

A Study to Assess the Knowledge and Quality of Life among Scabies Patients at Skin OPD Saveetha Medical College and Hospital

Parimala L¹, Velayudham.K.G²

¹Vice Principal, Saveetha College of Nursing, Chennai -602105, India

²BSc (Nursing) IV Year, Saveetha College of Nursing, SIMATS, Thandalam, Chennai 602105, India

Abstract: *Scabies is a highly contagious disease caused by a mite called *Sarcoptes scabiei*, and the disease is still a major public health problem in many underdeveloped poor regions. The aim of the study is to assess the knowledge and quality of life among scabies patients at Skin OPD in Saveetha Medical College and Hospital. Descriptive design was adopted for the study. Convenient sampling technique was used with sample of 60 scabies patients. Data was collected using structured multiple choice questionnaire and quality of life index scale. The data was collected, organized and analyzed in term of descriptive statistics. Among 60 samples 6 samples (10%) were inadequate level of knowledge, 50 samples (83.3%) were moderate level of knowledge 4 samples (6.7%) were adequate level of knowledge. The study findings suggest that it is important to educate the patient's treatment measures of scabies and to improve the quality of life among scabies patients.*

Keywords: Scabies, Quality Of Life

1. Introduction

Scabies is a highly contagious disease caused by a mite called *Sarcoptes scabiei*, and the disease is still a major public health problem in many underdeveloped poor regions. *Sarcoptes scabiei* mites and is an endemic in tropical and subtropical areas such as Egypt, Central and South America, and Southeast Asia. Scabies is a parasitic mite that causes intense pruritus (itching), rashes, and lesions. Although infestation is not life threatening, scabies is a nuisance disease that is commonly found in health care facilities and can result in crisis, fear, and panic. Scabies outbreaks can be costly to control and may easily reoccur if not properly contained and treated^[1-4].

According to a **World Health Organization (WHO)** report scabies has a potential to bring about an epidemic condition in an area. This condition was found among Bangladesh children under-6-year-old within a period of 12 months, India (13%), Australian Aboriginal communities (50%) and in Sierra L. Scabies is a skin disease caused by infestation and sensitization (86%). About 1 – 10% of the global population is estimated to be infected with scabies, but in certain populations, the infection rate may be as high as 50 – 80%. Human scabies has been reported for over 2, 500yrs^[5].

Jin-gang A., et al., (2010) conducted a study on Quality of life of patients with scabies. The results show that a total of 96 patients completed the study. Among them, 78 (81.25%) of patients were considered cured at the end of the study. The mean \pm SD DLQI score in our study was 10.09 ± 5.96 . QoL of most of (71.9%) our patients have moderately affected. Questions 1 (symptoms), 2 (embarrassment), 7 (work or study) and 9 (sexual difficulties) had the most impact on patients with scabies. Domain 1 (symptoms and feelings) and

5 (personal relationships) scored higher than other domains. There was significant progress of QoL after treatment in our patients. No strong relationship between disease-related characteristics and QoL could be found^[6].

Prevalence rates as high as 100% were reported in one Indian village. Scabies can affects all ages, adults and children^[7]. Older children, also young adults, Scabies often occur to children living in boarding schools as they live together with a group of people which will lead to because they are more vulnerable to many skin diseases and reflect reduced immunity which will lead to an easy and high risk condition for contracting various contagious disease as scabies. Affected areas of the body include flexor (inside) wrist surfaces, interdigital spaces, breasts, areolas, nipples, umbilicus, belt line, navel, abdomen, intergluteal cleft, buttocks, thighs, penis, scrotum, elbows, feet, ankles, and axillary folds. Affected areas on healthcare workers typically include the forearms; chest, thighs, and abdomen^[8-10]. There are many factors contributing to this high prevalence, among others are the lack of knowledge, attitude and practice among the general population. So the researcher identified and investigated the knowledge and quality of life among scabies patients.

2. Objectives

- 1) To assess knowledge about scabies among patients who attend skin OPD in Saveetha Medical College and Hospital.
- 2) To assess the quality of life of scabies affected patients who attend skin OPD in Saveetha Medical College and Hospital.

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3) To associate the knowledge and quality of life of scabies affected patients with selected socio-demographic variables

the ethics committee of the institution. Informed consent was obtained from the participants before initiating the study. The data was collected, organized and analyzed in term of descriptive statistics.

