CHAPTER I

INTRODUCTION

Background and rationale :

Psoriasis is one of the most common cutaneous diseases. The distribution is worldwide with an incidence of 1-2% (Nasemann, T., et al 1983). The prevalence varies among races and geographical areas and ranges from 0.36 - 2.84% (Weinstein, Geral D., Voorhees, John J., 1984), (Thody, A.J., Fredman, P.S., 1986). In spite of many effective therapies, the disease is still chronic, recurrent and recalcitrant (Renu, Kotjarat, 1989) (Kantor, Sharon Dudlettes, 1990). Patients who suffer from the disease always encounter many problems. They have to tolerate messy or dangerous treatments for years (Nasemann, T., et al 1983), (Abel, Elizbeth A., Moore, Ursula S., Glathe, John P., 1990). Arthritis associated disability has the prevalence of 0.5 - 40.2% and interferes with daily functions (Nasemann, T., et al 1983), (Weinstein, Geral D., Voorhees, John J., 1984), (Chamion, R.H., Pye, R.J., 1990). Disfiguring characteristic of the disease has been stigmata for the patients since biblical time, when it was likely to be confused with another contagious disease; ie. leprosy (Abel, Elizbeth A., Moore, Ursula S., Glathe, John P., 1990), (Chamion, R.H., Pye, R.J.,

1990). Depressive feeling from stigmatization may lead to despair and changes in behaviour (Abel, Elizbeth A., Moore, Ursula S., Glathe, John P., 1990). Clinical manifestations usually appear during the second decade (Thody, A.J., and Fredman, P.S., 1986). Pronounced psoriasis of the face or hands can be socially disabling. Many patients feel socially isolated, suffer from low self-esteem, and develop problems in interpersonal relationships and restriction of social activities. In generalized pustular psoriasis, the condition is extremely severe and life threatening. PUVA therapy is an obvious choice for patients with difficult psoriasis (Arnold, Harry L., Udom, Richard B., James, William D., 1982), (Abel, Elizbeth A., Moore, Ursula S., Glathe, John P., 1990). Psoriasis then accounts for many days of missed work and requires much physician time and patient money (Nasemann, T., et al, 1983).

According to the survey of B.Ramsay and Myra O'Reagan, 55% of psoriasis patients never had complete remission from their condition since its onset. Of the patients who had had a complete remission, the mean period was 8 months, range 1 month - 2 years (Ramsay, B., O'Ragan, M.A, 1990).

There have been lots of efforts to cope with these problems. Many studies and researches have been done on the efficacy and effectiveness of various drugs. Though the short-term results seemed acceptable, but long term, hazards

to the patients could not be avoided (Wright, S., Baker, H., Warin, A.P., 1990), (Mali-Gerrits, M.G., et al, 1991).

It should be realized that beside the treatment given by the professional sectors, self-care; a natural complement and most often parallel with professional medical care, is one of the important therapeutic regimen (Bentzen, N., Christiansen, T., Pederson, K.M., 1989). Dean also mentioned that long term chronic conditions depend on effective self-care (Dean, Kathryn, 1989).

From the natural history of the disease there are many of aggravating factors that trigger the persistence of the disease. Some of these factors could be reduced or prevented directly or indirectly by the self-care of patients, particularly with respect to the prevention to trauma, infection, stress and inappropriate use of drug. Factors related to socio-environmental stress should be more of a concern by self-help based on self- care of the patients.

Since the first international Duo-Formula Group Training workshop [DFGT] was held in Maastricht, The Netherlands in 1987, the self-care concept has been introduced as an essential part of treatment that has been reflected in the interests of many countries about the benefit of the patients' self-care and self-help groups (Abel, Elizabeth A.). Stanford University is an example of an establishment of the center for psoriasis patients, based on the self-care concept,

in order to maximize and prolong the remission period after the patients were discharged from hospital care (Abel, Elizbeth A., Moore, Ursula S., Glathe, John P., 1990).

Maharaj Nakorn Chiangmai hospital has been serving as the Faculty of Medicine, Chiangmai University. Therefore the hospital has been the center of medical education, medical service and medical research in the Northern part of the country. Chulalongkorn hospital is The Thai Red Cross hospital and is affiliated with the Faculty of Medicine, Chulalongkorn University, and has been one of the most popular universities in Bangkok. Both have the similar goal setting to produce professional doctors, provide health service to the publics and do the research to improve knowledge needed for health service and health profession education. The patients attending these hospitals varied from the poorest to the richest. They suffered from diseases of varying spectrum of difficulty. Many Psoriasis patients with and without disabilitating complications have sought better treatment from the two centers.

