## CHAPTER IV

## RESULTS

General information and demography:

There was 128 psoriasis patients enrolled in this study that represented 81.5% of the total 158 patients attending the Dermatology out-patient department of the two hospitals during the time of the study. Of these, 70 of 77 cases (90%) were from Chulalongkorn hospital while 58 of 81 cases (71.6%) were from Maharaj Nakorn-Chiangmai (Table 1).

Up to 49 cases have been living at Bangkok since last years (within this group of patients, 28 cases were Bangkok citizen), 36 cases have been living at Chiangmai since last year (within this group of patients, 23 cases were Chiangmai citizen), and the rest 43 cases have been living in another province beside Bangkok and Chiangmai (Table 2).

Table 1. Number of patients enrolled.

Study area of sample	Total no.	Pt. e	enrolled	Cumulative (%)	
	of pt.	(N)	(%)	(pt.enrolled)	
CU. hospital	77	70	(90.0)	54.7	
MHNCM. hospital	81	58	(71.6)	45.3	
Total	158	128	(81.5)	100	

Table 2. Type of resident.

Type of resident	N	%
Bangkok *	49	38.28
Chiangmai **	36	28.13
Others	43	33.59

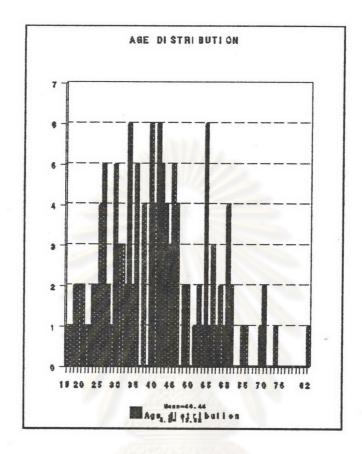
Total 128 100

The further details of demographic data and other variables of the patients in each hospital are shown in the appendix B.

<sup>\*</sup> Bangkok citizen = 28 ( 57.14% )

<sup>\*\*</sup> Chiangmai citizen = 23 ( 63.89% )

Figure 4. Age distribution.



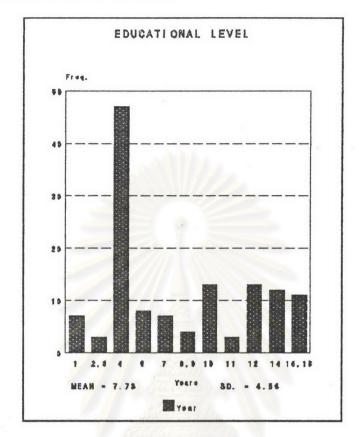
An average of ages were 40.44 years old with the standard deviation of 13.62. The youngest was 16 years old, and the oldest was 82 years old.

Table 3. Sex, Religion, and ability of reading.

Туре	N = 128	%
Sex :		
Male	81	63.6
Female	47	36.7
Religion:		
Buddhist	119	93.0
Others	9	7.0
Reading ability:		
Yes	119 -	93.0
No	9	7.0

There were 81 male and 47 female with 63.6% and 36.7% that represented the whole psoriatic patients respectively. Up to 119 were Buddhist (93%), the other 9 (7%) were christian and Muslim. The majority of patients, 119 cases could read at least Thai newspaper.

Figure 5. Educational level.



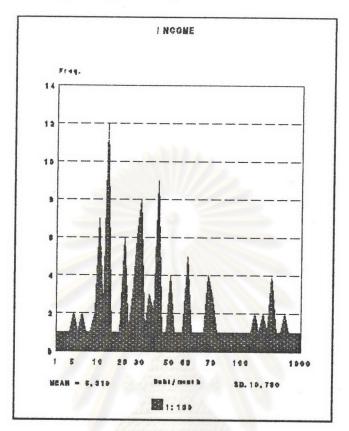
The average number of years of education in school or other institutes was 7.73 years, with the standard deviation of 4.56. The lowest level was illiterated, the highest level was 16 years of education, i.e., graduated Bachelor degree.

