

Quality of Life in Patients Living with Androgenetic Alopecia: A Cross-Sectional Observational Study

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Abstract

Alopecia is a chronic dermatological disorder in which people lose some or all of the hair on their head and sometimes on their body as well. It is a chronic inflammatory disease that affects the hair follicles. It is neither life threatening nor painful, though there can be irritation of the skin, as well as physical problems resulting from the loss of eyelashes and eyebrows. This study aims to improve the quality of life and prescription pattern in androgenic alopecia. The goal of the study was to assess the quality of life of subjects living with androgenic alopecia and to assess the prescription pattern of subjects with androgenic alopecia. This was a cross-sectional observational study. The study was conducted in the Outpatient department of Dermatology in ESI MC PGIMS, Rajajinagar. All the subjects (n=36) meeting the inclusion and exclusion criteria were briefed about the purpose of the study and the informed consent was obtained. The subject's demographic details and responses were collected with the help of a standardized questionnaire. The collected data were entered in Microsoft Excel and appropriate descriptive analysis was performed. It was observed that a majority of the subjects were prescribed with minoxidil 5% (58.33%). On comparing the QOL scores, in each domain it was found that emotion has the highest average while the function has the lowest average. Scores in subjects of different age groups, it was found that the subjects belonging to the age groups 26-35 groups had high average scores (32.84%) and 36-45 groups had low average scores (28.96%). From this study, we got to know that the quality of life of male gender is affected more rather than female. Minoxidil 5% was most commonly prescribed drug and overall dosage form prescribed were topical agent.

Keywords: Quality of life, Androgenetic Alopecia, Treatment.

Introduction

Alopecia is a chronic dermatological disorder in which people lose some or all of the hair on their head and sometimes on their body as well. It is a chronic inflammatory disease that affects the hair follicles. It is neither life threatening nor painful, though there can be irritation of the skin, as well as physical problems resulting from the loss of eyelashes and eyebrows (1). Alopecia has been shown in multiple studies to have a psychosocial impact in both men and women; however, the impact may be more severe and devastating in women. In a study population it is found that male alopecia patients are more likely to be diagnosed in childhood [age <10 years], On the other hand, female alopecia patients are more likely to be diagnosed in adolescence [age 10-20 years] (3). Depression and anxiety were more prevalent in peo-

ple diagnosed with alopecia. People with alopecia have higher rates of depression and anxiety than those without alopecia.

Patients with alopecia and mental health symptoms may benefit from individualized communication strategies aimed at supporting the patient. Alopecia is linked to an increase in mental health symptoms, and among individuals with alopecia, psychological distress and depressive symptoms were linked to worse overall patient satisfaction. Low health care satisfaction in the setting of a chronic condition may worsen mental health symptoms. Mental health symptoms worsen patient satisfaction, and low patient satisfaction contributes to the patient's mental health burden. Having negative encounters with medical treatment might also result in signs of mental illness. The link between alopecia and a greater burden on mental health recommends that practitioners should be cautious in monitoring and treating mental health problems.

Purpose of the study

To assess the quality-of-life patients with androgenic alopecia.

To assess the prescription pattern of patients with androgenic alopecia

Material and Methods

This is a cross sectional observational study. This is a 6 months study was conducted at Out- Patient Department of Dermatology, ESI PGIMSR, Rajajinagar of Bengaluru District.

The Sample size was found to be 36 patients.

Inclusion criteria:

- Subjects above 18 years of age.

Exclusion criteria:

- Pregnant women are excluded
- Participants who are not willing to participate for the study.

Statistical analysis:

All recorded data were entered using MS Excel software and analyzed using the same for determining statistical significance. Descriptive statistics were computed for quantitative variables and frequencies and percentages were calculated for categorical variables. Column charts applied to find the nature of data distribution.

Results:

This study was conducted in Out-patient department of dermatology Rajajinagar. The study was carried out for a period of 3 month, and a total of 39 of sample were collected out of this 3 sample were dropped due to insufficient data and overall sample size was 36.

Table1: Distribution of subjects by age category

<u>Agecategory</u>	<u>Number(n)</u>	<u>Percentage(%)</u>
18-25	13	36.11%
26-35	13	36.11%
36-45	9	25.00%
≥ 46	1	2.78%
Total	36	100.00%

Out of the 36 subjects, 13 (36.11%) subjects were from the age group of 18-25 years, 13 (36.11%) were of 26-35 years, 9 (25%) were between 26-45 years, and 1 (2.78%) subject were above ≥ 46 years of age. The mean age of the subjects was found to be 35.25.

Table 2: Distribution of subjects by gender

Gender	Number of subjects (n)	Percentage (%)
Male	24	66.66
Female	12	33.34
Total	36	100.00

In our study, out of 36 sample, majority were males (66.66%) than that of females (33.34%).

