IMPACT OF SOCIODEMOGRAPHIC AND CLINICAL VARIABLES ON THE QUALITY OF LIFE OF PATIENTS WITH SKIN LESIONS

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Abstract: Objective: To evaluate the quality of life of patients with chronic skin lesions and associated factors. Methods: a descriptive-exploratory, cross-sectional study with a quantitative approach was carried out in Montes Claros, Minas Gerais – Brazil at the Wound Outpatient Clinic with 18 patients diagnosed with chronic skin lesions. The dependent variable quality of life was assessed using the Wound-Qol questionnaire, which assesses the disease-specific health-related quality of life of patients with chronic skin lesions. Descriptive analysis, quality of life score analysis, bivariate analysis, and crude and adjusted prevalence ratios were estimated with their respective 95% confidence intervals and 5% significance level. The Poisson model with robust variance was adopted. Variables with a p-value ≤ 0.20 were selected for multiple analysis. Results: the daily life and psychological domains obtained the highest levels of impairment, impairing the overall score of general quality of life, and the highest scores were concentrated in the "body and financial" domain. Self-reported lack of physical activity, alcoholism, and injury exudate were associated with quality of life. Conclusion: the quality of life of patients with chronic skin lesions is multifactorial and complex, requiring comprehensive and interdisciplinary action by health professionals beyond the reductionist view of the lesion.

Keywords: Wounds and Injuries. Evaluation. Quality of Life.

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Introduction

The increase in life expectancy has led, among other aspects, to a rise in the prevalence of chronic diseases, including chronic skin lesions (CSL), which affect 1% of the adult population. Chronic skin lesions of the lower limbs (LL), specifically venous ulcers, are the most prevalent, representing 70 to 90% of chronic ulcer cases and resulting from chronic venous insufficiency and trauma to the lower third of the legs, especially in the medial and lateral malleolar regions (Costa et al., 2017).

In Western countries, epidemiological surveys show that the estimated prevalence of LCC is 1.0% in the general population and doubles in the population aged 80 or older, reaching 2.0%, it has a recurrence rate of approximately 80% in the first year of healing and approximately 1.0% of investments allocated to health treatment are spent on the care of patients (Duffrayer; Joaquim; Camacho, 2018).

LCC is a complex clinical management issue, and its healing process occurs by secondary intention. Physical signs and symptoms, such as pain, itching, unpleasant odor, and difficulty with mobility, along with psychological complaints like anxiety, depression, sleep disturbances, social isolation, loneliness, and impaired independence, can significantly affect the quality of life (QoL) of affected patients. The presence of the skin lesion causes changes in daily and work tasks, self-image, and functionality in the performance of professional activities, leading to a process of social isolation (Joaquim et al., 2018).

In this sense, QoL was described by the World Health Organization's (WHO) Quality of Life Group as: "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (Lentsck et al., 2018; World Health Organization, 2020). It should be assessed throughout the patient's therapeutic journey. For this, it is necessary to have available adequate and valid strategies for an assertive assessment that meets the real needs of patients living with skin lesions (Augustin et al.,

2017).

Although there is some research on the assessment of QoL in patients with skin lesions, the practical application of the outcomes of these assessments, especially using genetic and systematic instruments, is still incipient to date (Dantas et al., 2022). Research with this approach allows for the identification of clinical conditions that interfere with QoL and the comparison of data with scientific evidence, assisting in the development of interventions and guiding public health policies that prioritize improvements in the care of individuals living with skin lesions (Oliveira et al., 2019).

It is important to highlight the need for healthcare professionals to focus on the health of patients living with chronic lesions, identifying changes in well-being and quality of life (QoL), and ensuring the necessary support to help them cope with the limitations they face. Furthermore, it is essential to train professionals to provide care to patients with skin lesions, since assessing QoL is as relevant as treating the lesion itself, and the clinical factors that influence QoL can be modified through the implementation of an effective therapeutic plan (Bôas; Salomé; Ferreira, 2018). In this sense, the objective was to evaluate the quality of life of patients with chronic skin lesions and associated factors.

Methods

A descriptive-exploratory, cross-sectional study with a quantitative approach was conducted in Montes Claros, Minas Gerais – Brazil, at the Dr. Alpheu Gonçalves de Quadros Health Complex/ Wound Clinic, selected because it is a support and referral service for the treatment of skin lesions. Eighteen patients with chronic skin lesions who underwent conventional topical treatment and photobiomodulation between 2021 and 2023 participated in the study. Patients of both sexes were included, provided they had skin lesions for a period equal to or greater than 4 weeks. Patients with lesions of other causes and those who did not attend scheduled appointments were excluded.