Table 4. Marital status and Occupation.

Туре	N = 1	128 %
Marital status :	-	
Single	41	32.0
Married	75	58.6
Divorced	8	6.3
Widow or Widower	4	3.1
Occupation:		
Unemployed	9	7.0
Professional	9	7.0
Business	28	21.9
Skilled-labour	32	25.0
Unskilled-labour	25	19.5
Student	3	2.3
House-keeper	12	9.4
Retired	2	1.6
Monk	5	3.9
Others	3	2.3

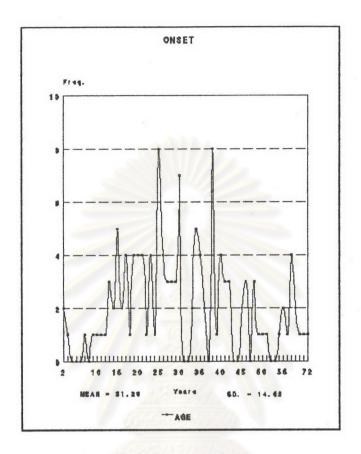
There were 75 married, 41 single, 8 divorced and 4 cases of widow or widower. The three main groups of occupations were skilled-labour 32 cases, businessman 28 cases, and unskilled-labour 25 cases.

Figure 6. Income (Baht/Month).



An average income among psoriasis patients was 6,319 baht per month with the standard deviation of 10,737. The lowest income was 100 baht and the highest was 100,000 baht.

Figure 7. Onset of disease.





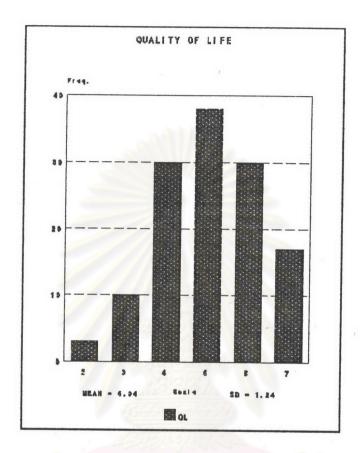
An average age for the first episode of psoriasis among the patients was 31.29 years old. The youngest was 1 year old and the oldest was 72 years old.

Table 5. Remission period, Other chronic illnesses, and Family history of Psoriasis.

Type	N = 128	%
Remission period :	11/2	
Yes	45	35.2
No	83	64.8
Other chronic illn	esses :	
Possitive	36	28.1
Negative	92	71.9
Family history :		ii.
Yes	29	22.7
No	99	77.3

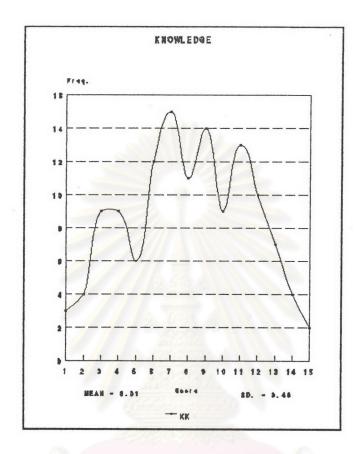
Forty five cases had fading of psoriatic plaques since last year, the rest of 83 cases did not. Up to 36 cases suffered from other chronic illness, the other 92 cases did not. Twenty nine cases had a family history of psoriasis while 99 cases did not.

Figure 8. Quality of life:



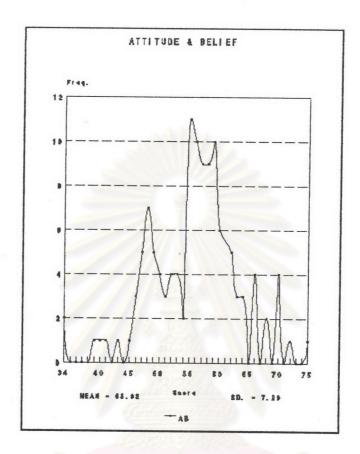
The average quality of life score was 5.04 with the standard deviation of 1.24. The lowest score was 2 and the highest was 7. These patients tended to have a good quality of life.

