




# Emotional, Social, and Physical Effect of Atopic Eczema of Parent Have Children with Atopic Eczema: A Descriptive Study

Asmaa Hadi Oubeed<sup>\*1</sup> , Wisam Mashaan Muttaleb<sup>2</sup> 

<sup>\*1</sup>Assistant Professor, <sup>2</sup>Instructor PhD, Department of Maternal and Neonate Nursing, College of Nursing, University of Baghdad, Iraq.

## Abstract

**Background and objectives:** Atopic Dermatitis (AD) is a persistent and inflammatory skin condition that typically starts in early childhood. It can potentially have adverse effects on various aspects of the patient's family life. The main objective was to determine the impact of it on the physical, social, and emotional status of the parents.

**Materials and Methods:** A descriptive study was conducted in the Rusafa/Al-Karkh Health Department in Baghdad from January 2<sup>nd</sup> to March 2<sup>nd</sup> 2024, involving 150 participants by non-probability purposive sampling. Data was gathered by a self-administered questionnaire comprising two components. **Part I:** Socio-demographic Characteristics **Part-II** Family Reported Outcome Measure (FROM 16).

**Results:** In the present study, the highest percentage of participants who graduated with a bachelor degree were mothers 39.3% and fathers 35.3%. Atopic eczema among children has a moderate effect on the emotional status of parents, as seen by the mean scores among the items angry 1.02, sad 1.25, frustrated 1.16, and feeling worried 1.35. The personal and social life status of parents shows a moderate effect, as seen with mean scores in most items find time 1.03, work affected 0.70, sleep affected 1.26 while sex affected shows a low effect of 0.55.

**Conclusion:** From this study, we have concluded that there is a moderate effect of atopic eczema among children on their parents. Emotional, social, and physical status. We recommended that healthcare practitioners ought to support children, parents, or caregivers in recognizing instances of atopic eczema. They should also provide guidance and instructions to parents on how to preserve skin health and stick to the guidelines the dermatologist.

**Key Words:** Atopic Eczema, physical effect, quality of life

**Article Summary:** Submitted: 06-April-2024 Revised: 10-May-2024 Accepted: 18-June-2024 Published: 30-June-2024

### Quick Response Code:



**Web Site**  
<http://ijmsnr.com/>

**DOI**  
10.55349/ijmsnr.2024421115

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non-Commercial-ShareAlike 4.0 International License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

**Corresponding Author:** Ms. Wisam Mashaan Muttaleb,  
Instructor PhD, Department of Maternal and Neonate Nursing,  
College of Nursing, University of Baghdad, Iraq.  
**Email ID:** [wesamm@conursing.uobaghdad.edu.iq](mailto:wesamm@conursing.uobaghdad.edu.iq)

## Introduction

Atopic dermatitis (AD) is a chronic and inflammatory skin disorder that usually begins during early childhood. Approximately 15% of young individuals worldwide are thought to potentially have AD. [1] Quality of life (QoL) refers to an individual's overall assessment of how their health, well-being, and functioning in physical, psychological, and social aspects of life are affected by disease and treatment. [2, 3] The World Health Organization (WHO) has defined quality of life (QoL) as the capacity of individuals to subjectively assess their standing in life within the cultural context and value systems in which individuals reside, which should align with their objectives, anticipations, criteria, and worries. [4] Dermatological conditions Adverse perception of several dimensions of quality of life: general well-being, physical, emotional, and social abilities. [5] Moreover, whether the patient is a child, teenager or adult, AD may have a secondary negative impact on the physical, emotional, social, and economic elements of the patient's family life. Since AD is probably a lifelong illness, its negative impact on the lives of patients and their families occurs throughout the lifespan. Previous studies on AD have focused mainly on children. [6] The disorder has a substantial influence on the patients' quality of life (QoL). [7] AD significantly influences the quality of life for parents as well. Recently, there has been an increase in the attention given to the quality of life of patients, namely those in the field of dermatology. [8] It indicates that the impact of juvenile AD on quality of life is similar to or greater than that of most chronic childhood disorders. [6]

**How to cite this article:** Oubeed AH, Muttaleb WM. Emotional, Social, and Physical Effect of Atopic Eczema of Parent Have Childre with Atopic Eczema: A Descriptive Study. Int J Med Sci and Nurs Res 2024;4(2):11–15.

