

THE QUALITY OF LIFE IN ADULTS WITH AND WITHOUT DERMATOLOGICAL PROBLEMS

Hina Sadaf ¹, Mehreen Akhtar ², Frasat Kanwal ^{3*} , Muhammad Yousuf ⁴

¹Department of English, University of Southern Punjab, Multan, Punjab, Pakistan

²Department of English, University of southern Punjab, Multan, Punjab, Pakistan

³Institute of Management Sciences, BZU, Multan, Punjab, Pakistan

⁴South Punjab Institute of Professional Studies, Multan, Punjab, Pakistan

Submitted April 20, 2026; Revised August 6, 2026; Accepted August 8, 2026; Published September 20, 2026

ABSTRACT

The purpose of this cross-sectional study, which took place between February 2023 and July 2023, was to evaluate quality of life, body dysmorphic worry, and social anxiety in persons with and without dermatological issues. Data was gathered from 250 participants: 130 healthy persons were chosen using convenient sampling, and 120 patients from dermatological clinics in Rahim Yar Khan, Punjab, Pakistan were chosen through purposive sampling. The study population comprised 210 women and 90 men. A demographic Performa and self-report measures, such as the Dermatology Life Quality Index Scale, a dysmorphic worry questionnaire, and the Interaction Anxiousness Scale (IAS), were used to collect data. SPSS were used for statistical analysis. In every region evaluated, the results showed notable disparities between persons with and without dermatological diseases.

Keywords: Quality of life, Adults, Dermatological problems, Punjab.

*Corresponding Author. E-mail: hinasadafbrw@gmail.com, frsatkanwal@bzu.edu.pk

INTRODUCTION

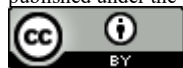
A person's physical appearance has a big impact on their life, affecting how they see themselves and how other people see them. Bright and fair skin is frequently associated with desirable personality traits, beauty, and even success in many countries. On the other hand, skin issues and pigmentation might result in a bad body image, which can impact social and interpersonal behavior [1, 2].

Both physical and mental well-being depend on having healthy skin. According to research, body image disorders can lead

to a number of psychological problems, such as depression, body dysmorphic disorder, social anxiety, and low self-esteem. Furthermore, undesirable habits like severe dieting, excessive exercise, or eating disorders might be brought on by the pressure to live up to conventional beauty standards [3-8].

Cultural and social variables further complicate the relationship between physical attractiveness and mental health. Different cultures have different standards of beauty, and those who don't fit in may

ABOSS is published by AMMANIF Publisher. The authors retain the copyright without restriction. This article is an open access article published under the terms and conditions of [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).



face prejudice and marginalization. Feelings of estrangement, low self-esteem, and worsened mental health might result from this.

SAD sufferers may avoid stressful circumstances or have severe anxiety, which can include trembling, sweating, as panic episodes, and gastrointestinal trouble. Severe acne and other skin issues can exacerbate social anxiety, causing people to avoid social and performance-related settings. The necessity for specialized interventions is highlighted by the fact that SAD can be categorized as either generic, which is caused by a variety of social contacts, or specific, which is activated by specific conditions [9-12].

An fixation with small perceived flaws or abnormalities in appearance is the hallmark of body dysmorphic disorder (BDD), which causes sufferers to spend at least an hour every day attempting to allay these worries. Individuals with BDD may exhibit obsessive habits like excessive grooming, constantly examining their reflections, or looking to others for validation. Muscle dysmorphic disorder, a particular kind, is characterized by an obsessive fixation on perceived weaknesses in strength or muscles. Some people with BDD may have unrealistic thoughts about their appearance or inadequate insight. Perfectionism, low self-esteem, and social anxiety are frequently linked to BDD. Although they are not always successful, surgical procedures and dermatological interventions are possible treatment alternatives. Both men and women are affected by BDD, which frequently co-occurs with other mental health conditions [13, 14].

