Original Research


J. Jiang, O. Akinseye, A. Tovar-Garza, MD, A.G. Pandya, MD *

Department of Dermatology, University of Texas Southwestern Medical Center, Dallas, TX

**Abstract**

Melasma is a common disorder of hyperpigmentation characterized by tan or brown macules and patches affecting sun-exposed areas, particularly the face. Melasma has been shown to have a significant impact on the quality of life and self-esteem of those affected. We interviewed six patients who were diagnosed with moderate-to-severe melasma with regard to the effect of their disorder on their self-esteem. All patients reported a significant negative effect on their quality of life and self-esteem. With successful therapy using a triple combination of cream and oral tranexamic acid to treat their melasma, all reported a marked improvement in self-esteem. Physicians who treat patients with melasma should be aware of its profound psychosocial effects and the improvement that successful melasma treatment can have on self-esteem.

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**Introduction**

Background

Melasma is a common disorder of hyperpigmentation characterized by tan or brown macules and patches that mainly affect sun-exposed areas. Melasma can affect men and women of all ethnicities and skin types but is especially prevalent in women with Fitzpatrick skin types III to V who are exposed to ultraviolet (UV) light (Sheth and Pandya, 2011). Although there are many reports of melasma in Hispanic and Asian individuals, the disorder can affect any racial/ethnic group (Sheth and Pandya, 2011). The precise cause of melasma is unknown but factors such as UV light exposure, pregnancy, exogenous hormones, and genetics have been shown to have an important role in the pathogenesis of melasma (Lieu and Pandya, 2012; Sheth and Pandya, 2011). Melasma is notoriously difficult to treat and has a high rate of recurrence. Although asymptomatic, melasma is a disfiguring disease that negatively affects the quality of life (QoL) and self-esteem of affected individuals.

Disfiguring diseases such as melasma take a significant toll on the psychosocial well-being of affected individuals; however, very little has been published on how to improve their QoL and self-esteem. Multiple studies have assessed the QoL of patients with melasma using measures such as the Melasma Quality of Life (MelasQoL) score but few have studied focus groups of patients to ascertain self-esteem and psychological stressors that are associated with the condition (Balkrishnan et al., 2003). We interviewed six patients diagnosed with melasma about the effect of their skin condition on QoL and self-esteem before and after treatment.

Quality of life assessments

Several different questionnaires have been used to assess the QoL of patients who are affected with melasma. In the 1990s, questionnaires such as the Skindex-16 (Chren et al., 1996, 2001) and Dermatology Life Quality Index (DLQI; Finlay and Khan, 1994) specific to dermatologic diseases but not disease-specific were used to measure the psychological effects of melasma on patients. Subsequently, in 2003, a disease-specific QoL questionnaire, MelasQoL, was developed for patients with melasma (Balkrishnan et al., 2003).

The MelasQoL has been shown to be more specific than the Skindex-16 and DLQI and has been translated and validated into multiple languages (e.g., Spanish, Portuguese, French, Turkish, Iranian, Turkish, Hindi; Aghaei et al., 2005; Balkrishnan et al., 2003; Dogramaci et al., 2009; Dominguez et al., 2006; Misery et al., 2010; Sarkar et al., 2016). The findings of the various studies in different languages are listed in Table 1. Contradictory findings with regard to the correlation between the QoL of patients and the severity of their melasma as measured by the melasma area and severity index indicate the effect of melasma on QoL is not solely dependent on disease severity but is multifactorial. Treatment may also affect QoL.

In two studies (Dominguez et al., 2006; Misery et al., 2010), patients
Table 1

<table>
<thead>
<tr>
<th>Authors</th>
<th>Language</th>
<th>Sample size</th>
<th>MelasQoL score (mean)</th>
<th>Most affected domains</th>
<th>Correlation to disease severity</th>
<th>Correlation to prior treatments</th>
<th>Correlation to age groups</th>
<th>Correlation to level of education</th>
<th>Correlation to psychological function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balkrishnan et al.  (2001)</td>
<td>English</td>
<td>102</td>
<td>36</td>
<td>Social life, recreation and leisure, emotional well-being</td>
<td>Moderate (p = 0.30)</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
<td>MelasQoL in 20-40 year olds vs. 31-40 and &gt;41 years of age groups (p = 0.05)</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>Cestari et al. (2006), Freitag et al. (2008)</td>
<td>Portuguese</td>
<td>85</td>
<td>37.5</td>
<td>Emotional well-being</td>
<td>No correlation</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
<td>MelasQoL (&lt; 8 years of formal education), p = 0.05</td>
<td>MelasQoL scores in patients with history of psychiatric disease vs. control (p = 0.001)</td>
</tr>
<tr>
<td>Dominguez et al. (2006)</td>
<td>Spanish</td>
<td>99</td>
<td>42</td>
<td>Social life, emotional well-being, physical health, money matters</td>
<td>Moderate (p = 0.233)</td>
<td>↑Sp-MelasQoL (p &lt; 0.05)</td>
<td>Not mentioned</td>
<td>MelasQoL in &gt; 45 year olds vs. &gt; 45 year olds</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>Misery et al. (2010)</td>
<td>French</td>
<td>28</td>
<td>20.9</td>
<td>Family relationships, social life</td>
<td>Statistically significant (p &lt; 0.05)</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
<td>MelasQoL in patients with history of psychiatric disease vs. control (p = 0.05)</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>Dogramaci et al. (2009)</td>
<td>Turkish</td>
<td>114</td>
<td>29.9</td>
<td>Appearance of the skin, frustration, feeling unattractive to others, having a restricted sense of freedom</td>
<td>Not mentioned</td>
<td>↑MelasQoL</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
<td>↑MelasQoL in poor functioning in psychological life domain patients (p = 0.05)</td>
</tr>
<tr>
<td>Aghaei et al. (2005)</td>
<td>Persian</td>
<td>147</td>
<td>52.83</td>
<td>Social life, recreation and leisure, emotional well-being</td>
<td>Statistically significant (p &lt; 0.05)</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>Sarkar et al. (2016)</td>
<td>Hindi</td>
<td>100</td>
<td>37.19</td>
<td>Physical health, social life and emotional well-being</td>
<td>High (p = 0.809)</td>
<td>Not mentioned</td>
<td>↑Hi-MelasQoL in older age groups</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
</tr>
</tbody>
</table>

MelasQoL, melasma quality of life

This study used an inductive qualitative approach to understand the effect of melasma on self-esteem. Although several studies have measured the effect of melasma on women’s QoL, using the MelasQoL there is little research with regard to the effect of melasma on self-esteem. The interview questions were open-ended and related to the impact of melasma on daily activity, interaction with others, relationships, self-esteem, and self-reflection. The interview questions were listed in Table 3. In total, four interviews were conducted face-to-face, and two by telephone. Our inclusion criteria were conducted face-to-face with all women who were previously treated unsuccessfully for melasma.

Methods

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Procedure

The interview questions were open-ended and related to the impact of melasma on daily activity, interaction with others, relationships, self-esteem, and self-reflection. The interview questions were listed in Table 3. In total, four interviews were conducted face-to-face, and two by telephone. Our inclusion criteria were conducted face-to-face with all women who were previously treated unsuccessfully for melasma.
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