3. Materials and Method

Cross sectional Descriptive design was adopted by the investigator to assess the knowledge and quality of life among scabies patients. The study was conducted at Dermatology, Outpatients Department Saveetha Medical College and Hospital. The samples who met the inclusion criteria were selected by using convenience sampling technique. Inclusion criteria for sample selection are patients who are attending skin OPD, who are able to read Tamil and English and who are available at the time of data collection. Sixty samples were selected for the study, each day six samples were selected and they were comfortably seated. Data was collected using structured multiple choice questionnaire to assess demographic variables and dermatology quality of life index scale was used to assess the quality of life among scabies affected patients. The project has been approved by

4. Results

The present study shows that out of 60 samples 12 (20%) were in the age group below 10 years, 24 (40%) were in the age group of 11-30 years, 16 (26.6%) were in the age group of 31-50 years, 8 (13.4%) were in the age group of above 50 years; 28 (56.6%) were males and 26 (43.4%) were female; 34 (56.6%) were Hindu, 16 (26.6%) were Christian, 10 (16.6%) were Muslim, ; 20 (33.4%) reside in city, 16 (26.6%) reside in village, 24 (40%) reside in town ; In duration of disease 26 (43.3%) were in 3-5 months, 14 (23.3%) were in 6-10 months, 14 (23.3%) were in 10-12 months and 6 (10%) were in above 12 months periods; In family history 18 (30%) have paternal side history, 16 (26.6%) have maternal history, 14 (23.3%) have siblings history and 12 (20%) had others histories .

Table 1: Frequency and distribution of the demographical variables

S.No	Demographical variable	Frequency	Percentage
1.	Age		
	Below 10 years	12	20%
	11-30 years	24	40%
	30-50 years	16	26.6%
2.	Above 50 years	08	13.3%
	Sex		
3.	Male	34	56.6%
	Female	26	43.3%
3.	Religion		
	Hindu	34	56.6%
	Christian	16	26.6%
	Muslim	10	16.6%
4.	others	0	0%
	Living house		
	City	20	33.3%
	Village	16	26.6%
5.	Town	24	40%
	Others	0	0%
	Duration of disease		
	3-5 Months	26	43.3%
6.	6-10 Months	14	23.3%
	10-12 Months	14	23.3%
	Above 12 Months	06	10%
	Family history of scabies		
6	Paternal side	18	30%
	Maternal side	16	26.6%
	Siblings	14	23.3%
	others	12	20%

The present study shows that 6 samples (10%) were inadequate knowledge of scabies, 50 samples (83.3%) were

moderate knowledge of scabies, 4 samples (6.7%) were adequate knowledge of scabies.

Table 2: Frequencies and Percentage of Level of Knowledge in Scabies Patients

Knowledge of scabies patients	Inadequate		Moderate		Adequate	
	No	%	No	%	No	%
	6	10%	50	83.3	4	6.7%

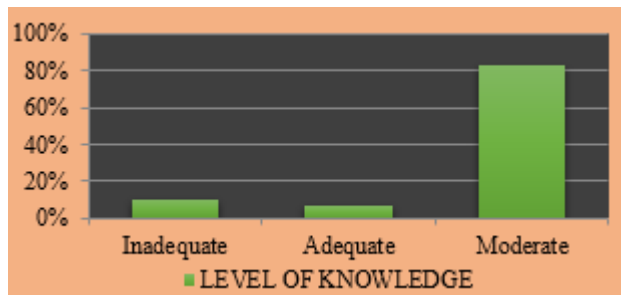


Figure1: Frequency and Percentage of Level of Knowledge among Scabies Patients

5. Discussion

The present study shows that out of 60 samples 12 (20%) were in the age group below 10 years, 24 (40%) were in the age group of 11-30 years, 16 (26.6%) were in the age group of 31-50 years, 8 (13.4) were in the age group of above 50 years; 28 (56.6%) were males and 26 (43.4%) were female; 34 (56.6%) were Hindu, 16 (26.6%) were Christian, 10 (16.6%) were Muslim, 20 (33.4%) reside in city, 16 (26.6%) reside in village, 24 (40%) reside in town; In duration of disease 26 (43.3%) were in 3-5 months, 14 (23.3%) were in 6-10 months, 14 (23.3%) were in 10-12 months and 6 (10%) were in above 12 months periods; In family history 18 (30%) have paternal side history, 16 (26.6%) have maternal history, 14 (23.3%) have siblings history and 12 (20%) had others histories.

The present study is supported by **Ohoud Mohammed ALshehri, Rawabi Abdullah Alharbi, Bayan Mohammed ALSoraya (2018)** Assessment of knowledge, attitude and practice towards scabies among medical students in Kingdom of Saudi Arabia. The results show that 445 medical students from different parts of KSA in which the level of knowledge among them regarding scabies and its preventive measures was adequate among most of the participants regarding the causative agents, features of scabies, its associated spreading factors and diagnosis. The attitude and practice of most of the subjects were positive ^[11].

The present study shows that 6 samples (10%) were in adequate knowledge of scabies, 50 samples (83.3%) were moderate knowledge of scabies, and 4 samples (6.7%) were adequate knowledge of scabies.

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between disease - related characteristics and QoL could be found ^[6].

6. Conclusion

The study findings suggest that it is important to educate the patient's treatment measures of scabies and to improve the quality of life among scabies patients.

7. Acknowledgement

We would like to extend our gratitude to the authorities of Saveetha College of Nursing and Saveetha Medical College Hospital.

8. Authors Contribution

All the authors actively participated in the work of the study. All authors read and approved the final manuscript.

9. Conflict of Interest

The authors declare no conflict of interests.

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