Figure 9. Knowledge of psoriasis.



The average of knowledge score of the patients were 8.01 with the standard deviation of 3.46. The lowest score was 1 and the highest score was 15.

Figure 10. Attitude and belief towards psoriasis.



The average value of attitude and belief score was 55.82 with the standard deviation of 7.29. The lowest score was 34 and the highest score was 75.

Table. 6 Enabling Factors.

Type	N = 128	%
Availability of health resource	109	85.02
( dermatologist )		
Community priority commitment to health	5	3.91
( educational program )		

Regarding the perception among psoriasis patients about the availability of dermatologist in their community, 109 cases had at least one dermatologist nearby. As for the presence of any educational program about psoriasis, 5 cases reported its presence in their community.

Table 7. Reinforcing Factors.

	Type	N = 128	%
-	ศูนย์วิทยา	กรัพยาก	5
	Family	117	91.41
,	Neighbourhood	53	41.41
	Peer group	57	44.53
	Employer	28	21.88
	Health provider	127	99.22

The patients who had ever been helped by family, neighbourhood, peer group, employer, and health provider were 117, 53, 57, 28, and 127, respectively.

## Reliability

Table 8. Reliability:

Categories	egories Coefficient		R
Knowledge	KR-20	12	0.81
Attitude & Belief	Cronbach alpha	12	0.51
Emotional stress	Cronbach alpha	30	0.86

Data collection for this study was done by trained interviewer following a questionnaire guideline. The questionnaire had been tested for internal consistency in 3 categories. Twelve psoriatic patients were tested for the knowledge of psoriasis and attitude and belief towards psoriasis and 30 patients were tested for only emotional stress. By using KR-20 coefficient to analyze the knowledge part, the reliability coefficient was 0.81 and by using Cronbach alpha coefficient to analyze the attitude and belief and emotional stress, the reliability coefficient was 0.51 and 0.86 respectively.

The characteristics of self-care behaviour

Table 9. The characteristic of self-care behaviour:

	SEL	F-CARE	BEHAV	IOUR
CATEGORIES		( N =	128 )	
	P	POOR	GO	OD
	[N]	[%]	[N]	[%]
Trauma	114	89.1	14	10.9
Infection	65	50.8	63	49.2
Drug use	28	21.9	100	78.1
Emotional stress	20	15.6	108	84.4
All 4 types of trigger factors	122	95.3	6	4.7

Of all 128 psoriasis patients enrolled in the study, 114, 65, 28, and 20 cases had poor self-care behaviour in prevention of trauma, infection, drug use, and emotional stress, respectively. Up to 112 were poor in the prevention of all 4 types of trigger factors.

Self-care influencing factors

Table 10. The influencing factors towards self-care behaviour in the prevention of "Trauma".

	FACTORS	В	R	Exp.(B)	p-value*
**	Business	-1.1430	-0.1409	0.3189	0.0605

<sup>\*</sup> p-value due to Likelihood ratio analysis.

The odds of getting "trauma", when "business" as an occupation, increased by a factor of 0.32. This seems to have some clinical significant. However, the p-value for likelihood ratio was 0.0605 indicating that this odd ratio was not statistically significant.

Table 11. The influencing factors towards self-care behaviour in the prevention of "Infection".

FACTORS	В	R	Exp.(B)	p-value*
** Peer group	-0.9594	-0.1558	0.3831	0.0104
Attitude & Belief	-0.0606	-0.1310	0.9412	0.0200

<sup>\*</sup> p-value due to Likelihood ratio analysis.

<sup>\*\*</sup> p-value due to Chi-square test ( p > 0.05 ).

<sup>\*\*</sup> p-value due to Chi-square test ( p < 0.05 ).