## Materials and Methods

**Study Design, Study Setting and Sample Size:** Descriptive study was conducted at Al Rusafa Health Department/Allergy Specialist Center, Al-Karkh Health Department/Al-Zahra Center for Allergy and Asthma in Baghdad, with 150 participants.

**Data Collection Procedure:** All participants were provided with information regarding the procedures and subsequently provided their consent to participate. The data was gathered using a self-reported questionnaire and a face-to-face interview, typically taking approximately 10-15 to complete.

**Study Tool:** The study questionnaire consisted of two parts. **Part-I** is the demographic characteristics; **Part-II** is the Family-Reported Outcome Measure (FROM 16).

**Data Management:** The data of the present study were analyzed and interpreted through the use of the application of Statistical Package for Social Sciences, i.e., SPSS version 26.0.

**Statistical Analysis:** The data expressed was analyzed using frequency and percentage.

**Ethical Clearance and Statement:** Approval from an ethics committee has been acquired by the Research Ethics Committee of the Faculty of Nursing at the University of Baghdad, Iraq, on November 22, 2023, and the higher authority of the Al Rusafa/Al-Karkh health directorate in Baghdad. Participants in this study were selected according to their acceptance to participate in this study. Assurances have been made about the preservation of anonymity and privacy. Assurances have been made about the preservation of anonymity and privacy.

## Results

Out of 150 participants, 35.3% of fathers and 39.3% of mothers were graduated with bachelor degree as the highest percentage seen with level of education. the majority of children’ parents were married with normal marital status (98.7%) and only 1.3% of them were widowed as shown in **Table – 1**.

**Table–1 Distribution of children according to their parents’ level of education based on children’ report and according to their parents’ marital status (N=150)**

Level of education	Father	
	f	%
Doesn’t read & write	5	3.3
Read & write	14	9.3
Primary school	19	12.7
Intermediate school	25	16.7
Secondary school	12	8
Diploma	11	7.3
Bachelor	53	35.3
Master	4	2.7
Doctorate	7	4.7

(Continue)

Level of education	Mother	
	f	%
Doesn’t read & write	5	3.3
Read & write	7	4.7
Primary school	29	19.3
Intermediate school	19	12.7
Secondary school	12	8
Diploma	9	6
Bachelor	59	39.3
Master	6	4
Doctorate	4	2.7
Marital Status	f	%
Married (Normal)	148	98.7
Divorced	0	0
Widowed/ widower	2	1.3
Separated	0	0

**Table–2: Effect of Atopic Eczema among Children on Parents’ Emotional Status (N=150)**

Sl. No	Emotional status	Scale	f (%)	M
1	I feel worried	Not at all	15(10)	1.35 H
		A little	67(44.7)	
		A lot	68(45.3)	
2	I feel angry	Not at all	43(28.7)	1.02 M
		A little	61(40.7)	
		A lot	46(30.7)	
3	I feel sad	Not at all	26(17.3)	1.25 M
		A little	61(40.7)	
		A lot	63(42)	
4	I feel frustrated	Not at all	30(20)	1.16 M
		A little	66(44)	
		A lot	54(36)	
5	It is difficult for me to talk to someone about what is in danger for me	Not at all	58(38.7)	0.76 M
		A little	70(46.7)	
		A lot	22(14.6)	
6	It is difficult to take care of this member of my family	Not at all	62(41.3)	0.72 M
		A little	68(45.3)	
		A lot	20(13.4)	

H – High; M – Moderate

Atopic Eczema among children has moderate effect on emotional status of parents as seen with mean scores among all items except (feeling worry) that show high effect as shown in **Table – 2**.

