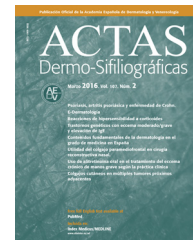




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ORIGINAL ARTICLE

Obsessive Compulsive Symptoms and Quality of Life in mothers of Children With Atopic Dermatitis



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KEYWORDS

Atopic dermatitis;
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Abstract

Background and objectives: Atopic dermatitis is one of the most common skin disorders in children and it can negatively affect both children and their families. The purpose of this study was to investigate the effect of atopic dermatitis on quality of life related to maternal health and maternal obsessive compulsive symptoms.

Methods: A cross-sectional study was conducted in the pediatric and dermatology polyclinics. The SCORAD index was used for determining the severity of disease, and the Maudsley Obsessive Compulsive Inventory (MOCI) and SF-36 form were applied to the participants' mothers.

Results: A total of 120 children and their mothers participated the study. Comparing the atopic dermatitis group and the healthy control group, no statistically significant differences were seen in terms of MOCI and SF-36 scores, except for the physical functioning subscore.

Conclusion: The results showed that having a child with atopic dermatitis and the severity of the disease do not influence their mothers in terms of obsessive-compulsive symptoms and health-related quality of life, except for physical functioning scores.

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PALABRAS CLAVE

Dermatitis atópica;
Síntomas obsesivo-
compulsivos;
Calidad de vida

Síntomas obsesivo-compulsivos y calidad de vida en madres de niños con dermatitis atópica

Resumen

Antecedentes y objetivos: La dermatitis atópica es uno de los trastornos cutáneos infantiles más comunes, que puede afectar de manera negativa tanto a los niños como a sus familiares. El objetivo del presente estudio era investigar el efecto de la dermatitis atópica en la calidad de vida relacionada con la salud materna y los síntomas obsesivo-compulsivos maternos.

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Métodos: Se dirigió un estudio transversal en policlínicos pediátricos y dermatológicos. El índice SCORAD se utilizó para determinar la gravedad de la enfermedad, y el inventario de obsesiones-compulsiones de Maudsley y el cuestionario SF-36 se entregaron a las madres de los participantes.

Resultados: En el estudio participaron un total de 120 niños y sus madres. Al comparar el grupo con dermatitis atópica con el grupo de control no se encontraron diferencias con significación estadística respecto a las puntuaciones en el inventario de obsesiones-compulsiones de Maudsley y SF-36, salvo por la subpuntuación de la función física.

Conclusión: Los resultados demostraron que tener un hijo con dermatitis atópica y la gravedad de la enfermedad no influyen en las madres por lo que respecta a sus síntomas obsesivo-compulsivos ni su calidad de vida, salvo por las puntuaciones de función física.

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Introduction

Atopic dermatitis (AD), also known as atopic eczema, is a chronic, inflammatory, clinically defined disease predominantly affecting the skin that seriously disturbs the quality of life of these patients.¹ AD is one of the most common skin disorders in children. It affects around 20% of the pediatric population and up to 3% of adults in western societies.²

The pathophysiology of AD is the result of a complex interaction between various susceptibility genes, host environments, infectious agents, defects in skin barrier function, and immunological responses.³

When caring for a child with eczema, the difficulties and time-consuming nature of managing complicated skin treatments compound the impact of sleep deprivation on the parents. Su et al. suggested that 2–3 h per day are required to look after a child with eczema⁴ and parents may also lose time from work and suffer financial loss as a result of caring for their child.^{4–8} Practical problems of everyday care are also of great concern and include increased laundry, house cleaning and food preparation, shopping and house dust mite regimes.⁷ Lawson et al. found that over 90% of families reported problems with practical care, and this was flagged as one of the most problematic areas for them. Inevitably, there are lifestyle restrictions for the family as well as the child, both at home and socially. This may include limitations of family diet, eating out, pet ownership and avoidance of certain household products such as soaps and perfumed products. Difficulties of coping with the child outside the home environment may restrict family holiday choice and there are often problems with finding appropriate childcare or babysitters.⁷ Indeed the psychological distress and the practical difficulties of caring for a child with AD are the most frequent and problematic aspects from the parents' perspective and often relate to the disease severity.^{9–12}

Parents with a young child with AD reported experiencing significantly more parenting stress than a control group with a healthy child and described themselves as significantly more depressive, hopeless, anxious and overprotective.¹³

In many patients, atopic dermatitis takes a chronic, relapsing course where it is not possible to predict periods of activity or pinpoint aggravating factors. However, certain exposures are well known for aggravating eczema and should be avoided. Several infections, notably staphylococci, are

frequent causes of exacerbations as are some foods, particularly in those cases where a patient is sensitized to any food. Lastly, many patients report that stressful living aggravates their eczema.¹⁴ Parents are very sensitive and anxious about aggravating factors and also parents have anxieties associated with corticosteroid treatment.¹⁵

Obsessive compulsive disorder (OCD) is a complex condition characterized by recurrent, intrusive, unwanted ideas, thoughts or impulses (obsessions) and attempts to reduce or neutralize the anxiety or prevent a dreaded outcome associated with the obsessions through carrying out repetitive ritualistic behavioral or mental actions (compulsions).¹⁶ OCS (obsessive compulsive symptom) is commonly associated with depression, anxiety, and marked impairment of professional and social functioning. Both aggravating factors and having to use steroids can lead to anxiety, especially including obsessive compulsive symptoms in parents.

The aims of this study were:

- 1) To investigate the severity of atopic dermatitis in children and its effect on maternal quality of life.
- 2) To investigate the magnitude of the effect of atopic dermatitis on maternal obsessive compulsive symptoms.
- 3) To investigate the relationship between parental quality of life and maternal obsessive compulsive symptoms.

Materials and methods

Setting and population

This study was a cross-sectional survey conducted at the pediatric and dermatology clinics of Turgut Ozal University between 15th September 2012 and 15th September 2013. All patients were evaluated by the same dermatologist (CG). We included consecutive children attending the pediatric and dermatology clinics who fulfilled the Hanfin and Rajka diagnostic criteria for eczema aged between one month and six years old. We recruited age and gender-matched healthy controls to compare the severity of parental OCS and Quality of Life with AD. These healthy controls were children attending for well child follow-up.

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