Data collection was conducted by trained and calibrated researchers in a pilot study, which did not include participants in the final sample. Data collection instruments included a questionnaire,

a form, and two validated instruments. The first was a questionnaire with sociodemographic data and life aspects, adapted from the National Health Survey - Brazil/Sociodemographic Characteristics and Social Support developed by Fiocruz in partnership with the Brazilian Institute of Geography and Statistics (BRASIL, 2018). The second was a form containing clinical data and laboratory test results, developed for this research to conduct the primary assessment of the patient with a lesion, based on the medical record of the individual with a skin lesion followed at the municipality's Wound Clinic. The validated instruments were the PUSH 3.0 (adapted) or Pressure Ulcer Scale for Healing/adapted version for wound assessment, and the Wound-Qol, which assesses disease-specific health-related quality of life (HRQoL) in patients with chronic wounds. The Wound-Qol is self-explanatory and should be completed retrospectively, considering the last seven days. It contains 17 items assigned to three subscales: daily life, body, and psychological. The questions are in Likert scale format, ranging from 0 to 4, with a score of 0 classifying the best quality of life, and 4 the worst quality of life. The overall score can only be calculated if at least 75% of the items are answered, that is, at least 13 of the 17 items must be evaluated (Sommer et al., 2017). Questions 1 to 5 relate to physical symptoms; 6 to 10 to psychological symptoms; 11 to 16 to daily life; and question 17 relates to financial issues (Sommer et al., 2017).

The variables investigated were: sociodemographic characteristics (sex, age, skin color, and years of education), behavioral characteristics (exercised in the last three months, participates in religious activity, and consumes alcoholic beverages), clinical conditions (type of treatment and pain intensity), and lesion characteristics (time, region, area, amount of exudate, and tissue type). Sociodemographic, behavioral, clinical condition, and lesion characteristics were considered independent variables. The quality of life (Wound-Qol) variable was the dependent variable, categorized as ≤ mean and > mean.

Initially, descriptive analyses of all investigated variables were performed using simple and relative frequencies. The quality of life variable score and the descriptive measures mean, median, standard deviation, minimum, and maximum were calculated for each domain on day 1. Subsequently, a bivariate analysis was performed for the quality of life variable with the independent variables, using

the Chi-square test. Crude and adjusted Prevalence Ratios (PR) were estimated with their respective 95% confidence intervals and a significance level of 5%. A Poisson model with robust variance was adopted. Variables with a p-value ≤ 0.20 were selected for multiple analysis. The deviance test was used to assess the goodness of fit of the model. All analyses were conducted using the Statistical Package for the Social Sciences (SPSS), version 20.0.

The study was approved by the research ethics committee under CAAE: 96928518.70000.5146 and approval opinion number 3.037.397, and the participants signed the Informed Consent Form.

Results

The study included 18 patients with chronic skin lesions, the majority of whom were female (61.1%) and aged 60 years or older (61.1%). Further information is presented in Table 1.

Table 1 - Sociodemographic, behavioral characteristics and clinical conditions of patients with chronic skin lesions, Montes Claros, MG, 2021 to 2023 (n=18).

Variables	n	%
Sociodemographic		
Sex		
Male	7	38,9
Female	11	61,1
Age		
< 60 years	7	38,9
≥60 years	11	61,1
Skin color		
White	7	38,9
Non-white	11	61,1
Years of study		
Higher education/secondary education/technical education	7	38,9
Elementary education/no education	11	61,1
Behavioral		

Have you been exercising for the last 3 months?		
Yes	2	11,1
No	16	88,9
Participates in religious activity		
Yes	11	61,1
No	7	38,9
Consumes alcoholic beverages		
Yes	16	88,9
No	2	11,1
Type of treatment, intensity of pain, and characteristics of the injury.		
Tipo de tratamento		
Laser plus conventional treatment	12	66,7
Conventional treatment	6	33,3
Intensity of pain caused by the wound		
No pain/mild	8	44,4
Moderate/intense	10	55,6
Time of injury		
< 1 year	6	33,3
>= 1 year	11	64,7
Region of injury		
Leg	10	55,6
Foot	8	44,4
Area D1		
≤ 8 cm2	8	44,4
>8cm2	10	55,6
Amount of exudate D1		
Absent/small	3	16,7
Moderate/large	15	83,3
Fabric type D1		
Open wound/epithelial/granular	2	11,1
Slough/necrotic	16	88,9

Table 2 presents a descriptive analysis of the overall Wound-Qol score and its domains.