**Table – 3: Effect of Atopic Eczema among Children on Parents’ Personal and Social Status (N=150)**

Sl. No.	Personal and social status	Scale	f (%)	M	Assess
1	It is hard to find time for myself	Not at all	30(20)	1.03	Moderate
		A little	85(56.7)		
		A lot	35(23.3)		
2	My every day travel is affected	Not at all	44(29.3)	0.93	Moderate
		A little	72(48)		
		A lot	34(22.7)		
3	My eating habits are affected	Not at all	50(33.3)	0.86	Moderate
		A little	71(47.3)		
		A lot	29(19.3)		
4	My family activities are affected	Not at all	45(30)	0.91	Moderate
		A little	73(48.7)		
		A lot	32(21.3)		
5	I experience problems with going on holiday	Not at all	40(26.7)	1.03	Moderate
		A little	66(44)		
		A lot	44(29.3)		
6	My sex life is affected	Not at all	75(50)	0.55	Low
		A little	68(45.3)		
		A lot	7(4.7)		
7	My work or study is affected	Not at all	60(40)	0.70	Moderate
		A little	75(50)		
		A lot	15(10)		
8	My relationships with other family members are affected	Not at all	84(56)	0.49	Low
		A little	58(38.7)		
		A lot	8(5.3)		
9	My family expenses are increased	Not at all	15(10)	1.29	Moderate
		A little	76(50.7)		
		A lot	59(39.3)		
10	My sleep is affected	Not at all	20(13.3)	1.26	Moderate
		A little	71(47.3)		
		A lot	59(39.4)		

**f: Frequency, %: Percentage, M: Mean**

**Low= 0 – 0.66, Moderate= 0.67 – 1.33, High= 1.34 – 2**

Atopic eczema among children has moderate effect on parents’ personal life and social life status as seen with moderate mean scores among all items except item (My sex life is affected) and (My relationships with other family members are affected) that show low effect as shown in **Table – 3**.

## Discussion

The results of our study indicate that fathers and mothers have graduated with bachelor degrees, with the highest percentage seen with level of education. The findings of this study, in agreement with the previous study, found that over fifty percent of parents have attained tertiary or advanced education. [9] The education level most frequently stated by parents is secondary education. [10] The majority of children's parents are married with normal marital status. The findings of this study were supported by a study done in the medical city of Riyadh, Saudi Arabia, which found that of the individuals responsible for the child's care, over fifty percent were married. [11]

Many research investigations have repeatedly demonstrated that atopic eczema in children may significantly impact the emotional well-being of parents. This study shows that atopic eczema among children has a moderate effect on parents' emotional status. These findings of this study were supported by the previous study, which showed that the correlation between the children's dermatology life quality (CDLQI) and the dermatitis family impact (DFI) is statistically significant. This correlation indicates that there is a modest effect on the patient's quality of life and a moderate effect on the guardian's quality of life when they occur simultaneously. [12] There is an elevated burden of atopic dermatitis because parents who have experienced it before are more likely to be worried about their child's sickness. [13]

Atopic dermatitis has a significant effect on the personal and social lives of parents with children affected by the condition, and AD among children has a moderate effect on parents' personal lives and social life status. The majority of parents of children with atopic dermatitis experienced a modest to moderate effect on their quality of life due to the disease. [14] Several elements are thought to moderate the impact of psychological stressors, including environmental influences such as social support and individual characteristics. [15, 16] This result is in disagreement with previous studies and shows that research has demonstrated that a higher level of disease severity is linked to a more significant decline in QoL for both mothers and fathers. The effects of the children's AD on their parents' social lives, leisure time, and daily expenditure were comparable. [17,18] Mothers of children with hospital-managed AD had an elevated likelihood of obtaining prescriptions for drugs targeting psychological conditions such as depression and anxiety, pain, and sleep issues, as well as seeking consultation with a psychologist. However, most of these relationships were insignificant after accounting for all relevant factors. [19,20] A previous study shows that there was a notable influence on the domains pertaining to parents' weariness and the effect on other family members' sleep. [21]

The elements related to family leisure activities, treatment issues, time spent shopping, and connections between family members received the lowest scores. [22] AD has a significant impact on both the mental and social aspects of well-being, as well as the overall quality of life. This encompasses the occurrence of daily effects such as pruritus, which can interfere with sleep and impede everyday tasks or routines. [23, 24] A study conducted in the United States found

that patients with AD exhibited significant impairments in health-related quality of life (HRQOL) when compared to the overall US population. These deficiencies were particularly apparent in the areas of energy, interpersonal relationships, and psychological well-being. [25, 26] A negative dermatological condition was strongly correlated with a lower quality of life for the child and a notable decline in the quality of life for the family. This demonstrates how atopic dermatitis has a tendency to impact the entire family unit rather than just the individual patient. [27]

