A proposed Model of Illness Behavior in Dermatology

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Abstract:

The effect of skin diseases on patients' lives can be profound, but usually do not affect patients' life span and all aspect of life can be interfered, such as impact on family, occupation, social activities, rejection experience and stigma feeling. A total of 346 patients suffering either from psoriasis (71), vitiligo (79), alopecia areata (67), Acne vulgaris (66) or pityriasis versicolor (63) were selected for the illness behavior study. A questionnaire form designed for study of illness behavior was used.

The results showed that majority of patients' perceived their illness by visibility of rashes (68.8%) and high percentage of patients were first negotiated their symptoms with family (77.2%). The first referral was to traditional care (55.2%), while referral to medical care was (44.8%). The main cause of delay in seeking care was that, the patients considered their problems as simple and trivial and there was no need for any action taken

(47.7%). Cosmetic problem was the major reason for motivation for seeking care, which constituted (70.5%). More than a half (59.8%) of patients received advice from family and relatives and about 49.9% reported that their disease had an impact on family relatives while those claimed impact on work / school and social relation was 153 (44.2%) and 205 (59.2%) respectively. Generally, more than half of the patients (54.6%) were unsatisfied with skin appearance females (29.5%) were more than males (25.1%). But those who reported satisfied (45.4%), males (25.4%) were more than females (19.9%).

A survey of the literatures did not show report or study concerning the illness behavior in dermatology. A proposed illness behavior model in dermatology were represented in a schematic model.

Introduction:

Illness behavior has been defined in various ways. Kasl and Cobbs (1966) defined illness behavior as "any activity undertaken by individuals who perceive themselves as ill for purpose of defining their state of health and finding an appropriate remedy" [1]. However the more frequently used definition is the one proposed by Mechanic and Volkart (1961) which is "the way in which symptoms are perceived, evaluate, and acted upon a person who recognizes some pain discomfort, or other sign of organic malformation" [2].

The study of illness behavior has led to an emphasis on questions such as what is health? What is illness? How do people come to feel ill? and what do they do about it? , Health and illness are relatives concepts and are conceived differently in different societies and different historical periods, only those who feel ill will present for medical attention [3-5].

After the person recognizes the symptoms, the next stage, he will define himself as ill either "self defined" or "other defined" by family, relative and friends. Mechanic said many factors affecting response to illness called it "Ten Determinants" or "variables" of illness behavior, which included:

1- Salience of symptoms
2- Perceived seriousness
3- Extent of disruption of activities
4- Frequency and persistence of symptoms
5- Tolerance thresholds
6- Bases of appraisal (Available information)
7- Needs for denial (basic needs that lead to denial)
8- Competing needs
9- Alternative interpretation
10- Accessibility of treatment [5].

Sickness represents a deviant status for the individual from the "well" population, if nevertheless, evokes a set of the patterned of expectations, both for the individual himself and for the person who interacts with him (social expectation). The content of these expectations has been described as (Sicke Role) with two rights and two obligations as:

1- exemption from duty
2- exemption from responsibility from his own state
3- desire to get well as soon as possible
4- seek medical help [2,5].

The whole process of seeking help involves a network of potential consultations from the intimate confines of the nuclear family and friends "Lay referral system" through successively more select "professional consultations". Laymen consultants may interfere with professional consultations, either congruent or incongruent with professional ideas, which reflect on the utilization of medical service [4,6]. Seeking for health care depends upon what is the patient believed to be the cause of disease. An educated patient usually prefers modern medicine, while, if the patient believes that the disease is due to the influence of an evil spirit, evil eye, sorcery, breach of taboo, witchcraft, magic, etc. In this case the folk medicine may be appropriate for its care according to patient's consideration [5,6].

The Third National Survey of Morbidity in General

practice in Australia (1990-1991) reported only 0.6% of them referred to a dermatologist. Self-medication with over the counter (OTC) medicine has long been a feature of the lay health system (non-prescription medicine) and is consider as a way of shifting some of the cost of health care [7,8,9].

Methods

A total of 346 patients from Basrah General Hospital [125], Saddam Teaching Hospital [86] and the private clinic of the dermatology [135] patients suffering either psoriasis [71], vitiligo [79], alopecia areata [67], Acne vulgaris [66] or pityriasis versicolor [63] were selected for the illness behavior study. The eligibility criteria required for diagnosis of patients consist of combination of symptoms and signs. The data were collected by using questionnaire form through direct communication by personal interview. Finally a pathway of illness behavior of the dermatological patients was represented in a proposed schematic model.