A person's or a population's total well-being is included in quality of life, which takes into account both the positive and bad aspects of life at a certain moment. Because skin disorders are socially stigmatized, they can have a substantial influence on one's quality of life. For

example, acne can result in pain, itching, and psychological distress, all of which can have an impact on one's general well-being and mental health. Social connection, life perception, and the capacity to satisfy one's own wants are all included in the concept of quality of life, which has origins in self-improvement, selflessness, forming relationships, and upholding one's moral principles [15, 16]. Skin problems are common and can have a significant impact on people's life by causing discomfort, changing appearance, and creating psychological difficulties. Chronic skin disorders can also affect employment and cause financial hardships. Since some skin conditions might provide substantial health hazards, it is imperative to treat them seriously.

Skin issues can have a substantial impact on psychological health, especially in younger people. They can result in melancholy, social anxiety, body dysmorphic disorder (BDD), negative body image, and a lower quality of life. To properly meet their needs, patients need integrated dermatological and mental therapy. BDD has been found to be quite prevalent, particularly in people with facial abnormalities who exhibit anxiety and depressive symptoms. Dermatologists should regularly assess these patients and refer them to mental health facilities for all-encompassing care. BDD is prevalent among women seeking dermatological care. A history of marital abuse, low family income, and excessive attention to skin care were found to be associated with BDD. The impact of chronic hand eczema on patients' quality of life, anxiety, depression, and social avoidance has been investigated in several studies [17-21].

In Pakistan, there is a dearth of studies evaluating dermatological patients' mental health. The current study attempts to determine quality of life, body dysmorphic disorder, and social anxiety in persons with or without dermatological issues. As a result, this study will draw attention to the issues surrounding

dermatological patients' mental health in our culture.

METHOD

A descriptive, quantitative cross-sectional study was conducted in Rahim Yar Khan from February 2023 and July 2023. There were 250 individuals in the sample: 130 healthy persons and 120 dermatological patients. Patients with dermatological conditions were specifically chosen from dermatology clinics. Healthy adults, free from dermatological conditions, were recruited using a convenience sampling method [22-25]. Participants included both men and women, aged 18 years or older, who had dermatologist-confirmed skin conditions affecting their face, feet, or arms.

Data collection commenced after obtaining informed consent from each participant. A demographic form gathered information on age, gender, education, and socioeconomic status. Statistical Package for the Social Sciences (SPSS) were used to analyze the data. Frequency tables, reliability evaluations, and structural equation modeling (SEM) on the study variables were among the analyzes [26-28].

RESULTS AND DISCUSSION

There are 90 men and 210 women in the sample. 71% of participants are between the ages of 18 and 30, 23% are between the

ages of 31 and 50, and 6% are older than 50. The sample only included people who were at least eighteen years old.

Social anxiety is more common among adults with dermatological disorders. Additionally, there were statistically significant differences between the two groups' body dysmorphic concerns ($t = -3.21$, $p < 0.05$), with dermatological patients showing greater dysmorphic concerns than healthy people. Adults with dermatological problems had significantly bigger mean differences in quality of life ($t = -17.36$, $p < 0.05$), indicating a worse quality of life.

There are no people in either group who report having high levels of social anxiety; instead, both groups exhibit low to moderate levels. Adults without skin problems have varying effects on their quality of life. On the other hand, many persons with skin disorders report a very significant effect on quality of life. All people who suffer from dermatological diseases often have a lower quality of life. Skin disorders can have a significant impact on a person's life, influencing social behaviors and interpersonal connections. Patients with dermatological issues frequently avoid social interactions and have low self-esteem, which lowers their quality of life. Although there has been

