



SKIN DISEASES ARE A COMMON PROBLEM AMONG YOUNG ADULTS

Otaxonova Dilnoza

student of Kimyo International University in Tashkent

Key words: *Hair morbidities, medical students, skin morbidities*

Introduction: Skin diseases are a major health problem affecting a high proportion of the population in India.[1] Skin diseases can place a heavy emotional and psychological burden on patients that may be far worse than the physical impact.[2] Increased consciousness especially among the youth of their body and beauty further aggravates their anxiety.[3] Many factors determine the pattern and prevalence of cutaneous diseases among the youth such as gender, race, personal hygiene, quality of skin care, environmental milieu and diet.[4] In some instances, patients appear to produce their skin lesions as an outlet for nervous tensions arising from interpersonal conflicts and/or unresolved emotional problems.[5]

Even though dermatology is characterized by an enormous range of disease/reaction patterns, prevalence surveys suggest that the bulk of skin diseases belong to fewer than ten categories.[6] Such observations are useful in developing educational and preventive health programs for the benefit of university students. Their proper management at earlier stages with education of students is important to prevent disfiguring complications and psychological sequelae later in life.[3]

However, very few studies have been carried out in India to find out the problem of skin diseases and that especially among the medical students. The reason for this negligence could be the low mortality rate of the majority of skin diseases in comparison with other diseases. This has also resulted in international health policy makers and local decision makers to make dermatological morbidities a low priority.[7] Another concern is that the benefits of public health interventions in reducing the prevalence, morbidity and mortality of skin diseases may be underestimated.[8] Thus there is a need for more studies with respect to dermatological morbidities in a developing country like India. With this background, this study was carried out to find out the pattern and severity of skin disorders and to describe their association with various socio-demographic factors among medical students of a private medical college in Mangalore city of south India.

MATERIALS AND METHODS

This cross-sectional study was done in June 2011. The ethical approval for conducting this study was obtained from institutional ethics clearance committee. A sample size of 278 was determined using a confidence level of 95%, with 15% degree of precision of the expected proportion and an estimated minimum prevalence of 40%. These students were chosen from the 4th, 6th and 8th semester through convenient sampling method so that the sample will have a balanced representation of 2nd, 3rd and final phase medical students of the institution.



The students were briefed about the objective of the study and written informed consent was taken for participation. A pre-tested self-administered semi-structured questionnaire was used for data collection. The face validity of this questionnaire was done by an expert in dermatology who reviewed the contents of the questionnaire. The questionnaire was subjected to a pilot trial on 10 students before it was distributed in its final form. Reliability of the questionnaire was assessed using Cronbach's Alpha the value of which was 0.82 indicating good internal consistency. Questions on the presence of any skin morbidities suffered by the student participants in the past 1 year were asked.

Additionally questions like frequency of face wash in a day, usage of facial cleansing products, frequency of head and body bath in a week, frequency of usage of hair shampoo in a week, usage of sunscreen lotions, moisturizers or cosmetics, frequency of changing into new clothes, habit of sharing linen with friends and promptness in seeking dermatologist consultation for skin ailments were asked to assess the quality of skin care. Life style habits were assessed based on amount of water consumed in a day, frequency of eating fatty or oily food stuffs in a week, frequency of consumption of fruits and vegetables in a week, smoking habits and recreation habits like swimming.

Each response for the question meant to assess quality of skin care and life style habits were given scores from 0 to 2. Scores from 0 to 11 for questions deciding quality of skin care meant poor, 12-22 meant good level of skin care. Similarly scores from 0 to 5 for questions deciding life style meant poor and 6-10 meant good level of lifestyle habits.

The data entry and analysis were done using Statistical Package for Social Sciences software package (SPSS Inc., Chicago, IL) version 16. Chi-square test was used to find out the association of socio-demographic variables with the presence of skin morbidities, quality of skin care and life style habits $P < 0.05$ was taken as statistically significant association.

CONCLUSION:

From the findings of one- year- period prevalence of various skin disorders we conclude that skin morbidities are very common among medical students, particularly cosmetic problems like acne, hair loss and skin tan. Severe types of acne and fungal infections were significantly more among males whereas hair morbidities were significantly more among females. Patterned baldness and sun tans were seen significantly more among non-Mangalorean students than native Mangaloreans. This emphasizes the need to popularize the importance of personal protective measures like usage of sun screens among students. Establishment of registries for specific skin diseases, particularly for those with a high disease burden will also help in good case accountability stressing importance to dermatological public health.



REFERENCES:

