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## ORIGINAL ARTICLE

### Impact of Vitiligo on Quality of Life<sup>☆</sup>

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#### KEYWORDS

Vitiligo;  
Quality of life;  
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#### Abstract

**Introduction and objective:** Vitiligo is a chronic autoimmune skin disease caused by the destruction of melanocytes. Although quality of life (QOL) in vitiligo has been studied in different countries, it has not yet been investigated in Mexico. The aim of this study was to assess the QOL of Mexican patients with vitiligo.

**Material and method:** We conducted a cross-sectional study at the research unit of Centro Dermatológico Dr. Ladislao de la Pascua in Mexico City. We included adults with vitiligo and excluded those with other pigmentation disorders or a neurological or psychiatric disorder. Patients on psychoactive medications were also excluded. All the patients were administered the Dermatology Life Quality Index (DLQI), a vitiligo-specific quality of life instrument (the VitiQoL), and the Beck Depression and Anxiety Inventories.

**Results:** We studied 150 patients with vitiligo (103 women [68.7%] and 47 men [31.3%]). The median (interquartile range) age was 38 (20) years. The mean (SD) scores on the DLQI and VitiQoL were 5.2 (5.4) and 32.1 (22.7) out of total possible scores of 30 and 90, respectively. The correlation between questionnaire scores was 0.675 ( $P < .001$ ). Patients with genital involvement scored significantly worse on the VitiQoL than those without lesions in this area (43.95 [28.4] vs 28.98 [20.08],  $P < .001$ ). The prevalence of depression and anxiety was 34% and 60%, respectively.

**Conclusion:** Vitiligo has a minimal impact on the QOL of our patients. QOL was worse in patients with genital lesions.

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**PALABRAS CLAVE**

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Índice de calidad de vida en dermatología;  
Calidad de vida en vitiligo

**Impacto del vitiligo en la calidad de vida****Resumen**

*Introducción y objetivo:* El vitiligo es una dermatosis autoinmune crónica causada por la destrucción de los melanocitos. Aunque la calidad de vida en pacientes con vitiligo se ha estudiado en diferentes poblaciones, hasta el momento no existen estudios previos sobre el tema en nuestra población. El objetivo de este estudio era determinar la calidad de vida de pacientes con vitiligo mexicanos.

*Material y método:* Se realizó un estudio transversal en la Unidad de Investigación del Centro Dermatológico Dr. Ladislao de la Pascua en la ciudad de México. Se reclutaron adultos con vitiligo, se excluyeron los individuos con otras alteraciones de la pigmentación, diagnóstico de enfermedad neurológica y/o psiquiátrica y en tratamiento farmacológico con sustancias que afectaran su estado mental. Todos los pacientes contestaron los cuestionarios DLQI y VitiQoL y los inventarios de depresión y ansiedad de Beck.

*Resultados:* Se reclutaron 150 pacientes con vitiligo, 68,7% (103) mujeres y 31,3% (47) hombres. La mediana de edad fue de 38 años  $\pm$  20 años. En nuestros pacientes el promedio de la puntuación del DLQI fue de  $5,2 \pm 5,4$  y el del VitiQoL fue de 32,1 (DE: 22,7), de los 30 y 90 puntos posibles de cada instrumento, respectivamente. La correlación de los resultados de ambos cuestionarios fue de 0,675,  $p < 0,001$ . Los pacientes con afectación de genitales reportaron una puntuación mayor en el cuestionario de calidad de vida VitiQoL que aquellos sin afectación de esa zona corporal, 43,5 (DE: 28,4) vs 28,98 (DE: 20,08),  $p < 0,001$ . La prevalencia de depresión y ansiedad fue del 34% y 60%, respectivamente.

*Conclusión:* El impacto del vitiligo en la calidad de vida de nuestra muestra de pacientes fue mínimo. El vitiligo en los genitales se asocia a un deterioro de la calidad de vida.

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**Introduction**

Vitiligo is a chronic autoimmune skin disease characterized by white or hypopigmented macules.<sup>1-3</sup> The reported prevalence ranges from 0.06% to 2.28% around the world.<sup>4</sup> Forms of the disease are classified as segmental, nonsegmental or indeterminate (unclassifiable).<sup>5</sup> Topical or systemic corticosteroids are the first line of therapy.<sup>6</sup>

Quality of life in dermatology refers to the patient's view of changes brought about by a skin disease.<sup>7</sup> The most widely used instrument to measure the patient's perception is the Dermatology Life Quality Index (DLQI).<sup>8</sup> A disease-specific measure, however, is provided by the Vitiligo Quality of Life (VitiQOL) index.<sup>9</sup> Both tools are positively correlated ( $r = 0.83$ ).<sup>9</sup>

Vitiligo has been linked to psychiatric diseases such as depression, experienced by 59% of patients with this skin disease.<sup>10</sup> One screening tool available is the Hamilton Rating Scale for Depression; others that are often administered in clinical settings are the Montgomery-Asberg Depression Rating Scale and the Beck Depression Inventory.<sup>11-13</sup> The construct validity of the Beck scale also provides an instrument useful for detecting anxiety.<sup>14</sup>

Although quality of life in vitiligo has been studied in various populations, it has not been examined in our practice setting of Mexico City. Our aim was to measure the quality of life of adults diagnosed with vitiligo in our referral hospital for skin diseases.

**Patients and Methods**

This cross-sectional study was undertaken in the Dr Ladislao de la Pascua Dermatology Research Center in Mexico City from October 2014 to June 2015. The study was approved by the center's ethics committee and the participants gave their signed informed consent. Patients with vitiligo who were over the age of 18 years were included. We excluded patients with other skin diseases affecting pigmentation and those with neurological diseases.

A single dermatologist took each participant's medical history and recorded the following data: sociodemographic characteristics, clinical type, percentage of body surface affected, time since onset, family history of vitiligo, prior treatments, signs and symptoms, and autoimmune diseases. The patients completed the Spanish versions of the DLQI and VitiQOL questionnaires. The research team undertook to produce a culturally adapted translation of the VitiQOL following the recommendations of the International Society for Pharmacoeconomics and Outcomes Research.<sup>15</sup> We also administered the depression and anxiety sections of the Beck Depression Inventory to screen for psychiatric disease.

Data were analyzed with SPSS software (version 19). Qualitative variables were described with percentages. Normally distributed quantitative variables were described with the mean (SD) and nonnormally distributed results with percentiles. Statistical significance was set at a value of  $P < .05$ . We calculated the sample size required for a power of 0.96 ( $\alpha$  error, 0.05) using the G\*Power software, version 3.1.

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