



Original article

Psychological disorders associated with rosacea: Analysis of unscripted comments

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Abstract

Background: Conditions affecting the face are particularly prone to causing psychological comorbidity; patients may be reluctant to inform their physician about their psychological distress. Unscripted comments could provide novel insight regarding the psychological impact of rosacea. **Aim:** To assess psychologically distressing aspects of rosacea reported in an informal medical setting. **Methods:** Random sample of 10% of 27,051 posts analyzed, 446 comments addressed psychological effects of rosacea. Comments analyzed for symptoms of depression, anxiety, low confidence/self-esteem, and aspects of rosacea which cause distress, including symptoms, lifestyle change and difficulty with treatments. Brand names were changed to generic equivalent. **Results:** Symptoms of depression ($n = 44$) and the desire to end life ($n = 6$) were mentioned, but no comments expounded on any suicide plan. Anxiousness ($n = 7$) and negative impact on confidence/self-esteem ($n = 5$) were mentioned. Symptoms, or clinical manifestations ($n = 29$), were the most frequently mentioned distress factor, followed by lifestyle change ($n = 20$). Patients also voiced difficulty with treatments ($n = 15$). **Limitations:** Online forums may provide patient perceptions that patients would not share with a doctor, but the sample may not be representative of all rosacea patients. **Conclusions:** Inquiring about psychological impact of rosacea might be helpful in identifying patients who would benefit from supportive psychological measures.

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Keywords: Rosacea; Psychological; Social; Distress

1. Introduction

Skin disease can cause psychological turmoil, especially in patients with dermatologic conditions affecting the face

(Levy and Emer, 2012). The correlation between symptoms of depression and anxiety and symptoms of rosacea is mediated indirectly through quality of life and stigmatization associated with rosacea (Bohm et al., 2014). However, the frank psychological manifestations may be underappreciated by health professionals. Medical school curricula often allow only limited exposure to patients with chronic skin conditions, leaving physicians unprepared for managing the complex psychosocial aspects of dermatologic diseases (Latham et al., 2012). Patient perception or misperception of physician interest may prompt patient reluctance to divulge the full extent of their psychological distress.

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Formal surveys may also miss aspects of psychological distress if patients feel uncomfortable sharing their feelings with investigators or if pre-set surveys do not anticipate and query patients about all aspects of distress. Support group discussions can serve as a platform for patients to voice sentiments which they may feel uncomfortable expressing to a physician (Evans et al., 2012; Fung et al., 2008). The resulting unscripted comments about psychological distress may provide a novel window for understanding the distress of people with rosacea. The purpose of this study is to assess psychologically distressing aspects of rosacea reported in such a support group setting.

2. Methods

An online support forum for patients with rosacea was chosen for data collection (<http://rosacea-support.org/community/>). Data collection was completed in August 2013. At the time, the support site was composed of 14 forums which included 3685 topics, 27,051 posts and 3350 members.

Of the 27,051 posts, stratified random sampling (10%) and selective coding identified 1951 comments for analysis. The 1951 comments analyzed were coded for the following themes: coping with rosacea, prescription medications, laser and low light therapy, understanding rosacea, stigma, and seeking advice. 446 out of the 1951 comments focused on social perspectives such as coping with rosacea, understanding rosacea, stigma and seeking advice. These 446 comments were analyzed for psychological effects of rosacea – including symptoms of depression, anxiety, as well as low confidence/self-esteem – and aspects of rosacea which cause distress – including symptoms, lifestyle change and difficulty with treatments (Fig. 1).

We summarize key findings pertaining to these distress factors and psychosocial perspectives of patients with rosacea. To adequately portray some of the concerns of patients with rosacea, we quote several qualitatively representative comments. Brand name medications and cosmetics mentioned were changed to the generic equivalent. IRB approval was attained through Wake Forest University School of Medicine.

3. Results

3.1. Psychological effects of rosacea

3.1.1. Depressive symptoms

Symptom(s) of depression including sleep disturbance, interest and pleasure reduction, feelings of guilt or thoughts of worthlessness, fatigue, concentration impairment, appetite and weight changes, psychomotor disturbances, and suicidal ideation were mentioned frequently ($n = 44$). 6 comments expressed a desire to end life, though none expounded on any suicide plan (Table 1).

“My skin has worsened again. I am on the verge of a total breakdown... my skin certainly plays a big role in how I feel. It’s like I’m in a big dark hole that I cannot get out of. At this moment, I really wish it was just over and done with my life... I just can’t take it anymore...”

3.1.2. Feelings of anxiousness

7 comments explicitly expressed feelings of anxiety secondary to experience with rosacea (Table 1). Difficulty sleeping was mentioned as a consequence of anxiety, provoking patients to pursue relaxation techniques and meditation.

“I can’t relax. I feel so distressed. I have no one to talk to and the anxiety is overwhelming. I just don’t know what to do with myself... I just can’t focus my mind. I feel like I could cry oceans.”

“...I listened to some meditation/hypnosis download things but I found I just couldn’t relax! They were telling me to breathe...and I just couldn’t take deep breaths because my chest felt so tight!... I think if I could get just one night’s good sleep and wake up NOT burning and flushed, I’d be ok...”

3.1.3. Low confidence/self-esteem

Low confidence and diminished self-esteem were themes in our study with several comments explicitly mentioning low confidence ($n = 5$, Table 1). Low self-esteem is a main attribute of depression and can also predispose to the development of depression (Janse et al., 2004). Reluctance to venture out in public, difficulty on the dating scene and impaired performance at school or work were expressed.

“When I think back to my early twenties and how confident I used to be it makes me so sad as now I can barely look people in the eye... I haven’t had a partner for years as my confidence is so low. When I read that rosacea gets worse with age I just despair.”

3.2. Aspects of rosacea which cause distress

3.2.1. Symptoms

Symptoms were the most frequently mentioned source of distress ($n = 29$). The majority of the comments mentioned flushing and burning as the most disturbing symptom of rosacea (Table 1). Other symptoms mentioned included presence of papules and pustules which were commonly abbreviated as “p&p’s”, and nose involvement manifesting as bulbous nature and redness.

“I am not attacked so much by the p and ps but by the flaring and burning. I have tried everything...”

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