

## TREATMENT SEEKING BEHAVIOR AMONGST PATIENTS OF VITILIGO: AN OBSERVATIONAL STUDY

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### Abstract

**Background:** Poor treatment practices adopted by patients increase the dissatisfaction and psychosocial morbidity amongst patients thus necessitating to study the treatment seeking behaviour amongst vitiligo patients.

**Materials and Methods:** Details of the patients regarding previous treatment, compliance issues, treatment satisfaction were noted in a predesigned proforma and analysed for this observational study.

**Results:** Out of 210 patients of vitiligo participating in the study. 72.38% patients had received prior treatment, (53.95%) were dissatisfied with treatment. 30.92% (47/152) had compliance issues during treatment. Most common cause of treatment dissatisfaction was incomplete response (47.56%) Most common reason cited was long duration of treatment (42.55%)

**Conclusion:** Appropriate counselling regarding slow and protracted course of disease, and nature of treatment might help to improve the compliance amongst patients.

**Keywords:** Vitiligo, treatment, dissatisfaction, noncompliance

### Introduction

Vitiligo, the most common depigmentary disorder of the skin and hair, is an acquired condition characterized by milky-white sharply demarcated macules.<sup>1,2,3</sup> Despite its innocuous nature, the disease may have significant psychosocial impact on patients due to cosmetic disfigurement.

The society's response towards vitiligo is also reflected on patient's wellbeing, quality of life, sense of stigmatization and may extend to affect treatment.<sup>4,5</sup>

Vitiligo is a slow and progressive disease and may have remissions and exacerbations correlating with triggering events. While there is no cure for the disease, response to treatment varies between individuals but is often unsatisfactory. Lack of knowledge and widespread prevalent myths about the disease also influence the treatment practices adopted by the patients.

Poor treatment practices adopted by patients further increase the dissatisfaction and psychosocial morbidity amongst patients thus making it imperative to study the treatment seeking behaviour amongst vitiligo patients.

### Material and methods

A hospital based observational study regarding the treatment practices of patients presenting with adult vitiligo amongst the patients attending the dermatology OPD of Maharana Bhupal Government Hospital (MBGH), Udaipur, was

conducted from November 2017 - June 2018. Approval for the study was obtained from Institutional Ethics Committee.

Patients having more than 18 years of age with clinical diagnosis of vitiligo were included in the study. Patients having acquired depigmentation due to infections, physical trauma, chemical injury, burns, nutritional deficiency, inflammatory dermatoses and drugs, and patients with other dermatological disease causing significant disfigurement or psychosocial morbidity, were excluded from the study. After taking an informed consent, treatment the details of the patients regarding previous treatment, compliance issues , treatment satisfaction were noted in a predesigned proforma. The data was collected, scored and entered into tabulated form and analyzed using Microsoft Excel version 2010.

### Result

A total of 210 patients of vitiligo (117 females 93 males) participated in the study with mean age of 29.4 yrs.

Treatment seeking behaviour of patients is summarised in Table 1

A total of 72.38% patients had received prior treatment in the index study, out of them, more than half (53.95%) were dissatisfied with treatment. Most common cause of treatment dissatisfaction was incomplete response as shown in Table 2.

30.92% (47/152) had compliance issues during treatment. Reasons for difficulty in treatment adherence as reported by patients are tabulated in Table 3.

**Table 1:** Questions pertaining to treatment seeking behaviour of patients and most frequent response given by them

Question	Most frequent response (%)
First response to disease	Ignored the disease (39.05%)
Reason for seeking treatment	Fear about spread of disease (50.0%)
Preference for treatment by	Dermatologists (91.9%)
Application of something over lesions	No (80%)
Dietary restrictions	No (78%)
Previous treatment taken	Yes (72.3%)
Type of previous treatment taken	Allopathic (57.1%)
Change of doctors during course of disease	Less than 3 times (37.14%)

**Table 2:** Causes of treatment dissatisfaction among patients (n=82)

Treatment Dissatisfaction	n(%)
No response	20 (24.4)
Incomplete response	39 (47.6)
worsening during treatment	14 (17.0)
relapse after stopping treatment	11 (13.4)
Long treatment duration	2 (2.4)
Side effects	1 (1.2)

\*Total numbers may not add up as multiple responses were given by few patients

**Table 3:** Reasons of noncompliance in vitiligo treatment (n=47)

Causes of Non compliance	n(%)
Long duration of treatment	20 (42.5)
Conveyance issues	12 (25.5)
High treatment costs	8 (17.0)
Unavailability of medicines	16 (34)
Side effects	2 (4.2)

\*Total numbers may not add up as multiple responses were given by few patients

## Discussion

Upon noticing the disease, majority (39.05%;82/210) of the patients ignored the disease. Another study<sup>6</sup> (pahwa et al) also observed that first reaction of the patients was to ignore the disease. They attributed it to another illness such as allergy, dryness, leprosy, calcium deficiency, worms, fungal infections, burns, insect bites, and trauma. However, in our study it was revealed that subsequently, majority (72.38%;152/210) of the patients took form of some treatment. Most common reason for seeking consultation was fear about spread of disease (84.76%;178/210) followed by cosmetic disfigurement (50%;105/210). Other reasons were prevention of inheritance (5.71%;12/210) and transmission of disease (26.19%;3/210), which reflects the prevalence of widespread misconceptions and poor awareness amongst patients.

Patients with vitiligo have increased tendency to opt for complementary and alternative medicine as compared to other diseases<sup>7</sup>. This finding was reiterated in our study where, 22.38% patients consulted allopathic doctors as their primary response to disease while 24.76% sought

homeopathic or ayurvedic consultation. Subsequently, 32.90% (50/152) patients took homeopathic or ayurvedic consultation at some point of time. Around 5.72% of patients resorted to quacks and spiritual healers while 8.6% patients attempted self-medication or local remedies indicating lack of awareness regarding treatment. A total of 72.38% patients had received prior treatment in the index study, out of them, more than half (53.95%) were dissatisfied with treatment. Most common cause of treatment dissatisfaction was incomplete response (47.56%) followed by lack of response to medications (24.39%). A lesser level of dissatisfaction was found in other studies in which 18%<sup>8</sup> and 39%<sup>9</sup> patients believed that a little can be done to improve their illness. However, 60% of their patients considered treatment to be effective.<sup>8,9</sup>

Out of all the patients who had received prior treatment, 30.92% (47/152) had compliance issues during treatment. Most common reason cited was long duration of treatment (42.55%). Difficult accessibility to doctors was reported as the cause for non-compliance by 35.56% of patients. This may be due to inadequate health care services in rural areas which was the predominant area of population in our study.

## Conclusion:

A remarkable level of treatment dissatisfaction exists in vitiligo patients owing to the nature of disease, treatment and inadequate knowledge regarding the disease. Appropriate counselling regarding slow and protracted course of disease, and nature of treatment might help to improve the compliance amongst patients.

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