Table 2 - Descriptive analysis of the Wound-Qol, overall score and domains of patients with chronic skin lesions, Montes Claros, MG, 2021 to 2023 (n=18).

Wound-Qol	n	Average	SD	Min	Max
Overall score	18	40,2	17,5	6	64
Domains					
Physical	18	8,7	5,9	0	20
Psychological	18	12,1	6,5	0	20
Daily life	18	16,6	6,9	0	24
Financial	18	2,8	1,5	0	4

Table 3 presents the bivariate analysis of quality of life with the independent variables.

Table 3 - Bivariate analysis for quality of life and independent variables of patients with chronic skin lesions, Montes Claros, MG, 2021 to 2023 (n=18).

	Qualidade de vida		
Variáveis	**≤ average n (%)**	**> average n (%)**	**P-value**
Sociodemográficas			
Sex			
Masculine	2 (28,6)	5 (71,4)	0,278
Feminine	6 (54,5)	5 (45,5)	
Age			
< 60 years	5(71,4)	2(28,6)	0,088
≥60 years	3(27,3)	8(72,7)	
Skin Color			
Branca	4(57,1)	3(42,9)	0,352
Não branca	4(36,4)	7(63,6)	
Years of study			
Higher education/secondary education/technical education	5(71,4)	2(28,6)	0,117
Elementary education/no schooling	3(30,0)	7(70,0)	
Behavioral			

Have you been exercising for the last 3 months?			
Yes	2(100,0)	0 (0,0)	0,183
No	6 (37,5)	10 (62,5)	
Participates in religious activity			
Yes	4936,4)	7 (63,6)	0,352
No	4 (57,1)	3 (42,9)	
Consumes alcoholic beverages			
No	6 (37,5)	10 (62,5)	0,183
Yes	2 (100,0)	0(0,0)	
Type of treatment, intensity of pain, and characteristics of the injury			
Type of treatment			
Laser plus conventional treatment	5 (41,7)	7 (58,3)	0,563
Conventional treatment	3 (50,0)	3 (50,0)	
Intensity of pain caused by the wound			
Painless/mild	4 (50,0)	4 (50,0)	0,520
Moderate/intense	4 (40,0)	6 (60,0)	
Time of injury			
< 1 year	3 (50,0)	3(50,0)	0,627
>= 1 year	5 (45,5)	6 (54,5)	
Region of injury			
Leg	4 (40,0)	6 (60,0)	0,520
Foot	4 (50,0)	4 (50,0)	
Area D1			
≤ 8 cm2	3 (37,5)	5 (62,5)	0,480
>8cm2	5 (50,0)	5 (50,0)	
Amount of exudate D1			
Absent/small	0 (0,0)	3 (100,0)	0,147
Moderate/large	8 (53,3)	7 (46,7)	
Fabric type D1			
Wound /epithelial/granular	1 (50,0)	1 (50,0)	0,706
Slough/necrotic	7 (43,8)	9 (56,2)	

The multiple model with the adjusted PR, confidence interval, and p-value are presented in Table 4. The variables that showed significant results were: performed physical exercise (p=0.018),

consumes alcoholic beverages (p=0.018), and amount of exudate (p=0.007) (Table 4).

Table 4 - Multiple model for Quality of life, adjusted PR, Confidence interval and p-value of patients with chronic skin lesions, Montes Claros, MG, 2021 to 2023 (n=18).

Variables	RPaj	IC 95%	P-value
Have you been exercising for the last 3 months?			
Yes	1	-	**0,018***
No	1,36	(1,05-1,76)	
Consumes alcoholic beverages			
Yes	1	-	**0,018***
No	0,73	(0,57-0,95)	
Amount of exudate D1			
Absent/small	1	-	**0,007***
Moderate/large	0,79	(0,66-0,94)	

*significant ≤0.05 Deviance: 2.016 p= 0.144.