There were two factors influencing self-care behaviour in the prevention to infection. The first was peer group. The patients who had never been helped by peer group would have chance of being poor self-care behaviour by 0.38 time compared to those who had been helped by peer group.

The second was attitude and belief towards psoriasis. The negative relationship showed that the group with better attitude and belief had the worse the poor self-care behaviour. From the table, increasing of attitude and belief, patients would have a chance of being poor self-care behaviour by 0.94 time compare with the chance of being good self-care behaviour.

Both factors were statistically significant by Likelihood ratio analysis. However, only peer group was statistically significant by Chi-square test of difference.

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Table 12. The influencing factors towards self-care behaviour in the prevention of inappropriate "Drug use ".

	FACTORS	В,	R	Exp.(B)	p-value*
**	Neighbourhood	1.8551	0.2353	6.3926	0.0006
***	Attitude & Belief	-0.0802	-0.1424	0.9229	0.0247
***	Education	-0.1246	-0.1267	0.8829	0.0324
***	Age	0.0351	0.1135	1.0358	0.0514

<sup>\*</sup> p-value due to Likelihood ratio analysis.

There were 3 factors influencing self-care behaviour in the prevention of inappropriate drug use. The first was the neighbour-hood. Patients who had never been helped by neighbourhood had poor self-care behaviour by 6.39 times compared to those who had been helped by their neighbourhood. The second and third factors were an attitude and belief towards psoriasis and educational level of the patients. These two factors showed the inversely relationship with the self-care behaviour. Inspite of having good attitude and belief and high education, the patients had poor self-care behaviour by 0.93 and 0.88 time of those who had bad attitude and belief and low education respectively.

<sup>\*\*</sup> p-value due to Chi-square test.

<sup>\*\*\*</sup> p-value due to T-test ( p < 0.05 ).

Both Likelihood ratio analysis and Chi-square statistical test showed the statistical significance in the need for support from neighbourhood. Likewise, attitude and belief towards psoriasis, and educational level were also significantly supported by Likelihood ratio analysis and T-test of difference.

Age was not significant in influencing self-care behaviour regardless of the statistical tests used.

Table 13. The influencing factors towards self-care behaviour in the prevention of "Emotional stress".

	·				
	FACTORS	В	R	Exp.(B)	p-value*
**	Other illnesses	1.7237	0.2473	5.6051	0.0023
	Unskilled-labour	1.5299	0.1953	4.6178	0.0130
	Marital status	1.3392	0.1847	3.8160	0.0128

<sup>\*</sup> p-value due to Likelihood ratio analysis.

There were 3 factors influencing to self-care behaviour in the prevention of emotional stress. The first was other illnesses. Patients who had other illnesses had poor self-care behaviour by 5.6 time of those who did not.

<sup>\*\*</sup> p-value due to Chi-square test ( p < 0.05 ).

The second was unskilled-labour. Patients who worked with unskilled-labour had poor self-care behaviour by 4.6 time of those who worked with skilled-labour.

The third was marital status. The patients who were not married had poor self-care behaviour by 3.8 time of those who were married.

Table 14. The influencing factors towards self-care behaviour in the prevention of "All 4 types" (Trauma, Infection, Drug used and Emotional stress).

	FACTORS	В	R	Exp.(B)	p-value*
**	Attitude	-0.1406	-0.2368	0.8689	0.0232

<sup>\*</sup> p-value due to Likelihood ratio analysis.

It was found that an attitude and belief towards psoriasis influenced self-care behaviour in the prevention of all 4 types of trigger factors. The negative relation between self-care and attitude and belief showed that the better attitude and belief towards psoriasis the poorer the self-care behaviour, i.e., increasing of attitude and belief, patients had poor self-care behaviour by 0.87 time of decreasing the positive attitude and belief. It was also significantly

<sup>\*\*</sup> p-value due to T-test ( p < 0.05 ).

supported by Likelihood ratio analysis and T-test of differences.

