

Chronic Urticaria and Quality of Life

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Abstract

Original Research Article

Introduction: Chronic spontaneous urticaria is a common inflammatory dermatosis which is defined by the presence of mobile, fleeting and pruritic papular erythematous skin lesions disappearing in less than 24 hours without leaving a scar and which lasts more than 6 weeks. The objective of our study is to investigate the impact of urticaria on patients' quality of life and to determine whether there is a relationship between quality of life and disease severity. **Materials and methods:** Cross-sectional study recruiting patients consulting for urticaria at the dermatology department at Chu Hassan II between the period from May 2021 to May 2023. 2 questionnaires on the quality of life of chronic urticaria (CU-Q2oL) and DLQI in Arabic version validated by Samah Tawil et al were used. The CU-Q2oL composed of 23 items. DLQI composed of 10 items. Each item was scored from 1 to 5 (score 5 = most affected, score 1 = unaffected). **Results:** We collected 120 patients, whose average age is 40 years, with a female predominance and a sex ratio of 2F/M. The averages of the domains, the items and the frequency of occurrence of an item were established. The highest mean scores were in the symptom domains, followed by sleep disturbance, living activities, appearance, and boundaries. The highest mean item scores were for pruritus and wheals followed by sleep disturbances, mood changes, nervousness, discomfort, fatigue, loss of concentration, reduction in work and social relationships. **Conclusion:** Chronic urticaria could have a negative impact on the quality of life of Moroccan patients. Therefore, it is important to recognize the effects that chronic urticaria can have on quality of life and to take this into account during management as well as when evaluating response to treatment.

Keywords: Urticaria, quality of life, questionnaire.

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INTRODUCTION

Chronic spontaneous urticaria is a chronic and often debilitating skin disease that can have a profound influence on patients' quality of life (QoL) and their ability to perform usual daily activities.[1] It is a common inflammatory skin disease that occurs defined by the presence of mobile, fleeting and pruritic erythematous papular lesions disappearing in less than 24 hours without leaving a scar and lasting more than 6 weeks [2] Due to its chronic nature, many patients suffer significant adverse effects on their quality of life and present symptoms of depression or anxiety [3]. To date, there have been no studies using quality of life assessment in Moroccan patients with chronic urticaria.

The objective of our study is to evaluate the quality of life of patients and to determine and determine the factors associated with it. This would allow us to better understand the disease and provide a more effective way to manage it.

MATERIALS AND METHODS

Cross-sectional study recruiting patients consulting for chronic urticaria at the dermatology department at Chu Hassan II between the period from May 2021 to May 2023. 2 questionnaires on the quality of life of chronic urticaria (CU-Q2oL) and DLQI in Arabic version validated by Samah Tawil et al were used [4]. The CU-Q2oL composed of 23 items. DLQI composed of 10 items. Each item was scored from 0 to 5 (score 5 = most affected, score 0 = unaffected). A score is calculated for each dimension, then a total index is calculated for all dimensions. The score ranges from 0 to 100. The higher the score, the worse the patient's perception of their quality of life.

The study excluded patients diagnosed with acute urticaria, contact urticaria, urticarial vasculitis, angioedema without urticaria, patients unable to understand the study terms.

Statistical analysis was performed via SPSS. Descriptive statistical analysis was used in the clinical and demographic characterization of the patients studied.

RESULTS

We collected 120 patients, with 40 men and 80 women, the average age is 40 years, with a female predominance and a sex ratio of 2 F/M. Most of our patients are of urban origin, among the most common antecedents among our patients are allergic rhinitis, the

average duration of development is 5 years. The means of the domains, the items and the frequency of occurrence of an item were established. The highest mean scores were in the symptom domains, followed by sleep disturbance, living activities, appearance, and boundaries. The highest mean item scores were for pruritus and wheals followed by sleep disturbances, mood changes, nervousness, discomfort, fatigue, loss of concentration, reduction in work and social relationships (see Chart 1 and 2).