## Conclusion

From this study, we have concluded that atopic dermatitis among children has a moderate effect on parents' emotional, personal, and social status. Healthcare practitioners ought to support children, parents, or caregivers in recognizing instances of atopic eczema. They should also provide guidance and instructions to parents on how to preserve skin health and stick to the guidelines the dermatologist.

**Source of funding:** Self-funding

**Conflict of Interest:** Nothing to declared

## Authors' Contributions:

**AHO, WMM:** Authors contributed to the conceptualization; **AHO, WMM:** write the article and checking all the concepts of the manuscript; All authors are read, checked and approved the final manuscript.

Here, **AHO:** Asmaa Hadi Oubeed, and **WMM:** Wisam Mashaan Muttaleb

## References

1. Mostafa N, Smith SD. Improving Psychological Health Outcomes in Children with Atopic Dermatitis. *Clinical, Cosmetic and Investigational Dermatology* 2023;31:2821-7.
2. Isam S, Hassan H. Effect of six-minute walk test on health-related quality of life in patients undergoing coronary artery bypass graft surgery. *Rawal Medical Journal* 2023;48(3):655-8.
3. Mohammed AQ, Hatab KM. Quality of Life of Children age from (8-less than 13) years with Acute Lymphocytic Leukemia Undergoing Chemotherapy. *Iraqi National Journal of Nursing Specialties* 2022;35(1):1-10.
4. Ali A, Atiyah R. Effectiveness of An Instructional Program on Pulmonary Tuberculosis Patients Quality of Life Concerning General Health-Related among sample in Baghdad City. *Iraqi National Journal of Nursing Specialties* 2017;30(1):66-75.