Discussion

This study evaluated the quality of life (QoL) and associated factors in patients with chronic skin lesions (CSL). The study revealed a higher frequency of CSL among females, older individuals, and those with low levels of education. These data corroborate international and national surveys regarding the profile of this population and indicate that people living with CSL require specialized assistance in terms of comprehensive care, aiming at tissue recovery and reduction of recurrences, and gradually improving QoL (Santos et al., 2016; Torres et al., 2018; Domingues; Alexandre; Silva, 2016; Torre et al., 2017; Souza et al., 2013). Lower financial status, followed by low education levels, may indicate a lifestyle conducive to the development of skin lesions. Furthermore, it prevents the individual from meeting their basic needs. It can hinder access to health services, resources, and the

professionals who provide care (Augustin et al., 2015).

Another relevant aspect commonly relates to the chronicity of lesions in the patients followed. This condition may indicate a lifestyle that also favors the development of lesions or even the lack of access to specialized services, since in the public health system there is a significant unmet demand in areas of specialties such as angiology, and thus, systemic assessment and care may occur late, when skin lesions are already significantly established (Salomé; Ferreira, 2012).

Regarding QoL scores, it was found that the daily life and psychological domains had the highest levels of impairment, negatively affecting the overall QoL score, while the highest scores were concentrated in the "body and financial" domain. These outcomes show that the presence of skin lesions results in negative effects on well-being, being directly related to the emotional response to the physiological conditions of health-related aspects (Augusto et al., 2017; Kapp; Santamaria et al., 2017; Purcell et al., 2017; Upton; Upton, 2015). In a multicenter study conducted in Spain with patients with CCL, it was identified that the psychological domain was the most affected, also showing a statistical correlation between the severity of the lesion and the impairment of QoL in this domain (Torre et al., 2017).

The results of this research showed that most people had a negative perception of their QoL. This data corroborates that of a comparative study that evaluated QoL in patients with CCL treated in primary care services in Brazil and Portugal, which showed a lower average score across domains in both samples, but the averages were significantly lower among Brazilian patients (Torres et al., 2018).

In relation to the domain of daily life, skin lesions are related to psychological and physical aspects and limit the daily tasks and quality of life (QoL) of affected individuals. These aspects include pain, limitations in mobility, exudate and unpleasant odor from the lesion, altered body image, secluded social life, professional and financial burdens, and those resulting from the treatment itself. These conditions have a significant impact on the QoL of affected individuals and often require more than just local treatment of the lesion. Psychosocial aspects such as anxiety, depression, and social isolation are also related to the delayed healing process of the lesion (Deufert; Graml, 2017).

A study conducted in Egypt and Saudi Arabia that assessed the QoL of patients with lower limb ulcers showed that depressive disorders, sadness, and sleep disturbances, as well as difficulties in interpersonal relationships with family members and spouses, were significantly impaired due to the onset of ulcers and, especially, the inability to walk and perform basic activities of daily living (Sehlo; Alzahrani; Alzahrani, 2016).

After multivariate analysis, the absence of physical exercise in the last 3 months by patients with CCL remained associated with a higher perception of QoL. This outcome, although paradoxical, may represent an association with the discomfort and physical limitations imposed by the location of the CCL. In clinical practice, it is noted that patients living with ulcers are limited in performing work activities, whether due to the use of dressings, which may need to be changed frequently daily, or due to physical difficulty. This stimulates feelings of sadness, frustration, fear, helplessness, as well as impairments in independence and autonomy. These feelings may occur because the person feels mutilated and has difficulty choosing clothing in a way that people do not notice that they have a lesion and that their limb is swollen, and may intensify when the lesion presents exudate and odor (Barbosa; Salomé; Ferreira, 2017). However, a Brazilian study with elderly patients identified an association between the prevalence of chronic skin lesions and not engaging in any work activity or regular physical activity, while active movement and the absence of dietary restrictions were protective factors against the development of lesions (Vieira; Araújo, 2018). Therefore, the importance of developing unique prevention and treatment strategies for skin lesions based on comprehensive and interdisciplinary care is highlighted. This means that physical education professionals, for example, should be involved to guide the level and type of physical exercise that a person with a skin lesion can perform, in addition to nutritionists and other professionals (Vieira; Araújo, 2018).