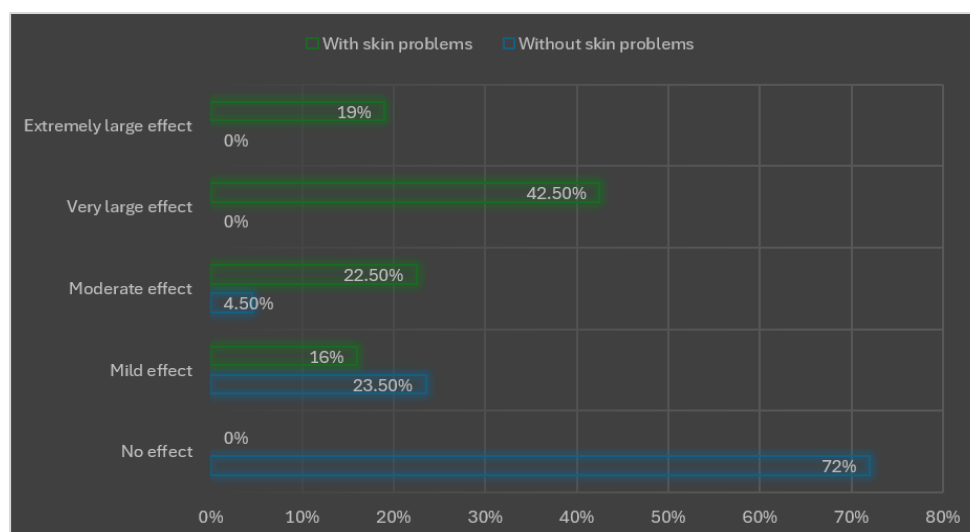


Figure 1: Scale of effects (%) of on the quality of life of adults with- and without skin problems.

considerable research on skin disorders in Pakistan, there is still a lack of sufficient literature. The findings show that adults with and without dermatological diseases differ statistically significantly in terms of social anxiety, body dysmorphic worries, and quality of life. In particular, compared to their peers, adults with dermatological issues have higher levels of social anxiety. Furthermore, compared to individuals without such problems, dermatological patients exhibit higher body dysmorphic concerns. Additionally, there is a significant difference in quality of life between individuals with dermatological conditions and those without [29, 30].

Research shows that compared to a control group, people with acne had worse self-esteem and increased levels of melancholy, social anxiety, general anxiety, social isolation, and negative thoughts. These findings are consistent with the current study's emphasis on social anxiety among acne sufferers. Furthermore, dermatological patients frequently have serious body dysmorphic worries, which lead to psychological issues and a lower quality of life, according to another study. This is a strong correlation between the general well-being of people with skin conditions and the symptoms of body dysmorphic disorder (BDD) [31-33].

Adults with and without skin disorders were compared in this study for social anxiety, body image issues, and quality of life. The results showed that the two groups differed significantly in these three categories. The study's findings could be impacted by a number of cultural factors. People might tolerate physical discomfort better than the stigma attached to their appearance. In their social circles, people with skin diseases frequently experience stigma and rejection, which can cause mental suffering. As a result, people could be more prepared to put up with physical discomfort than deal with social consequences [34, 35].

This suggests that social anxiety and quality of life are predicted by body dysmorphic

concerns, indicating a well-fitting model. In particular, there is a rise in social anxiety and an increase in dermatological quality of life for every unit increase in Dysmorphic Concerns (DC). It is crucial to remember that a lower quality of life is indicated by a higher DLQI score.

Skin disorders have a substantial effect on mental health, raising dysmorphic issues in adults, which in turn increases social anxiety and lowers quality of life. A strong correlation between these variables was confirmed by the model's good fit indices. The study's drawbacks, however, are its reliance on self-reported surveys and limited generalizability because of sample size and cultural restrictions. Future studies should include measurements that are culturally appropriate, use larger and more varied populations, and investigate other psychological aspects related to dermatological disorders.

CONCLUSION

The results show that adults with dermatological problems had lower quality of life, more body dysmorphic concerns, and higher levels of social anxiety than people without such conditions. Significant differences in these variables were identified between the two groups. Dermatological problems contribute to mental health issues in adults, including body dysmorphic concerns and social anxiety. Therefore, different psychological therapy should be used to address mental health issues in addition to dermatological diseases. Counselors, doctors, caretakers, and patients are all affected by this study.

Author(s) Contribution: Data collection, S. Hina; submission, revision, A. Mehreen; editing and graphics, K. Frasat and M. Yousaf.

Funding: No funding involved.

Ethical Approval: Not applicable.

Conflict of Interest: Nil.

Consent for Publication: All authors approved the manuscript for publication.