1. Abolfotouh MA, Bahamdan K. Skin disorders among blind and deaf male students in Southwestern Saudi Arabia. *Ann Saudi Med.* 2000;20:161–4. [[PubMed](#)] [[Google Scholar](#)]
2. Ayer J, Burrows N. Acne: More than skin deep. *Postgrad Med J.* 2006;82:500–6. [[PMC free article](#)][[PubMed](#)] [[Google Scholar](#)]
3. Bajaj DR, Devrajani BR, Ghouri RA, Matlani BL. Pattern of skin disorders among adolescent female students at Hyderabad, Sindh. *J Pak Assoc Derma.* 2009;19:79–85. [[Google Scholar](#)]
4. Dunwell P, Rose A. Study of the skin disease spectrum occurring in an Afro-Caribbean population. *Int J Dermatol.* 2003;42:287–9. [[PubMed](#)] [[Google Scholar](#)]
5. Obasi OE, Naguib M. Dermatitis artefacta: A review of 14 cases. *Ann Saudi Med.* 1999;19:223–7. [[PubMed](#)] [[Google Scholar](#)]
6. Dogra S, Kumar B. Epidemiology of skin diseases in school children: A study from northern India. *Pediatr Dermatol.* 2003;20:470–3. [[PubMed](#)] [[Google Scholar](#)]
7. Hay R, Bendeck SE, Chen S, Estrada R, Haddix A, McLeod T, et al. Skin diseases. In: Jamison DT, Breman JG, Measham AR, editors. *Disease Control Priorities in Developing Countries.* 2nd ed. New York: Oxford University Press; 2006. pp. 707–22. [[Google Scholar](#)]
8. Khatami A, San Sebastian M. Skin disease: A neglected public health problem. *Dermatol Clin.* 2009;27:99–101. [[PubMed](#)] [[Google Scholar](#)]
9. Burns DA, Cox NH. Introduction and historical bibliography. In: Breathnach S, Burns T, Griffiths C, editors. *Rook's Textbook of Dermatology.* 7th ed. Oxford: Blackwell Science; 2004. p. 1. [[Google Scholar](#)]
10. Bickers DR, Lim HW, Margolis D, Weinstock MA, Goodman C, Faulkner E, et al. The burden of skin diseases: 2004 a joint project of the American Academy of Dermatology Association and the Society for Investigative Dermatology. *J Am Acad Dermatol.* 2006;55:490–500. [[PubMed](#)] [[Google Scholar](#)]
11. Johnson ML. Defining the burden of skin disease in the United States—A historical perspective. *J Invest Dermatol Symp Proc.* 2004;9:108–10. [[PubMed](#)] [[Google Scholar](#)]
12. Dalgard F, Svensson A, Holm JØ, Sundby J. Self-reported skin morbidity among adults: Associations with quality of life and general health in a Norwegian survey. *J Invest Dermatol Symp Proc.* 2004;9:120–5. [[PubMed](#)] [[Google Scholar](#)]
13. Roodsari RM, Malekzad F, Amini R, Shiri M. Frequency of skin disorders among university students in Shahid Beheshti University of Medical Sciences. *Pajouhesh Dar Pezeshkir.* 2006;30:183–6. [[Google Scholar](#)]
14. Yang YC, Cheng YW, Lai CS, Chen W. Prevalence of childhood acne, ephelides, warts, atopic dermatitis, psoriasis, alopecia areata and keloid in Kaohsiung County, Taiwan: A community-based clinical survey. *J Eur Acad Dermatol Venereol.* 2007;21:643–9. [[PubMed](#)] [[Google Scholar](#)]
15. Mallon E, Newton JN, Klassen A, Stewart-Brown SL, Ryan TJ, Finlay AY. The quality of life in acne: A comparison with general medical conditions using generic questionnaires. *Br J Dermatol.* 1999;140:672–6. [[PubMed](#)] [[Google Scholar](#)]



16. Barankin B, DeKoven J. Psychosocial effect of common skin diseases. *Can Fam Physician*. 2002;48:712–6. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
17. Khatrar JA, Hamadeh GN, Rahi AC, Musharrafieh UM. Common dermatologic diseases among students at a tertiary care center in Lebanon. *J Med Liban*. 2010;58:195–8. [[PubMed](#)] [[Google Scholar](#)]
18. Nematian J, Ravaghi M, Gholamrezanezhad A, Nematian E. Increased hair shedding may be associated with the presence of *Pityrosporum ovale*. *Am J Clin Dermatol*. 2006;7:263–6. [[PubMed](#)] [[Google Scholar](#)]
19. Rushton DH, Norris MJ, Dover R, Busuttill N. Causes of hair loss and the developments in hair rejuvenation. *Int J Cosmet Sci*. 2002;24:17–23. [[PubMed](#)] [[Google Scholar](#)]
20. Kantor J, Jay K, Brooks D, Cotsarelis G. Decreased serum ferritin is associated with alopecia in women: A case controlled study. *J Invest Dermatol*. 2001;117:435–41. [[PubMed](#)] [[Google Scholar](#)]
21. Cash TF, Price VH, Savin RC. Psychological effects of androgenetic alopecia on women: Comparisons with balding men and with female control subjects. *J Am Acad Dermatol*. 1993;29:568–75. [[PubMed](#)] [[Google Scholar](#)]
22. Cestari TF, Benvenuto-Andrade C. Hyperpigmentation and melasma: A physiopathologic review for the clinical dermatologist. *Cosmetic Dermatol*. 2005;18:703–6. [[Google Scholar](#)]
23. Bjarnadóttir E, Gíslason D, Gíslason T. Atopy and allergic disorders among Icelandic medical students. *Laeknabladid*. 2001;87:621–4. [[PubMed](#)] [[Google Scholar](#)]
24. Lello J, Pearl A, Arroll B, Yallop J, Birchall NM. Prevalence of acne vulgaris in Auckland senior high school students. *N Z Med J*. 1995;108:287–9. [[PubMed](#)] [[Google Scholar](#)]
25. Paik JH, Yoon JB, Sim WY, Kim BS, Kim NI. The prevalence and types of androgenetic alopecia in Korean men and women. *Br J Dermatol*. 2001;145:95–9. [[PubMed](#)] [[Google Scholar](#)]