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ORIGINAL ARTICLE

Quality of Life, Behaviour and Attitudes towards Actinic Keratosis in Spain: The PIQA Study[☆]

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KEYWORDS

Actinic keratosis;
Quality of life;
Treatment adherence;
Sun-exposure;
Sun-damage;
Photoprotection

Abstract

Objective: This study was aimed to examine patients' knowledge, behaviours and attitudes regarding actinic keratosis (AK) lesions and the impact of the disease on patients' quality of life (QoL).

Methods: Observational study of patients with AK lesions in Spain. QoL was evaluated with the validated version of Spanish AKQoL questionnaire. Skin self-examination, sun-exposure, habits and attitudes towards AK's treatment were recorded using different questionnaires. The adherence was assessed by means of the Morisky-Green test. Among other variables, QoL and adherence to treatment were compared by using Pearson's χ^2 test and one-way ANOVA tests. Inferential analysis regarding such factors and length of treatment were also performed.

Results: A total of 1240 patients (73.6 [10.5] years old) were recruited. Overall, patients that showed higher levels of concern were also showed a higher impairment on QoL. AK had greater effects on women's QoL and those who performed skin self-examination, think that AK is a disease and/or believe that moisturizers can prevent skin aging ($P < .05$). Adherence and length of treatment were strongly related, since patients with treatments intended for < 1 week were more likely to show good adherence and complete remission of AK (Odds Ratio [95% CI]: 6.25 [4.55-8.33] and 2.63 [1.96-3.45]), respectively).

Conclusions: Concerns due to AK are mainly related to sex and to the consideration of AK as a disease. More concerned patients tend to have lower QoL and good adherence to treatment. Short length of treatment was associated with better adherence and complete remission of AK lesions.

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PALABRAS CLAVE

Queratosis actínica;
Calidad de vida;
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tratamiento;
Exposición al sol;
Daño solar;
Fotoprotección

Calidad de vida, comportamiento y actitudes hacia la queratosis actínica en España: estudio PIQA**Resumen**

Objetivo: El objetivo de este estudio fue examinar el conocimiento, el comportamiento y las actitudes de los pacientes hacia las lesiones de queratosis actínica (QA) y cómo esta enfermedad influye en la calidad de vida (CV).

Métodos: Estudio observacional de pacientes con lesiones de QA en España. La CV se evaluó con la versión española del Cuestionario de Calidad de Vida en pacientes con Queratosis Actínica (AKCV). El autoexamen de la piel, la exposición al sol y los hábitos y actitudes hacia el tratamiento de la QA quedaron registrados a través de diferentes cuestionarios. La adherencia al tratamiento fue valorada utilizando el test de Morisky-Green. Entre otras variables, la CV y la adherencia al tratamiento se compararon mediante la prueba de χ^2 de Pearson y las pruebas ANOVA de un factor. También se llevó a cabo un análisis inferencial tanto de estas variables como de la duración del tratamiento.

Resultados: Se reclutaron un total de 1.240 pacientes (73,6 [10,5] años). En líneas generales, los pacientes que mostraron mayores niveles de preocupación también mostraron un mayor deterioro de la CV. La QA tuvo mayores efectos sobre la CV de las mujeres, sobre los pacientes que realizaban autoexploraciones de la piel, y sobre los que piensan que la QA es una enfermedad y/o creen que los hidratantes son capaces de prevenir el envejecimiento de la piel ($p < 0,05$). Tanto la adherencia como la duración del tratamiento guardaron una estrecha relación, ya que los pacientes con tratamientos de menos de una semana de duración tenían más probabilidades de mostrar una buena adherencia y una remisión completa de la QA (cociente de *odds* u *odds ratio*: OR [IC 95%]: 6,25 [4,55-8,33] y 2,63 [1,96-3,45], respectivamente).

Conclusiones: Las preocupaciones que hay en torno a la QA se asocian, principalmente, al sexo y a que la QA se considera una enfermedad. Los más preocupados suelen tener una CV más baja y una buena adherencia al tratamiento. Una duración corta del tratamiento se asoció a una mejor adherencia y a una remisión completa de las lesiones de QA.

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BACKGROUND

The presence of Actinic Keratosis (AK) lesions on photo-exposed areas like the face and scalp is relatively common in Spanish population and is one of the main reasons for consultation to dermatologist.^{1-4,25} The clinical significance of AK relates to the risk of malignant transformation to non-melanoma skin cancer (NMSC), including squamous cell carcinoma (SCC).

Because it is impossible to predict whether a given AK will regress, persist, or progress, AKs should be ideally treated,⁵ especially in immunosuppressed individuals and those with a history of NMSC.^{6,7} Most treatments (lesion-directed and field-directed) significantly reduce AK lesions, but may elicit a range of local skin responses which usually have a negative impact on Quality of Life (QoL).⁸ Furthermore, some treatments have a long duration that may negatively affect adherence to treatment⁹ that is associated with poor response to treatment and worse disease outcome.^{10,11} Consequently, current guidelines and expert consensus advocate choosing a treatment schedule based not only on AK-related factors but taking into account patients' characteristics, expectations, opinions and preferences as well.^{4,12,25}

General practice establishes that primary prevention of sun-related skin diseases requires the adoption of educational measures regarding sun-protective behaviours¹³ and other actions in order to raise people's awareness about the real danger of these diseases.¹⁴ Non-consideration of AK as a threat constitutes a barrier for many people in the acquisition of healthy sun exposure habits.¹⁵ Indeed, this kind of misconceptions should be seriously considered since these may influence negatively some relevant factors, not only in AK prevention, but also adherence to its treatment.¹⁶

In this scenario, the aim of this study was to examine patients' knowledge, behaviours and attitudes regarding AK lesions, and also to assess the impact of this disease on their QoL.

MATERIALS AND METHODS**Setting and population**

A multicentre, prospective and observational study was conducted by 191 dermatologists from all over Spain to obtain a representative sample of the territory. The study was conducted in accordance with the Declaration of Helsinki

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