

# Psoriasis and Pemphigus have Both Been Treated with the Questionnaire

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## Description

It is common knowledge that body dysmorphic disorder, anxiety, and depression are all linked to having a negative body image. Despite the fact that there is evidence to suggest a high prevalence of mental health issues related to body image in this group of patients, there is currently no gold standard body image related patient reported outcome measure that is utilized specifically for dermatologic disease. Body image is a multifaceted concept that can be described as a person's subjective feelings regarding how satisfied they are with their appearance. The Body Image Concern (BIC) scale can be used to measure a person's level of body image anxiety and has been shown to strongly correlate with quality-of-life scores. Additionally, psychological disorders like Body Dysmorphic Disorder (BDD) have been linked to high BIC scores. In the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), BDD, which was previously listed as a somatoform disorder, is now included in the obsessive-compulsive disorders category. Obsessive-Compulsive Disorder (OCD), social phobia, and major depression have all been linked. The prevalence of BDD in dermatology patients is reported to be between 4.9% and 36%, compared to just 1.8–2.3 percent in the general population. Negative body image has also been linked to anxiety and depression in dermatology patients.

## Skin Tumors

Currently, a variety of tools are being used in the study of this topic, which has resulted in a significant heterogeneity in data interpretation. However, no study has assessed which body image scoring tool is most reliable and suitable for use. We set out to determine which dermatological disease-related body image Patient Reported Outcome Measures (PROMs) have been validated and critically evaluated in the published literature over the past ten years. The strengths, weaknesses, and shortcomings of the PROMs currently used to measure body image in dermatology patients will be highlighted in this paper, which may help shape the design of future studies and clinical mental health evaluations of this high-risk group. The Preferred Reporting Items for Systematic Reviews and Meta Analyses Protocol (PRISMA-P) statement served as the basis for the development of the methods for this systematic review.

We were going to search a number of databases. In dermatologic diseases, we focused on generic or, if possible, specific instruments for measuring body image. The second objective was to conduct a quality assessment of each instrument found. We decided to use the COSMIN method. The consensus based standards for the selection of health measurement instruments as modified by Francis in order to avoid a subjective evaluation and obtain an objective one. The modified version has 17 items as opposed to 119. In the second part of the study, a second search was conducted for each PROM to locate articles concerning the measure's evaluation. Paediatric-related articles were not considered. Since there had only been one published review of body image in dermatology a book chapter. We also conducted hand searches in a few generic instrument surveys focusing on other topics. The following will discuss each PROM's primary properties and applications.

The Cutaneous Body Image Scale (CBIS) is a likert scale with seven items and ten points, ranging from 0 (not at all) to 9 (very markedly). I like how my skin looks in general. The construction team has tested and used the CBIS for a variety of skin conditions; it has been used to treat acne, atopic dermatitis, and psoriasis.

Dermatitis, acne, alopecia, psoriasis, and skin tumors have all been treated with the Japanese version of the CBIS18. The Body Image Quality of Life Inventory (BIQLI) is a 19-item, 7-point likert scale ranging from 3 for very negative to +3 for very positive: how self-assured I feel in my daily life. Before and after botulinum toxin injections and injectable procedures for facial ageing, the BIQLI has been used to treat cutaneous lupus erythematosus in patients with facial palsy. Danish has been incorporated into the BIQLI. Hidradenitis suppurativa has been treated with the Danish version.

The Body Image Scale (BIS) was created with cancer patients in mind. It is a 10 point likert scale with scores ranging from 0 (not at all) to 3 (very much). Skin tumors and cutaneous lupus erythematosus have both been treated with the BIS.

Breast cancer and skin tumors have both been treated with the Portuguese version of BIS. The Appearance Schema's Inventory Revised (ASI-R) is a 5-point likert scale with 20 items that ranges from 1 (strongly disagree) to 5 (strongly agree). There are two subscales in it. Motivational and self-evaluative salience. Psoriasis and pemphigus have both been treated with

the questionnaire. With six nine-point items, the Body Image State Scale (BISS) is a likert scale. More negative body image is reflected in low scores. Hyperhidrosis has been treated with this questionnaire. In a variety of groups, the Spanish version of BISS was thoroughly tested and compared to other questionnaires. The Body-Self Relations Questionnaire (BSRQ) has ten subscales and 69 likert-type items ranging in frequency from "never" (one) to "very often" (five). A shorter version of the survey with only five subscales and 35 items is available. Psoriasis has been treated with this questionnaire.

## Body Dysmorphic Disorder

The Body Image PROMS utilized in dermatologic conditions-related studies were the focus of this systematic review. There aren't many studies on body image in dermatology, so there aren't many that fully evaluate the use of PROMs in this field. In a period of ten years, five PROMs were reported more than once. Due to its previous validation, only one instrument was used.

However, only a few descriptions of item development were provided, and factor analysis was not carried out in three instances. In four proms, expected differences between known groups were not evaluated. In everyday use, there was a lack of awareness regarding patient involvement in study design in the PROMs. Only in two cases was there a strategy for missing scores. The amount of time required to complete was derived from the number of items and was not specified. Only three of the PROM's participants had their literacy levels assessed. In conclusion, this study calls for additional research in the field and demonstrates the limitations of data interpretation in studies examining the impact of body image perception on dermatologic disease. This will depend on the creation of high-quality, validated PROMs that involve patient participation and can cover particular psychological disorders like body dysmorphic disorder. In the end, more research will give doctors a better understanding of the relationship in the context of dermatologic disease, making it possible to treat and support these high-risk patients promptly.