REFERENCES

1. Nguyen SH et al. Health-related quality of life impairment among patients with

- different skin diseases in Vietnam: a cross-sectional study. 2019. 16(3): p. 305.
2. He Z et al. Factors affecting health-related quality of life in patients with skin disease: cross-sectional results from 8,789 patients with 16 skin diseases. 2020. 18(1): p. 1–9.
3. Janković S et al. Quality of life in patients with alopecia areata: a hospital-based cross-sectional study. 2016. 30(5): p. 840–6.
4. Kurhan, F., Ozaydin, Y. G., & Kubra, T. (2021). Social appearance anxiety in patients with acne vulgaris: A cross-sectional controlled study. *Haseki Tıp Bülteni*, 59(3), 234–238. <https://doi.org/10.4274/haseki.galenos.2021.7183>
5. Maden, S., Ozbacgivan, O., Onur Aysevener, B. E., & Aktan, S. (2021). Quality of life, anxiety, depression, social anxiety and avoidance in patients with chronic hand eczema. *Italian Journal of Dermatology and Venereology*, 156(5), 562–569. <https://doi.org/10.23736/S2784-8671.21.06645-1>
6. Morita, M. M., Merlotto, M. R., Dantas, C. L., Olivetti, F. H., & Miot, H. A. (2021). Prevalence and factors associated with body dysmorphic disorder in women under dermatological care at a Brazilian public institution. *Anais brasileiros de dermatologia*, 96(1), 40–46. <https://doi.org/10.1016/j.abd.2020.06.003>
7. Revranche, M., Biscond, M., & Husky, M. M. (2021). Investigating the relationship between social media use and body image among adolescents: A systematic review. *L'encephale*, 48(2), 206–218. <https://doi.org/10.1016/j.encep.2021.08.006>
8. Akinboro, A. O., Adelufosi, A. O., Onayemi, O., & Asaolu, S. O. (2019). Body dysmorphic disorder in patients attending a dermatology clinic in Nigeria: sociodemographic and clinical correlates. *Anais Brasileiros de Dermatologia*, 94(4), 422–428. <https://doi.org/10.1590/abd1806-4841.20197919>
9. Silva, W. R. D., Barra, J. V., Neves, A. N., Marôco, J., & Campos, J. A. D. B. (2020). Sociocultural pressure: a model of body dissatisfaction for young women. *Cadernos de saude publica*, 36, e00059220. <https://doi.org/10.1590/0102-311X00059220>
10. Whited, J.D. Quality of life: A research gap in tele dermatology. *Int. J. Dermatol.* 2015, 54, 1124–1128.
11. Prinsen, C.A.C.; Lindeboom, R.; Sprangers, M.A.G.; Legierse, C.M.; de Korte, J. Health related quality of life assessments in dermatology: Interpretation of Skindex-29 scores using patient based anchors. *J. Investig. Dermatol.* 2010, 130, 1318–1322.
12. Vidal-Alaball, J.; Garcia-Domingo, J.L.; Garcia-Cuyàs, F.; Mendioroz-Peña, J.; Flores-Mateo, G.; Deniel-Rosanas, J.; Sauch-Valmaña, G. A cost savings analysis of asynchronous tele dermatology compared to face-to-face dermatology in Catalonia. *BMC Health Serv. Res.* 2018, 18, 650.
13. Wong, Q.Y.A.; Chew, F.T. Defining skin aging and its risk factors: A systematic review and meta-analysis. *Sci. Rep.* 2021, 11, 22075.
14. Shah, R.B. Impact of collaboration between psychologists and dermatologists: UK hospital system example. *Int. J. Womens Dermatol.* 2017, 26, 8–11.
15. Whited, J.D.; Warhsaw, E.M.; Edison, K.E.; Kapur, K.; Thottapurathu, L.; Raju, S.; Cook, B.; Engasser, H.; Pullen, S.; Parks, P.; et al. Effect of store and forward tele dermatology on quality of life: A randomized controlled trial. *JAMA Dermatol.* 2013, 149, 584–591.
16. Parsi, K.; Chambers, C.J.; Armstrong, A.W. Cost-effectiveness analysis of a patient-centered care model for management of psoriasis. *J. Am. Acad. Dermatol.* 2012, 66, 563–570.
17. Van Os-Medendorp, H.; Koffijberg, H.; Eland-de Kok, P.C.M.; van der Zalm, A.; de Bruin-Weller, M.S.; Pasmans, S.G.M.A.; Ros, W.J.G.; Thio, H.B.; Knol, M.J.; Bruijnzeel-Koomen, C.A.F.M. E-health in caring for patients with atopic dermatitis: A randomized controlled cost effectiveness study of internet-guided monitoring and online self-management training. *Br. J. Dermatol.* 2012, 166, 1060–1068.
18. Datta, S.K.; Warshaw, E.M.; Edison, K.; Kapur, K.; Thottapurathu, L.; Moritz, T.E.; Reda, D.J.; Whited, J.D. Cost and Utility Analysis of a Store-and-Forward Tele dermatology Referral System. *JAMA Dermatol.* 2015, 151, 1323–1329.