Results

The selected patients included 175 [50.6%] males and 171 [49.4%] females. The majority of patients perceived their illness by visibility [68.8%], site [57.5%]. A high percentage of patients who first negotiated their symptoms with family [76.6%], the females [43.1%] were more than males [34.1%]. The major cause of delay in seeking care of patients under study was that, the patients considered the symptoms as simple and trivial and there was no need for any action taken [47.7%] and the second cause was the cost which consisted [28.3%], cosmetic problem was the major reason for seeking care which consisted [70.5%] of patients followed by visibility [63.6%] and feeling skin unclean [39.6%]. More than a half [59.8%] of patients received advice from family and relatives for seeking health care while self referral was [52.3%].

Nearly half of the patients [49.9%] reported that their disease had an impact of family relations. The situation among females [27.5%] was more than among males [22%]. The patients reported that feeling skin unclean [28.3%], ashamed [27.7%], and sex life disharmony [22%]. Similarity about 153 [44.2%] of patients reported impact of disease on work/school, females [22.8%] and males [21.4%]. The major cause was due to less interested in the work/school [29.5%], uncomfortable with colleagues [16.8%], and sick leave [15.6%]. Higher of impact on school relations was mentioned in 5 [59.2%] of patients, males and females were nearly equal [29.5%] and [29.85%] respectively. The majority of patients mentioned no desire for friendship [36.7%], others were uncomfortable in-group activities [29.5%]. About third [29.5%] of the patients reported unsatisfied with social life.

Generally, more than half of the patients [54.6%] were unsatisfied with skin appearance. The percentage of females [29.5%] who reported unsatisfied were more than males [25.1%]. But those who reported satisfied [45.4%], males [25.4%] were more than females [19.9%].

Discussion

Illness behavior is considered as a form of deviance or departure from normality when someone experiences abnormal symptoms. This behavior depends on cultural ides about health and diseases, so that treatment and prevention follow logical from beliefs about causation [4]. Many factors will influence the decision for seeking care, such as sociodemographic variables, severity of symptoms, degree of interference with normal functioning, values and attitude to health and illness that have implication for illness behavior [3,6].

The results of study showed higher percentage of patient negotiated their symptoms and received advice from family. The study showed that the perception of symptoms and signs depend on the nature of each disease; such as in case of psoriasis when the majority of patients perceived the diseases mainly by presence of scales, while in vitiligo and pityriasis versicolor by color changes. The perception alopecia areata by hair loss and acne vulgaris by presence of rashes. Also our results agreed with other studies which found that [53%] of psoriasis patients described themselves as bothered by the visibility of their psoriasis [10,11]

The data of study showed that cosmetic problems , visibility and feeling skin unclean were the three main leading reasons for seeking care . also the study showed that more than half of the patients were unsatisfied with skin appearance and [30.9%] considered their diseases as severe . However, [47.7%] of patients considered their disorders , simple and trivial and no need for treatment .

In comparison with other studies in medical sociology, Scrambler [1990] found that three quarters of those participating in the study discussed their symptoms with some other persons before resorting to professional help [4] which was consistent

with the result of the present .The data of study indicated stigma feeling were common among patients with skin unclean , contagious , humiliation or rejection experience . this feeling depend on the nature of the disease .

The study indicated high percentage of patients experience impact on family relations, work /school and social relations.

These results consistent with study of Ginsburge and link [1988] .They found that about [74%] of psoriatic tended to agree with the statement "I sometime avoid social situation because of psoriasis", [72%] felt physically unattractive and sexually undesirable [60.7%] would not apply to the job because of the employer might discriminate [55.3%] ashamed to engage in sexual activity [22%] feel many people assume that psoriasis is a sign of personal weakness [28.5%] patients think that others think that psoriatic patients are dirty [47.9%] because of the use many cream and ointment the patients preoccupied with feeling unclean [46.3%] people fear that the skin rash is contagious [52%] patients feel different from other people[10-12].

As far as we know there was no illness behaviour model for specific or in general skin diseases for this reason a proposed schematic model for patients with skin diseases is shown in[fig.1], illustrates the perceptions , evaluation and action taken in selected groups of skin diseases. This model may be important for the clinicians and researcher and might be a useful contribute to the field of medical sociology.