Table 3: Distribution based on drug usage

Medication	Number	Percentage
Ketoconazole Lotion 2%	2	5.56%
Micronutrient C Plus Caps	2	5.56%
Minoxidil 2%	8	22.22%
Minoxidil 5%	21	58.33%
Mupirocin ointment	3	8.33%
Total	36	100%

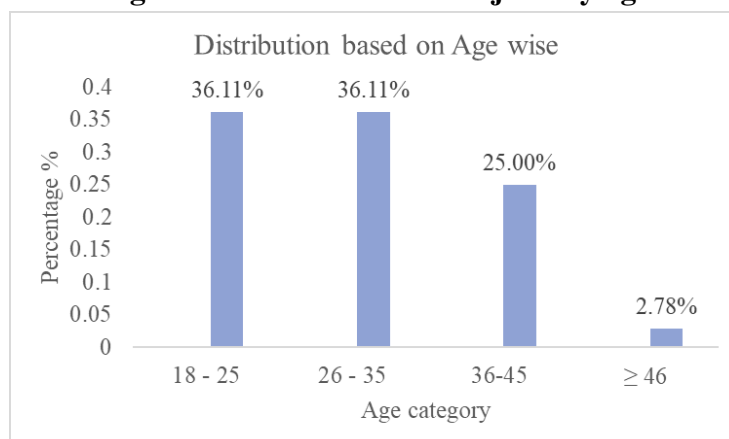
Out of 36 subjects, most commonly prescribed drug are Minoxidil 5% (58.33%), followed by Minoxidil 2% (22.22%), mupirocin ointment (8.33%), ketoconazole (5.56%), micronutrient C plus caps (5.56%).

Table 4: Distribution based on age

AGE	SYMPTOMS	EMOTION	FUNCTION	AVERAGE
18-25	26.38	31.84	28.6	28.98
26-35	31.53	36.38	30.61	32.84
36-45	38	31.6	17.3	28.96

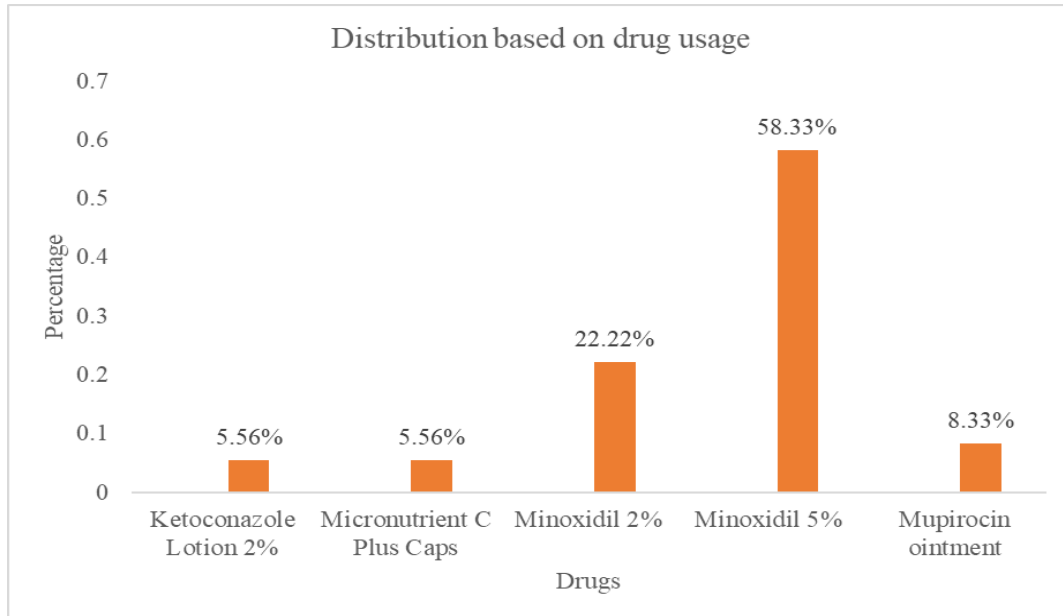
On comparing the quality of life scores in subjects of different age groups, it was found that the subjects belonging to the age groups 26-35 group had high average scores and 36-45 group had low average scores.