**DOI:** <https://doi.org/10.58897/injns.v30i1.268>

5. Mohammed AAKQQ. Quality of Life of Physically Disabled Adults at Thi Qar Rehabilitation Center in Al-Nasiriyah City. *International Journal of Science and Research* 2017;6(10):624–8. **Available from:** <https://www.ijsr.net/archive/v6i10/ART20176899.pdf>
6. Salava A, Perälä M, Juppo M, Pelkonen AS, Mäkelä MJ, Remitz A. Effective treatment of atopic dermatitis in small children significantly improves the quality of life of patients and their families. *European Journal of Dermatology* 2021;31(6):791–7. **DOI:** <https://doi.org/10.1684/ejd.2021.4169>
7. Alabedi GAH, Najji AB. Impact of physical activity program upon elderly quality of life at Al-Amara city/Iraq. *Medico-Legal Update* 2020;20(3):544–9. **DOI:** <https://doi.org/10.37506/MLU.V2013.1567>
8. Marciniak J, Reich A, Szepletowski JC. Quality of life of parents of children with atopic dermatitis. *Acta Dermatovenereologica* 2017;97(6):711–4. **PMID:** 28207075
9. Cheng NS, Chau JP, Lo SH, Choi KC, Hon KL, Lam PH, Leung TF. Effects of a self-efficacy theory-based parental education program on eczema control and parental outcomes. *Pediatric Allergy and Immunology* 2021;32(3):535–43. **PMID:** 33274772
10. Maksimovic N, Zaric M, Reljic V, Nikolic M, Gazibara T. Factors associated with improvement of quality of life among parents of children with atopic dermatitis: 1-year prospective cohort study. *Journal of the European Academy of Dermatology and Venerology* 2020;34(2):325–32. **PMID:** 31494995
11. AlHayyan R, AlSiad T, Kofi M. Prince sultan military medical city Riyadh, Saudi Arabia quality of life for parents having children with atopic dermatitis in Riyadh 2020 cross-sectional survey. *International Journal of Advanced Community Medicine* 2020;3(4):26–32. **DOI:** <https://doi.org/0.33545/comed.2020.v3.i4a.174>
12. Campos ALB, de Araújo FM, dos Santos MAL, dos Santos A de AS, Pires CAA. Impact of Atopic Dermatitis on the quality of life of pediatric patients ad their guardians. *Revista Paulista de Pediatria* 2017;35(1):5–10. **Available from:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5417799/>
13. Ezzedine K, Shourick J, Merhand S, Sampogna F, Taïeb C. Impact of Atopic Dermatitis in Adolescents and their Parents: A French Study. *Acta Dermato Venereologica*. 2020;100(17):adv00294. **PMID:** 33021321
14. Mozyrska O. Study of the impact of atopic dermatitis in children on the quality of life of families. *Childs Health* 2023;18(1):18–22. **DOI:** <https://doi.org/10.22141/2224-0551.18.1.2023.1554>
15. Turki SG, Ad'hiah AH, Brakhas SA, Atiyah MR. Allergen profile of rhinitis and asthma among Iraqi patients: Allergens in rhinitis and asthma. *Clinical Epidemiology and Global Health* 2020;8(2):637–42. **DOI:** <https://doi.org/10.1016/j.cegh.2019.12.018>.
16. Pustišek N, Vurnek Živković M, Šitum M. Quality of life in families with children with atopic dermatitis. *Pediatric dermatology* 2016;33(1):28–32. **PMID:** 26459969
17. Mussa Y, Mohammad M, Abdulsahib S. Quality of Life among Adult Patients with Peptic Ulcer in the City of Sulaimani. *Iraqi National Journal of Nursing Specialties*. 2011;24(1):81–7. **DOI:** <https://doi.org/10.58897/injns.v24i1.98>
18. Marciniak J, Reich A, Szepletowski JC. Quality of life of parents of children with atopic dermatitis. *Acta dermatovenereologica* 2017;97(6):711–14. **PMID:** 28207075
19. Hasan A, Ali A. A New Measurement Scale for Evaluating Health-Related Quality of Life in Men with Prostate Cancer. *Iraqi National Journal of Nursing Specialties* 2017;30(2):35–46. **DOI:** <https://doi.org/10.58897/injns.v30i2.278>
20. Vittrup I, Droitcourt C, Andersen YM, Skov L, Egeberg A, Delevry D, et al. Family burden of hospital-managed pediatric atopic dermatitis: A nationwide registry-based study. *Pediatric Allergy and Immunology* 2022;33(1):e13693, 01.2022. **DOI:** <https://doi.org/10.1111/pai.13693>
21. Alvarenga TMM, Caldeira AP. Quality of life in pediatric patients with atopic dermatitis. *Jornal de pediatria* 2009;85:415–20. **PMID:** 19830349
22. Al Robae A, Shahzad M. Impairment Quality of Life in Families of Children with Atopic Dermatitis. *Acta Dermatovenereol Croat* 2010;18(4):243–7. **Available from:** <https://core.ac.uk/download/pdf/14454927.pdf>
23. Mohammed A, Mohammed W. Impact of chemotherapy-induced peripheral neuropathy upon quality of life for patients with cancer receiving neurotoxic anticancer drugs. *Onkologia i Radioterapia* 2023;17(9):282–7.
24. Talamonti M, Galluzzo M, Silvaggio D, Lombardo P, Tartaglia C, Bianchi L. Quality of life and psychological impact in patients with atopic dermatitis. *Journal of clinical medicine* 2021;10(6):1298. **PMID:** 33801061
25. Alawe AA. Assessment of Quality of Life for Patients with Permanent Pacemaker in Baghdad City. *Iraqi National Journal of Nursing Specialties* 2008;21(2):90–102.
26. Maksimović N, Janković S, Marinković J, Sekulović LK, ŽIVKOVIĆ Z, Spirić VT. Health-related quality of life in patients with atopic dermatitis. *The Journal of dermatology* 2012;39(1):42–7. **DOI:** <https://doi.org/10.1111/j.1346-8138.2011.01295.x>
27. Monti F, Agostini F, Gobbi F, Neri E, Schianchi S, Arcangeli F. Quality of life measures in Italian children with atopic dermatitis and their families. *Italian journal of pediatrics* 2011;37:1–6. **PMID:** 22192570