To achieve the goal, the Dermatology unit should be competent enough to cope with the most difficult cases who came for treatment at the tertiary health care center. It was estimated that about 40% of people in the community need help from the tertiary care centers because of the complexity of disease and difficulty of treatment (Somsong, Rugpow, 1991).

According to the cumulative number of psoriasis patients at Maharaj Nakorn Chiangmai from 1989 to 1990, 44.26 % increasing rate of new patients at Out Patients Department, and 50% increasing rate of the patients at In Patients Department. It would become to have more patients accumulate year by year without any coping strategies. The prevention and control of aggravating factors have been suggested as one of the best ways to help reduce complications and prolong remission period of the disease.

As the investigator has been a clinical nurse specialist, defined by ANA as an expert in clinical practice, an educator, a consultant, a researcher and may be an administrator (Recker, Diane, 1991), it is her duty to relieve their burden of illness. The application of DFGT's and Orem's self-care concept (Orem, D.E., 1980) will be adopted as the guideline of the study. To deal effectively with self-care, it is important to start with knowledge about the patients' self-care behaviour, as Alexander said; self-care behaviour of the patients should be the first step to explore about their self-care (Segall, A., Goldstein J., 1989), and to identify some of influencing factors for the purpose of finding the way to solve the patient's problems. The use of self-care approach to cope with psoriasis, as proposed by this study, has never been carried out before. The result of the study will be beneficial to generate ideas for further research on treatment of psoriasis and for the generation of effective

nursing plans. Knowledge and feedbacks about the patients' behaviour (including self-care behaviour) can create a clearer understanding and better channels of communication between physicians and the patients. The opportunity for feedbacks will be an important addition to the current one way education imparted by health care personnel to increase the knowledge and understanding of the patients as has been previously studied.

Objectives of the study :

1. To study the characteristic of self-care behaviour among psoriasis patients seeking care from hospital.
2. To study the relation between self-care behaviour and some influencing factors among psoriasis patient.
3. To generate idea for the effective nursing care plan.
4. To ascertain for further study.

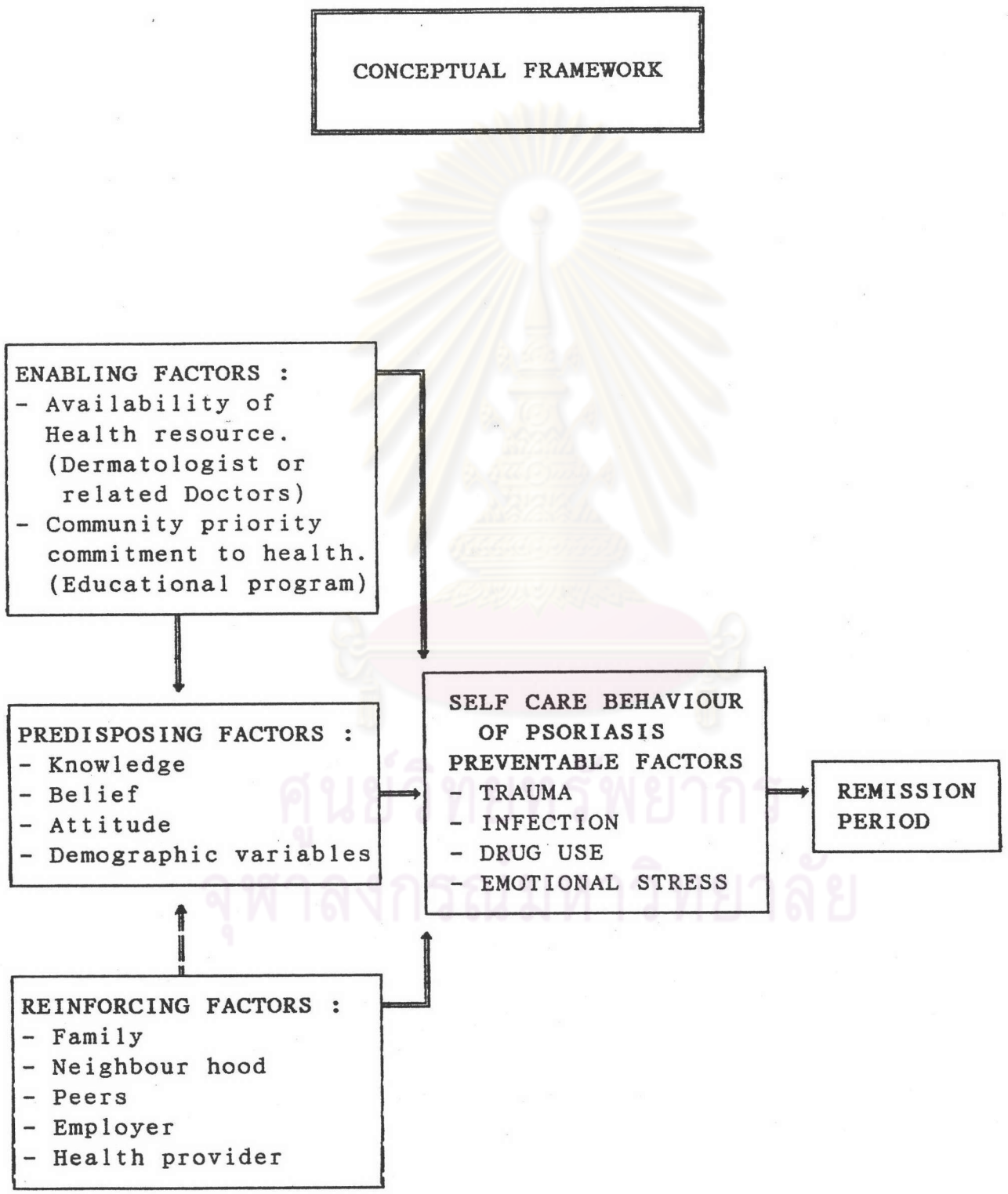
Research Questions :