Figure 1: Clinical image of urticarial plaques on the thigh and lateral aspect of the trunk



Figure 2: Clinical image of urticarial plaques in the palmar area

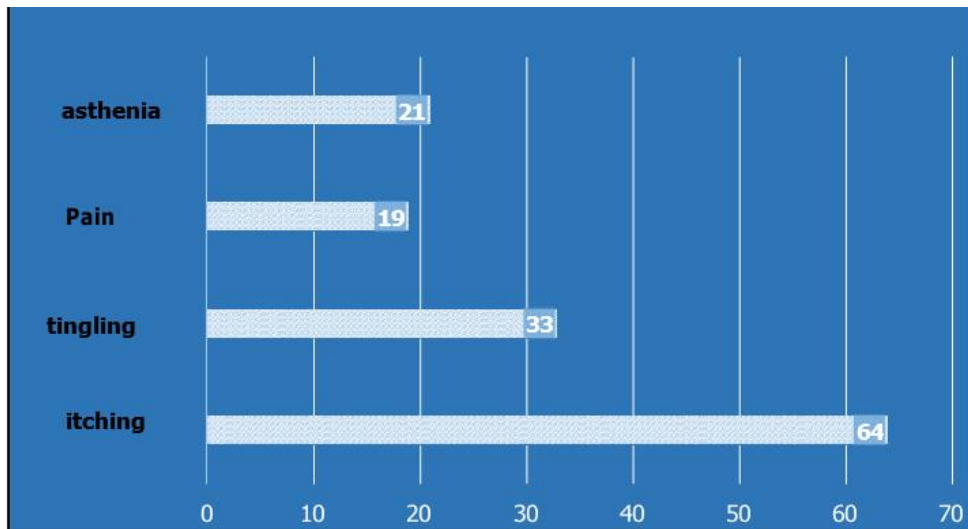


Chart 1: Distribution of Patients' functional Signs

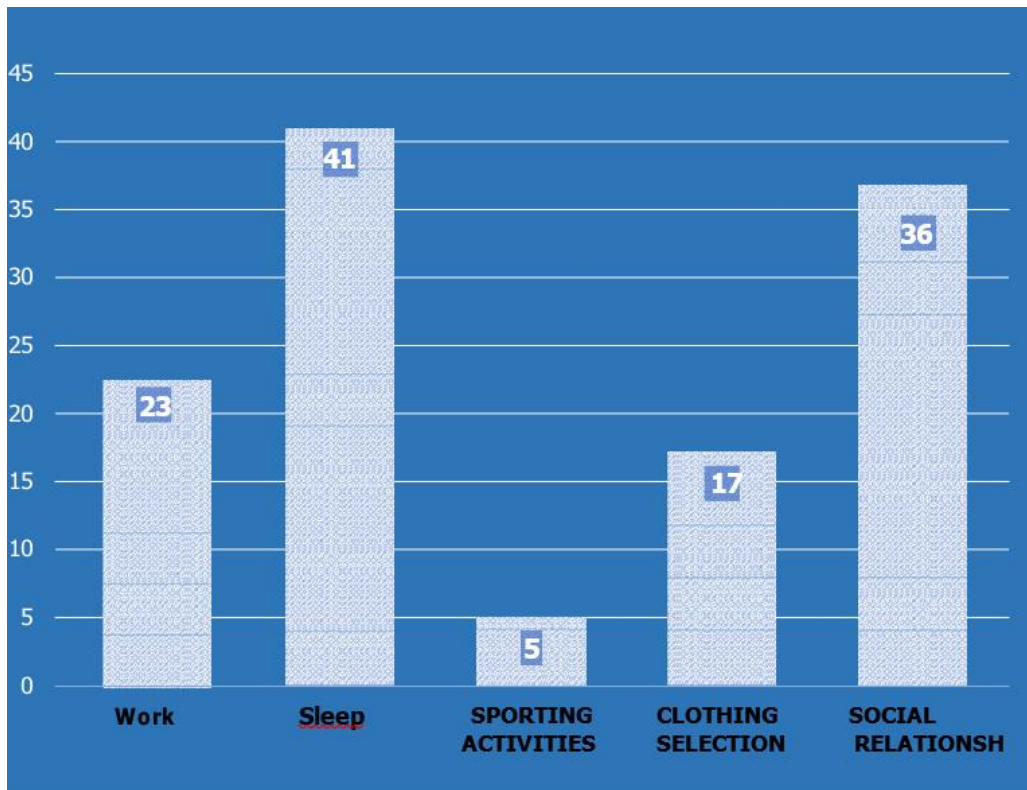


Chart 2: Distribution of Patients According to Areas Reached

DISCUSSION

Chronic spontaneous (idiopathic) urticaria (CSU), defined as the occurrence of papules, angioedema, or both for more than 6 weeks; it may be accompanied by daily or almost daily signs and symptoms or an intermittent course/ recurrent [5]. The exact incidence of chronic urticaria is not known but it is estimated between 0.1 and 0.5% in the general population [6]. Available data indicate that urticaria markedly affects both the objective functioning and subjective well-being of patients. There have been numerous studies on the impact of UCI on quality of life,

O'Donnell *et al.*, [7] studied 142 patients with CIU using an internationally validated quality of life instrument and compared them to 98 patients with coronary artery disease. During the evaluation. Health Status Scores in patients were comparable to those in patients with coronary heart disease.

Most quality of life studies regarding chronic urticaria have used generic questionnaires such as the Dermatology Life Quality Index (DLQI), which has been validated as a useful instrument for assessing HRQoL of patients with chronic urticaria [8]. However, the DLQI can be used for any dermatological disease, as it was not

developed specifically for patients with chronic urticaria and cannot measure important factors. CU-Q oL is a valid and specific instrument to assess health-related quality of life HRQoL. It is easy to apply and requires five minutes to be completed by the patient. The CU-QOL has been well validated in Arab patients.

The population evaluated in our study showed a high predominance of chronic urticaria in women (71%). Epidemiological studies show that the frequency is twice as high in women [9]. In most studies, the maximum age of onset of UC is between 20 and 40 years old, which is consistent with the age of our study population.

