

PSYCHOSOCIAL EFFECTS ON WOMEN PRESENTING WITH HIRSUTISM

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ABSTRACT

Objectives

To determine different psychosocial effects in different classes of hirsute ladies and to assess the level of depression in them due to Hirsutism.

Methodology

Cross sectional study conducted for duration of three months from Jan 10, 2013 to April 30, 2013.at a private clinic of laser therapy on 115 patients who visited the clinic for treatment with some degree of Hirsutism.non probability convenient sampling technique was used for cases selection. A structured questionnaire was used for data collection which was designed with consultation of psychiatrist from lady reading hospital Peshawar. All patients of different classes were included in the study. Patients with other dermatological disorders were excluded from the study. A pilot study was conducted on 10% of sample size. . Prior consent was taken from all respondent after explaining the purpose of the study.

The data was collected, tabulated, analyzed, and interpreted by SPSS Version 16 and the results were presented in form of tables and graphs.

Results

We found in our study that majority of patients of Hirsutism who visited for treatment were of young age i.e.from15 to 25 years (82.5%) and most of them presented with some abnormal psychosocial effects.(81.4%).

Abnormal psychosocial effects were found more in patients who came from urban areas(84.7%) as compared to those who came from rural areas(77.4%), more in un married females (86.3%) as compared to married (73%), more common in employed class (91.2%) as compared to un employed. When behavior of the colleagues with them due to their Hirsutism was asked it was found that most of them (83%) responded that the attitude of their colleges with them is abnormal due to their Hirsutism due to which majority of them (86.8%) hide their disease from others.

to assess the level of anxiety/ depression in patients due to their disease a standard scale was used, and was found that 73 (83.2%) were having moderate to severe anxiety (score 11-21) while 16(16.8%) were having border line anxiety (score 8-10).

Conclusion

Patients with Hirsutism usually present with some degree of psychosocial effect which lead them to anxiety and depression. The psychosocial effects in women with Hirsutism were found more common in young age, working class ladies, un married and females residing in urban areas.

Recommendations

Health education regarding the disease, social and moral support to the patients, treatment facilities at all district levels especially laser therapy should be provided.

Key words:

Hirsutism, psychosocial effects, anxiety, depression,

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INTRODUCTION

Hirsutism is defined as the abundant growth of thick dark hair in areas where hair growth in women usually is absent or minimum. Such male-pattern growth of hairs usually occur in locations stimulated by androgens, like face, chest, and areolae. In hirsutism women have excess facial and body hair that is dark and coarse. The abnormal hair growth usually occurs on the body where men typically grow hair, on the, face, chest, and back.¹

Presence of some body and facial hair is normal, and the amount varies among women. In around half of women with the male hormones level is high leading to hirsutism. Majority cases of Hirsutism are not severe and have no obvious cause. Sometimes there is a more serious underlying condition, such as Cushing's syndrome.²

Hirsutism affects 5-15% of women; around 40% of the females have a degree of unwanted facial hair. Different studies regarding psychological effects of facial hirsutism has indicated a reduced quality of life in women with Hirsutism. About 27 % of hirsute patients have been found to have psychiatric disturbances out of which 30% have clinical depression and 75% reported with clinical anxiety.³

Hirsutism is caused by abnormally high androgen levels or by hair follicles that are more sensitive to normal androgen levels. Therefore, it is often observed in patients who have endocrine disorder leading to hyperandrogenism caused by disorder of ovaries or adrenal glands.⁴ Increase level of androgens lead to increase size of hair follicle, increase in the diameter of fiber and duration of growth phase of follicle. Excess androgen apart from causing change in hair quality and volume leads to oilier skin. Androgens also alter the distribution of hair in women, leading to excess hair growth occurs in androgen-sensitive regions, but there occurs loss of hairs on the scalp.⁵

A psychosocial disorder is a mental illness which is caused or influenced by life experiences, as well as maladjusted cognitive and behavioral processes. The psychological and social factors that influence mental health are called as psychosocial.

Peer pressure, cultural and religious background, socioeconomic status, parental support, and interpersonal relationships all are the factors that help to make personality and affects psychological makeup. Those peoples, who have psychosocial disorders, face difficulty functioning in social situations and may communication problems.⁶

Hirsutism badly affects self-esteem and body image. Women with hirsutism report feeling abnormal, unfeminine, and embarrassed.⁷ Most of these women avoid physical closeness with others to conceal it. The common abnormal behavior reported with hirsutism are touching face, using mirror to see their faces throughout the day, covering their faces when talking to others, and avoiding close contact with others. Studies have shown that as most of the women are not able to deal with their hirsutism properly so they experience depression and anxiety more than caused by any major illness.⁷⁻⁸

The purpose of this study is to assess the level of psychosocial effect on female of different classes who are coming to private clinic for treatment of their hirsutism. For this purpose women with hirsutism from different classes were included in the study sample.

METHODS AND MATERIAL

It was a cross sectional study conducted at private clinic on females who attended the clinic with some degree of hirsutism from 10th January, 2013 to 30th April 2013.