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Diseases	BGH		STH		PV		Males		Females		Total
	No	%	No	%	No	%	No	%	No	%	1
Psoriasis	23	32.4	12	16.9	36	50.7	36	50.7	35	49.3	71
Vitiligo	26	32.9	18	22.8	35	44.3	36	45.6	43	54.4	79
Alopecia A	24	35.8	17	25.4	26	38.8	32	47.8	35	52.2	67
Acne	27	40.9	19	28.8	20	30.3	34	51.5	32	45.5	66
Pityriasis V	25	39.7	20	31.7	18	28.6	37	58.7	26	41.3	63
Total	125	36.1	86	24.9	135	39.0	175	50.6	171	49.4	346

**BGH=Basrah General Hospital*
STH=Saddam Teaching Hospital
PC=Private clinic of the investigator
(Picture in the next file.)

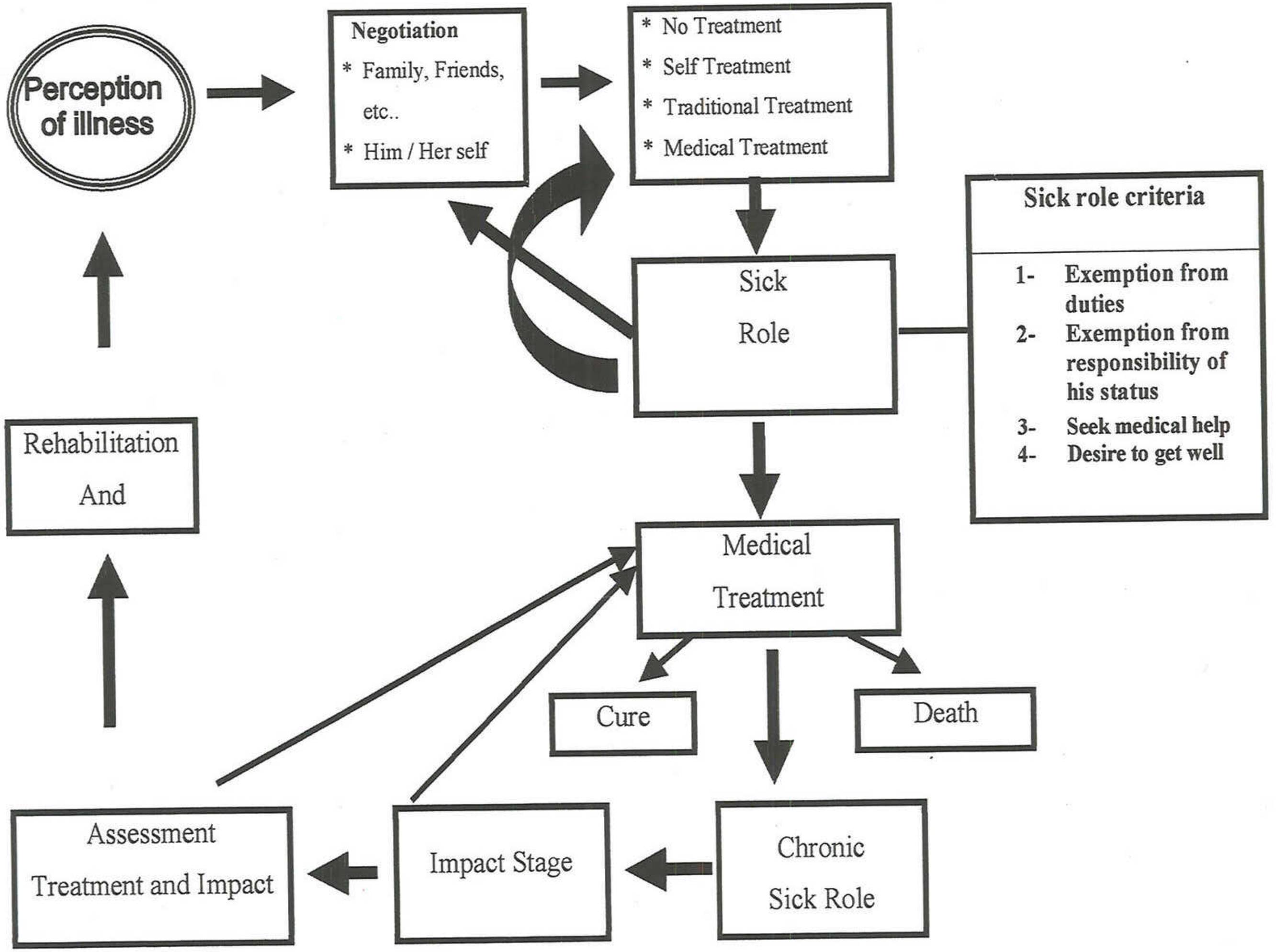

Fig. 1 – Proposed Illness Behavior model in Dermatology.