Regarding lifestyle habits, alcoholism was associated with a lower perception of QoL; thus, this habit constitutes a relevant public health problem and is related to an increase in morbidity and mortality rates due to its potential to cause diseases and its association with impaired QoL (World Health Organization, 2014). In this sense, the relationship between alcoholism and infections is well

described: it is known that alcohol can act directly on the immune system, reducing humoral and cellular immunity, resulting in neutrophilic dysfunction and leukopenia, thus altering the patient's immune response (Liu; Lien; Fenske, 2010), further impairing the healing process of UV wounds and consequently influencing QoL.

In primary healthcare services, as well as in the communities they serve, it is also common to find users consuming alcohol in patterns that warrant attention from the team professionals (Jomar et al., 2014; Vargas; Oliveira; Araújo, 2009; Abreu et al., 2012), which is frequently accompanied by chronic health conditions, such as skin lesions. A household survey that analyzed patients followed up in Basic Health Units in the municipality of Rio de Janeiro showed that alcohol consumption with some degree of health risk was recorded in 29.6% of users and the risk of alcohol dependence in 5.7% of the users investigated (Jomar et al., 2014). Another Brazilian study found a strong and negative association in all domains of participants' QoL with alcohol consumption (Veiga; Cantorani; Vargas, 2016). Therefore, it is essential that healthcare professionals adopt health education and prevention measures against alcohol consumption, especially for patients with skin lesions.

Regarding the evaluated characteristics of the lesion, a lower quality of life (QoL) was associated with the amount of exudate. This characteristic represents one of the worst conditions related to skin lesions according to patients, as it can cause embarrassment, leading to social exclusion in an attempt to avoid repression and resulting in feelings of loneliness and depression (Cunha; Campos; Cabete, 2017). Lesion exudate is an excess of leaking fluid that commonly accumulates more readily in the affected tissue. Exudation represents a serious problem due to proteases that eliminate tissue and directly favor an increase in the lesion area (McCarty; Percival, 2013).

Although there is much evidence regarding the impact of exudate on the management of skin lesions, the prevalence of non-healing lesions persists as a growing global problem. Exudate management is necessary to promote an optimal healing environment. It should be a central point in each patient's wound care plan and should be based on a comprehensive plan (Dowsett et al., 2020). A careful approach to exudate management can decrease healing time, and consequently the economic

burden of the lesion, and improve the patient's quality of life (WUWHS, 2007; Benbow; Stevens, 2010; Wounds, 2013). In this context, both excessive exudate negatively influences the patient's QoL, and the patient's overall health and well-being can influence the characteristics of the exudate (Wounds, 2013; Cartier et al., 2014; Orsted et al., 2017; Dowsett et al., 2011; Dowsett et al., 2008).

Therefore, a negative relationship is established between chronic skin lesions and the QoL of affected individuals. The relevance of interventional studies and new guidelines that reflect on ways to improve them is highlighted, with the intention of providing a holistic approach to patients (Couto; Leal; Pitta, 2016). The need to redirect the care of patients with chronic lesions is reinforced by seeking to identify, in the routine of health services, variables that influence the QoL of this population, since their evaluation is a relevant indicator of the response of the lesion's healing evolution (Souza; Milani; Alexandre, 2015).

The sociodemographic and clinical profile found in this study corroborates the findings of other research, including a systematic review conducted with people with chronic wounds, which highlighted that this type of injury is more recurrent among women, the elderly, people who live with partners and family members, those with low levels of education and income below the standardized minimum, and those with pre-existing chronic diseases such as hypertension, metabolic diseases, and cardiovascular impairment (Pereira; Nascimento, 2024).

This study has some limitations, including its cross-sectional design and the use of self-reporting through questionnaires, which limits the establishment of causal relationships and means some findings may be related to the sample. The small sample size is also noteworthy due to difficulties in data collection during the COVID-19 pandemic, and the prolonged participation period inevitably led to some participants dropping out, although published studies on this topic also present smaller sample sizes. Furthermore, a limited number of studies on quality of life (QoL) among patients with chronic collateral lymphoma (CCL) were identified, making comparisons with the findings of this study more difficult.

Conclusão

The absence of physical exercise was associated with a higher quality of life, while alcoholism and the presence of exudate were associated with a lower quality of life among patients diagnosed with leg ulcers, respectively. These outcomes relate to the complexity of living with a chronic skin lesion, impacting all areas of a person's life and requiring a comprehensive and interdisciplinary approach that goes beyond the traditional role of the medical and nursing team. Healthcare professionals need to make efforts to see the patient beyond their skin lesion and understand them from the perspective of their overall and multidimensional quality of life.

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