores on quality of life and disease severity were positively correlated at a point in time and over a period of time. They also showed that children and quality of life measures have improved after medical interference. SUMMARY: Despite the limitation of the studies reviewed, it is logical to conclude that childhood atopic dermatitis has affected children and families' quality of life. These studies have also reported that disease severity and
quality of life are correlated in childhood atopic dermatitis at a point in time and over
time. However, these aspects should be studied further in order to evaluate the long-
term impact of the disease and its variation during childhood. Disease severity and
quality of life should be measured independently.

PMID: 14501437 [PubMed - indexed for MEDLINE]