Primary Question :

Among psoriasis patients attending Maharaj Nakorn Chiangmai and Chulalongkorn hospital, what is the proportion of patients who have good self-care behaviour?

Secondary Question :

Among psoriasis patients, what is the relation between self- care behaviour and some important influencing factors such as demography, socio-economy, knowledge, attitude, belief, social support, availability and community commitment to health resources?


CONCEPTUAL FRAMEWORK
ENABLING FACTORS :
- Availability of Health resource. (Dermatologist or related Doctors)
- Community priority commitment to health. (Educational program)
PREDISPOSING FACTORS :
- Knowledge
- Belief
- Attitude
- Demographic variables
REINFORCING FACTORS :
- Family
- Neighbour hood
- Peers
- Employer
- Health provider
SELF CARE BEHAVIOUR OF PSORIASIS
PREVENTABLE FACTORS
- TRAUMA
- INFECTION
- DRUG USE
- EMOTIONAL STRESS
REMISSION PERIOD

Operational definitions :

Self-care behaviour :

The extent to which the patients act according to a set of pre-determined behaviours to avoid aggravating factors potentially leading a prolong remission period of psoriasis.

Psoriasis :

Psoriasis is a chronic inflammatory skin disease characterized by an increased basal cell proliferation with a very rapid epidermal cell transit time. The characteristic appearance has multiple, well-demarcated large red plaques covered by thick silvery white scales.

Psoriasis Aggravating factors :

The preventable factors that aggravate or trigger the signs and symptoms of psoriasis, include trauma, infection, drug used and emotional stress.

Influencing factors of Self-Care Behaviour :

The factors that predispose (knowledge, beliefs, attitudes and demographic variables), enable (availability of Dermatologist or related physician, community commitment to health resources i.e educational programme) and reinforce (support from family, peers, health provider, employer, and neighbours) enable self-care behaviour.

Characteristic of self-care behaviour :

Self-care behaviour will be classified into two categories: crucial and non-crucial. Crucial factors are those that the evidences in the literature strongly suggest that the behaviour will lead to longer remission from psoriasis. Such an evidence is less clear for the non-crucial factors leading to longer remission. The characteristic of self-care behaviour will be classified into good and poor in each crucial categories.

Knowledge :

Knowledge refers to the understanding of the natural course of psoriasis, the familiarity with general information about the disease and giving correct answers about how to prevent and control aggravating factors.

Attitude and belief :

The feeling of what the patients want to have (or to be done to them) related to self-care behaviour of psoriasis preventable aggravating factors or the feeling of what the patients think is true with respect to what they or health providers know or behave.

Remission period :

The period since the last erythematous scaly lesion had faded and no new lesions had occurred.

Expected Benefit :

To find the degree of adherence to self-care behaviour and the factors influencing it. The knowledge gained would serve as a basis for generation of guideline using self-care as an important component in the management of psoriasis patients to achieve a longer remission period. The research process itself might have a multiplying effect the facilitate the achievement of organization goal in education, service and research.