The disease leads to sleep disturbances, causing significant damage to mental health, as well as chronic fatigue, loss of professional productivity and engagement in personal and social life. Previous studies reported that chronic urticaria had a significant impact on quality of life, particularly regarding sleep and energy, which is consistent with our results [10].

Most of our patients suffered from severe symptoms (mean score = 4.3), but they rarely complained about the effect on their quality of life. Significantly, CU-QOL could reveal the involvement of a number of items never performed by the patients themselves. A significant correlation was also observed between the elements, which could aggravate each other. Our results are consistent with those of studies first carried out in Nipale and India [11] and in Korea [12] and Japan [13]. We suggest that CU-QOL be systematically used during each initial and follow-up visit to document the full extent of the burden of disease, and its treatment.

CONCLUSION

The impairment in the quality of life of patients with UC is very significant, as evidenced by our study. The evaluation of this impact in these patients is desirable in order to detect the dimensions most affected and to try to intervene with practical advice and, if necessary, with specialized psychological care. The management of patients with UC should be comprehensive, sometimes requiring the cooperation of the dermatologist and the psychiatrist to evaluate and possibly treat the psychological repercussions of this dermatosis. The establishment of mixed “dermatology-psychiatric” consultations would be interesting to make this cooperation a reality.

Our study confirms the significant impact of UC on the QOL of patients despite the low number of cases collected. Therefore, it is important to recognize the effects that chronic urticaria can have on quality of life and to take this into account during management as well as when evaluating response to treatment.

Source of Support: Nil

Conflict of Interest: The authors declare that they have no conflicts of interest.

CONSENT

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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