19. AlShahwan, M. A. (2020). Prevalence and characteristics of body dysmorphic disorder in Arab dermatology patients. *Saudi medical journal*, 41(1), 73. <https://doi.org/10.15537/smj.2020.1.24784>
20. Chee, I. S., Kim, H. J., Lee, Y., & Kim, J. W. (2020). Body dysmorphic disorder, psychiatric symptoms, and quality of life in female dermatological patients. *Neuropsychiatric Disease and Treatment*, 2921-2928. <https://doi.org/10.2147/NDT.S284077>
21. Davern, J., & O'Donnell, A. T. (2018). Stigma predicts health-related quality of life impairment, psychological distress, and somatic symptoms in acne sufferers. *PLoS One*, 13(9), e0205009. <https://doi.org/10.1371/journal.pone.0205009>
22. Riaz, Z., & Bano, N. (2011). Translation and adaptation of interaction anxiousness scale (IAS) and its reliability assessment. *The International Journal of Educational and Psychological Assessment*, 9(1), 75-85.
23. Williams, T.L.; Esmail, A.; May, C.R.; Griffiths, C.E.; Shaw, N.T.; Fitzgerald, D.; Stewart, E.; Mould, M.; Morgan, M.; Pickup, L.; et al. Patient satisfaction with teledermatology is related to perceived quality of life. *Br. J. Dermatol.* 2001, 145, 911–917.
24. Stadler, P.C.; Senner, S.; Frey, S.; Clanner-Engelshofen, B.M.; Frommherz, L.H.; French, L.E.; Reinholz, M. Teledermatology in times of COVID-19. *J. Dermatol.* 2021, 48, 620–624.
25. Alwabili, A.A.; Alotaibi, E.A.; AlE'ed, A.A.; Alqunibut, I.; Alotaibi, O.A. Measurement of Patient Satisfaction with the trend of Virtual Clinics during the COVID-19 Pandemic. *Cureus* 2021, 13, e16016.
26. Reich K et al. Once-weekly administration of etanercept 50 mg improves patient-reported outcomes in patients with moderate-to-severe plaque psoriasis. 2009. 219(3): p. 239–49.
27. Prazeres F, Santiago LJH. and q.o.l. outcomes, relationship between health-related quality of life, perceived family support and unmet health needs in adult patients with multimorbidity attending primary care in Portugal: a multicentre cross-sectional study. 2016. 14(1): p. 1–11.
28. Koszorú K et al. Comparing the psychometric properties of the EQ-5D-3L and EQ-5D-5L descriptive systems and utilities in atopic dermatitis. 2023. 24(1): p. 139–52.
29. Yfantopoulos J, Chantzaras A. Assessment of the psychometric properties of the EQ-5D-3L and EQ-5D-5L instruments in psoriasis. 2017. 309: p. 357–70.
30. Welie AG et al. Valuing health state: an EQ-5D-5L value set for Ethiopians. 2020. 22: p. 7–14.
31. Lee SH et al. Psychological health status and health-related quality of life in adults with atopic dermatitis: a nationwide cross-sectional study in South Korea. 2018. 98(1): p. 89–97.
32. Sampogna F et al. Association between poorer quality of life and psychiatric morbidity in patients with different dermatological conditions. 2004. 66(4): p. 620–4.
33. Kieć-Swierczyńska M et al. The role of psychological factors and psychiatric disorders in skin diseases. 2006. 57(6): p. 551–5.
34. Møller AH et al. A systematic literature review to compare quality of life in psoriasis with other chronic diseases using EQ-5D-derived utility values. 2015. 6: p. 167.
35. Rozzell, K. N., Carter, C., Convertino, A. D., Gonzales, M., 4th, & Blashill, A. J. (2020). The Dysmorphic Concern Questionnaire: Measurement invariance by gender and race/ethnicity among sexual minority adults. *Body Image*, 35, 201–206. <https://doi.org/10.1016/j.bodyim.2020.08.010>.