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Original Research Article

The awareness of epidermal parasitic skin diseases among patients with mental health problems and alcohol addiction of the Provincial Complex of Psychiatric Health in Olsztyn

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ABSTRACT

Introduction: Lifestyle and the neglect of hygiene are factors which increase the risk of the incidence of epidermal parasitic skin diseases (EPSD) such as pediculosis and scabies among alcoholics and people with mental health problems. A patient's knowledge about the risk factors, route of transmission, prophylaxis and symptoms of the disease are the bases for health education.

Aim: An evaluation of the state of knowledge of EPSD among patients with mental health problems and alcohol addiction at the Provincial Complex of Psychiatric Health in Olsztyn. **Material and methods:** The study covered a group of 154 adult patients treated in 2011 in Provincial Complex of Psychiatric Health in Olsztyn. The research was conducted by using an anonymous self-designed diagnostic survey questionnaire.

Results and discussion: In the examined population, 51% of the people had a satisfactory knowledge of EPSD. In 27% of respondents the knowledge was fragmented, and in 21% at the high level. There were no significant differences between the groups of respondents distinguished by gender, age, place of residence and education. In 54% of examined patients, the knowledge of EPSD and their prophylaxis was rated as fragmentary. The information regarding symptoms and sources of pediculosis and scabies infections was fragmentary in 46% of patients, and satisfactory in 34% of respondents.

Conclusions: The general level of knowledge in patients with mental health problems and alcohol addiction on EPSD is satisfactory. Almost half of the respondents showed a fragmentary knowledge concerning the prophylaxis of EPSD, symptoms and sources of pediculosis and scabies infection. Health education should primarily concern the prevention of pediculosis and scabies, and strengthen the patients' awareness of spread easiness these parasites in the environment.

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1. Introduction

Epidermal parasitic skin diseases (EPSDs) are a heterogeneous category of infectious diseases in which parasite-host interactions are restricted to the stratum corneum, the upper layer of the epidermis, where ectoparasites complete their life cycles, in part or entirely. Scabies and pediculosis are included among the six major EPSDs.¹

Scabies is caused by the cosmopolitan mite *Sarcoptes scabiei* var. *hominis*. The pathognomonic signs of scabies are burrows, erythematous papules, and generalized pruritus with nocturnal predominance. Burrows are typically located on the interdigital spaces of the hand, the flexure surface of the wrist, elbows, genitalia, axillae, umbilicus, belt line, nipples, buttocks and penis shaft.² Scabies are often associated with pyoderma, primarily caused by a secondary invasion of pathogenic bacteria, especially from group A streptococci (*Streptococcus pyogenes*).³ The most common source of scabies transmission is skin-to-skin contact with infected individuals through social or sexual interaction, and rarely by using contaminated bedclothes, underwear, or clothing.³ The risk of transmission increases with the duration and frequency of direct skin-to-skin contact⁴; therefore scabies frequently occurs in institutions such as hospitals, nursing homes, prisons and institutions of education.^{2,5}

Pediculosis is caused by three types of lice – *Pediculus humanus capitis* (head louse), *P. humanus corporis* (body louse) and less commonly *Phthirus pubis* (pubic or crab louse).⁶ Lice are obligate human blood-sucking parasites. *Pediculus humanus capitis* parasitizes on the scalp of the host; *P. humanus corporis* lives in a person's clothes; hence, the clinical symptoms are located mainly in the place of clothing adhesion (neck, axillae, groin, and buttocks); and *P. pubis* occurs on the pubis and axillae, rarely on the eyebrows or eyelashes.^{1,7} Pediculosis most often manifests in intense pruritus, accompanied by inflammatory erythematous macules, papules and wheals, as well as excoriations, which may also be visible. Secondary bacterial infections may occur as a result of scratching.⁸ Lice are typically transmitted through direct person-to-person contact, as well as indirectly through contacts with contaminated clothing, bedding or other objects. Pubic lice infection usually occurs through sexual contact, and therefore mainly presents in adults.⁹

In Poland epidemiological analyses revealed that scabies and pediculosis are correlated with people from low socioeconomic populations, with poor hygienic conditions and poor health care systems.^{10–12} In 2008, according to a report of the National Institute of Public Health – National Institute of Hygiene, 2653 cases of pediculosis and more than 11 000 cases of scabies were recorded in Poland.¹³ Since 2009 however, scabies and pediculosis stopped being an obligatory concern of the national sanitary and epidemiological control due to the Act of the Prevention and Combating of Infections and Infectious Diseases in Humans of 5 December 2008 (Journal of Laws 2008; no 234, item 1570). The current assessment of the incidence of these parasitic infections has been left to individual research centers.

In the prevention of the spread of infectious diseases crucial is the awareness of patients about risk factors and

sources of infection, prophylactic measures and the recognition of disease symptoms for proper medical intervention. This applies in particular to people at high risk of morbidity. The data show that due to the neglectful lifestyle and low hygiene level among groups of alcoholics and people with mental problems, the common EPSDs are scabies and pediculosis.^{14,15}

2. Aim

The aim of the study was to determine the state of knowledge concerning EPSDs among alcoholics and people with mental problems hospitalized in the Provincial Complex of Psychiatric Health (WZLP – from Polish Wojewódzki Zespół Lecznictwa Psychiatrycznego) in Olsztyn.

3. Material and methods

The study was conducted on a group of 154 adult patients hospitalized during July and August 2011 in WZLP. The largest examined group was represented by outpatients (39%, $n = 60$) and patients of the Ward of Addiction Therapy (41%, $n = 63$). The study group consisted of 70 women (45%) and 84 men (55%). Most subjects were over 31 years of age (87%, $n = 134$), had secondary education (46%, $n = 71$), and lived in the city (79%, $n = 122$) (Table 1). The study was conducted by using a self-designed diagnostic survey questionnaire. Participation in the study was voluntary, and respondents were provided full anonymity during data collection and processing.

The questionnaire consisted of 5 questions concerning the demographic and social status of the respondent and 17 multiple-choice questions. The questions checked the basic knowledge of parasites and the EPSDs – pediculosis and scabies. Respondents were asked which social groups were affected by these diseases, who should receive treatment if the disease occurs in the family and ways of preventing infection. There was also verification of the patient's ability to recognize the symptoms of pediculosis and scabies, knowledge of the sources of infection and previous morbidity. Respondents also evaluated their knowledge in this field, indicated its source, and expressed their opinion about pediculosis and scabies as a social problem.

To measure the level of knowledge with regard to EPSDs, the point scale was used. For each correct answer to the question 1 point was awarded, for incorrect or incomplete answers 0 points were awarded. The respondent could obtain a maximum of 34 points. According to the number of points, respondents were divided into four groups: group A – high level of knowledge (respondents obtained at least 76% of all possible points); group B – satisfactory level of knowledge (respondents obtained a score in the range of 51%–75%); group C – fragmentary level of knowledge (respondents obtained a score in the range of 26%–50%), group D – low level of knowledge (respondents obtained 25% or less).

The data were analyzed using χ^2 test. A significance level of 0–0.05 was assumed. The test was conducted using Statistica for Windows 7.1 (StatSoft Inc., Tulsa, Oklahoma, USA).

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