

Quality of life of patients with melasma: Is there a correlation between the Melasma Area and Severity Index (MASI) and the Melasma Quality of Life Scale (MelasQoL)?

Souad Choukri, Hanane Baybay, Noura Kalmi, Sara Elloudi, Meryem Soughi, Zakia Douhi, Fatima Zahra Mernissi

Department of Dermatology, Hassan II University Hospital, Fez, Morocco

Corresponding author: Souad Choukri, MD, E-mail: Choukri.souad.13@gmail.com

Sir,

Melasma, one of the most common causes of acquired hyperpigmentation, is characterized by light to dark brown macules located on photo-exposed areas [1], having a significant impact on appearance and psychosocial and emotional distress, making the assessment of QoL in patients with skin disorders increasingly important [2].

Is this deterioration in the QoL of melasma patients mainly related to disease severity or are other factors involved?

The aim of this study was to assess patient quality of life and to investigate the different clinical factors associated with this disease that may influence the quality of life of melasma patients.

This was a prospective analytical study of seventy subjects with melasma conducted over a period of seven months.

Melasma severity was assessed using the MASI score.

The study subjects completed the MelasQoL questionnaire.

The MelasQoL is a ten-item questionnaire on the impact of melasma on the patient's emotional state, social relationships, and daily activities. Each patient

indicates how they feel about their skin condition on a scale from 1 (not bothered at all) to 7 (bothered all the time). The total score is calculated as the sum of all scales for each question (the total score varies from 10 to 70).

The data was analyzed using SPSS software. The association between categorical variables was tested using the χ^2 test. The p value was considered significant if it was less than or equal to 0.05.

All patients were female. The mean age of onset and duration of melasma were 32.14 and 9 years, respectively.

The majority of the patients had no family history of melasma (81.6%).

The MelasQoL analysis showed that 92% of the patients felt self-conscious about the appearance of their skin, 58.9% were frustrated and embarrassed by their skin condition, 51.6% were depressed, and 79.5% felt unattractive.

However, for 85.53% of the patients, the skin condition did not affect their relationships with others and, for 75%, it did not affect their desire to socialize, communicate or spend time with others. In addition, 88% of the patients did not find it difficult to express affection, 54.2% did not feel that their importance or productivity had decreased, and 54.83% did not feel that their freedom had been restricted (Table 1).

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Table 1: Answers for the MelasQoL questions ($n=70$).

	Not bothered at all (%)	Not bothered most of the time (%)	Not bothered or sometimes bothered (%)	No feeling either way (%)	Sometimes bothered (%)	Bothered most of the time (%)	Constantly bothered (%)
Skin appearance	0	1	6	1	2	80	10
Frustration due to skin condition	20	14	7	0	6.9	40	12
Embarrassment at skin condition	13	25	8	1	7	30	22
Depressed by skin condition	48.4	5	11	0	20.4	10.2	5
Effects of the skin condition on the desire to be with people	60	15	2	13	6	4	0
Difficulty in showing affection	75	13	2	12	8	0	0
Effects of the skin condition on relations with other people	80.03	3.5	2	6.5	7	1	0
Feeling unattractive due to skin blemishes	2	10	18.3	10	22	17	10.2
Reduced sense of importance/ productivity	30	24.2	10.8	15	10	8	2
Restricted sense of freedom	50	4.8	15.2	10	7	10	3

The analytical study showed no statistically significant association between the MelasQoL and MASI scores ($p > 0.05$) or with other associated parameters such as family history or phototype. However, a younger age and longer disease duration were significantly associated with higher MelasQoL scores ($p < 0.05$).

The negative influence of various pigmentation disorders, including melasma, is well documented [1].

In line with previously published studies, our study confirmed that melasma has a major impact on the patient's quality of life, causing emotional distress due to feelings of dissatisfaction, frustration, embarrassment, and depression related to their skin condition [3].

On the other hand, and contrary to previous studies, the social life of our patients was, paradoxically, less altered by the pathology [3].

Several studies have analyzed the relationship between quality of life and lesion severity using the MASI score, yet most have reported that they are not related or that the correlation is weak [4-6]. Clinical severity should not be the only criterion to assess the psychological impact of the patient's skin condition [2]. This was consistent with our results.

Therefore, some authors have tried to obtain demographical factors influencing MelasQoL scores to explain this situation [6].

In fact, several factors have been analyzed in previous studies, especially age, family history, the patient's educational level, and duration of evolution, with these inconsistent results.

The effect of patient age on MelasQoL score has also been analyzed, with most studies finding no correlation between these two parameters [3-6]. Some found a correlation between a younger age and a higher MelasQoL score, as in our study, while others concluded that, on the contrary, an older age is more likely to lead to greater impairment of quality of life [1-3].

Our study found no association between the patient's family history of melasma and impaired quality of life, which was consistent with the literature [3].

Regarding the patient's educational level, some authors described the MelasQoL scores of patients with lower educational level as significantly higher than those with higher educational level [7]. The authors suggested that a lack of knowledge about the disease leads to greater anxiety and that patient education is, therefore, of paramount importance [6]. However, other studies reported no difference in MelasQoL scores regardless of education level [6].

In addition, several studies found no significant effect of the duration of development on the MelasQoL score [1-6], while others concluded that a longer duration of evolution is significantly associated with a higher MelasQoL score and, thus, with a significant

deterioration in quality of life, which was consistent with our findings [3-5].

In light of our results, we conclude that factors other than disease severity were associated with decreased quality of life in our patients, particularly a young age and longer disease course.

Given the conflicting results of the various studies analyzing the factors influencing the MelasQoL score, further studies are needed to determine the factors contributing to the altered quality of life in our melasma patients.

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