Figure 1: Distribution of subjects by age



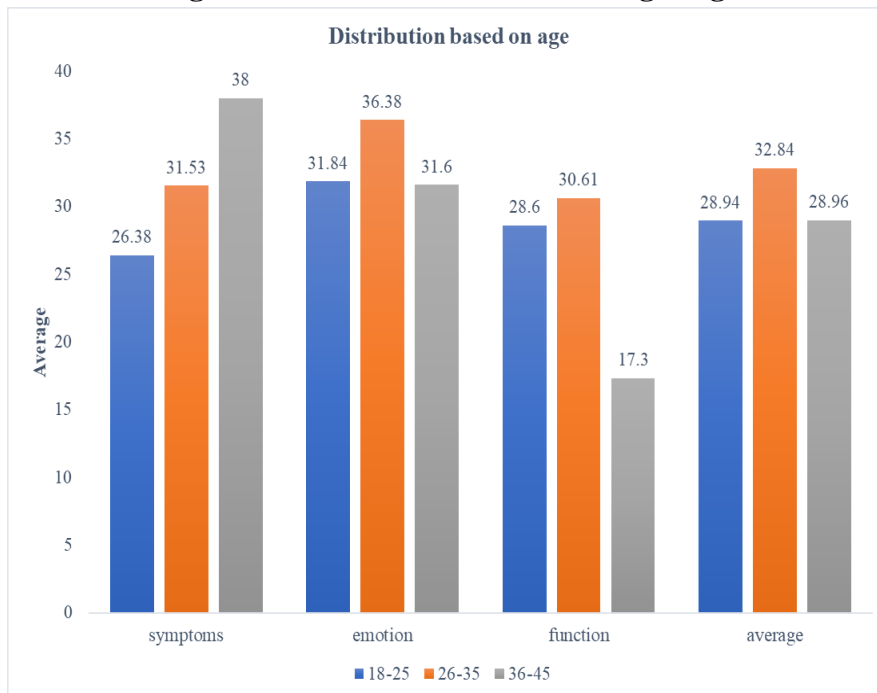
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Figure 2: Distribution of subjects by gender



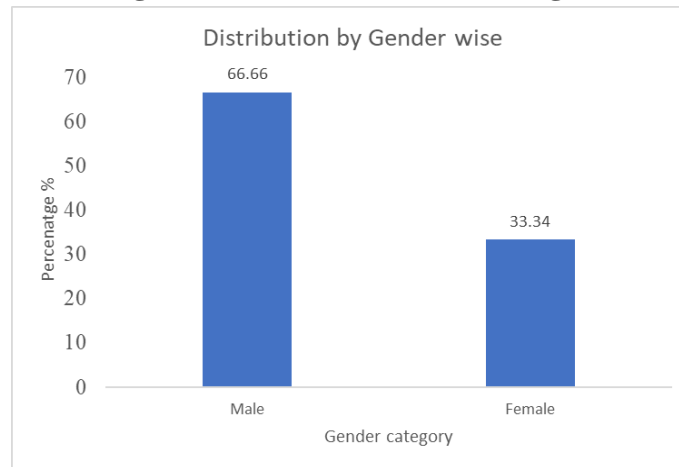
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Figure4: Distribution based on age



Discussions

This observational study was conducted in Out-patient department of dermatology ESIPGIMSR & MC, Rajajinagar, Bengaluru for a period of 3 months from June 2023 to September 2023. A total number of 36 subjects were enrolled in the study based on inclusion and exclusion criteria.

The number of males in the study were found to be 24 (66.66%) and females found to be 12 (33.34%) where male being more than female. The maximum numbers of patients were in the age group of 18–25 (36.11%) year and 26–35 year (36.11%). (Figure 4).

Overall subjects were on topical drug minoxidil 0.5%.

In our study, it was found that emotional sub domain of Skindex–16 was more adversely affected in AGA patients followed by symptoms and functions sub domain. It is notable that the present study, scores reported for emotional, functional, and symptoms sub domain were 34.47%, 31%, and 27.3%, respectively; which was similar to study conducted by **Lohia et al., (February 2021)**. Study showed that is similar to previous study (Figure 6).

In our study, it was found out that age group between 26–35 years had high average scores (32.84%) where as 36–45 year had low average scores (28.96%).

Hence, it implies that the dermatologist should provide relevant treatment, not just for hair loss, but also tend to the emotional anguish faced by them in their daily lives.

Conclusion

In our study, we found that differences in how a patient experiences their condition can have a big impact on how the disease affects their quality of life as well as their psychological and emotional well-being. The psychological stress experienced by such individuals might be considerably decreased by counseling explaining the likely causes, and significance for treatment compliance. Our results highlight how important it is for dermatologists to understand the effects of hair

loss on patients' lives, as well as show patients and physicians perceive and adjust treatment plans appropriately.

This study conducted that male subjects were more prone than female subjects based on age wise distribution subjects between 18–35 years of age were admitted more with the complaints of Androgenetic Alopecia. The most commonly prescribed drug was Minoxidil 5% and the prescribed dosage for m was topical agents.

Conflict of Interest

There is no conflict of interest.

Acknowledgement

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