The psychosocial effect due to hirsutism on these females belonging to different classes were assessed using a well structured questionnaire .the questionnaire was printed both in English and Urdu language for patient convenience. The level of anxiety / depression in these women was assessed using standard criteria. Non probability sampling technique was used .115 ladies of 15 to 60 years ages and different classes (married/un married, working /non working, urban/rural) were included in the study who were having some degree of Hirsutism.

Female with Hirsutism and other dermatological disorders were excluded from the study. A pilot study was conducted on 10% of sample size to check the feasibility and applicability of questionnaire. Two female staff members were trained on questionnaire that filled the questionnaire in person. Prior consent was taken from all respondent after explaining the purpose of the study.

The data was collected, tabulated, analyzed, and interpreted by SPSS Version 16 and the results were presented in form of tables and graphs.

RESULTS

Out of total 115 patients visited with problem of Hirsutism during the study time majority of the patients were in the age group of 15 to 25 years (57.4%) while the frequency of patients with other age groups were, age 26-35 years are 39 (33.9%) and age 36-45 years are 10 (8.7%) shown in table and figure 1.

Different psychosocial effects were found to be present in 85 patients out of total 115 (82.5 %) and 18 patients were found to be with no psychosocial effects (17.5 %) as shown in table 2.

Results shown in table 3 in age group of 15-25 is 81.4% in abnormal scale and 18.6% in normal, in age 26-35 is 89.2% in abnormal scale and 10.8% in normal, and in age 36-45 is 57.1% in abnormal and 42.9% in normal. It is found that in urban 84.7% were in abnormal and 15.3% in normal. While in rural area 77.4% were abnormal and 23.6% normal. As shown in table 4.

In married patients 73.3% were abnormal and 26.7%. While in unmarried patients 86.3% in abnormal scale and 13.7% in abnormal scale as shown in table 5.

Table 6 shows that in employed patients 91.2% found abnormal while 8.8% was normal. However, in unemployed patient we find 80.3% find abnormal and 19% normal.

Table 7 shows the behavior of colleagues in working place found 83% were abnormal and normal 17%. While the behavior of colleagues in working place having different behavior found 100% were abnormal.

It was found in the study that most females hide their hirsutism from other people that created a great psychosocial effect upon their self esteem and that let them to lose their interest in their appearance. We have found that the patients who hide their disease from others were 86.8% in abnormal scale, while in normal 13.2%. The results show that the patients lost interest in their appearance 73.3% in abnormal and 26.7% as shown in table 8.

Out of 85 patients (82.5 %) with some level of psychosocial problem due to hirsutism, a well designed standardized level was used to assess their level of anxiety and depression with consultation of the psychiatrist from psychiatry department of lady reading hospital Peshawar

and it was found that 16(16.8%) number of patients obtained a score of 8-10 and were labeled as having border line anxiety and depression level while 79(83.2%) number of patients obtain the score of 11 – 21 which according to the scale were labeled as having moderate to severe degree of anxiety and depression the same results are shown in figure 9.

Table-1. Age wise distribution of patients attended the clinic with hirsutism in 10th January to 30th April 2013 out of total patients 115.

Age	Frequency	Percent
15-25	66	57.4
26-35	39	33.9
36-45	10	8.7
Total	115	100.0

Table-2. Percentage of patients presenting with psychosocial effects due to hirsutism in the study population attended the clinic with hirsutism in 10th January to 30th April 2013.

Psychosocial effects	Frequency	Percent
Abnormal	85	82.5
Normal	18	17.5
Total	103	100.0

Table-3. Age wise distribution of patient with psychosocial effects due to Hirsutism in study population attended the clinic from 10th January to April 30th 2013.

Age	Psychosocial effects	
	Abnormal	Normal
15-25	48 81.4%	11 18.6%
26-35	33 89.2%	4 10.8%
36-45	4 57.1%	3 42.9%

Table-4. Geographical distribution of patient having psychosocial effects due to hirsutism in study population attended the clinic from 10th January to April 30th 2013.

Area	Psychosocial effects	
	Abnormal	Normal
Urban	61 84.7%	11 15.3%
Rural	24 77.4%	7 22.6%

Table-5. Marital status wise distribution of patient with psychosocial effects due to hirsutism in study population attended the clinic from 10th January to April 30th 2013.

Marital status	psychosocial effects	
	Abnormal	Normal
Married	22 73.3%	8 26.7%
Unmarried	63 86.3%	10 13.7%

Table-6. Employed and unemployed wise distribution of patient with psychosocial effects due to hirsutism in study population attended the clinic from 10th January to April 30th 2013.

Employed or unemployed	psychosocial effects	
	Abnormal	Normal
Employed	31 91.2%	3 8.8%
Unemployed	53 80.3%	13 19.7%

Table-7. Behavior of colleagues in working place with patients having psychosocial effects due to hirsutism in study population attended the clinic from 10th January to April 30th 2013.

Behavior of your colleague with you	psychosocial effects	
	Abnormal	Normal
Normal	39 83.0%	8 17.0%
Different	11 100.0%	0 .0%

Table 8. loss of interest in appearance of respondents due to Hirsutism with psychological effects.

Lost interest in appearance	psychosocial effects	
	Abnormal	Normal
Yes	44 73.3%	16 26.7%
No	41 95.3%	2 4.7%

Table-9. Different level of psychosocial effects in patients with hirsutism in study population using a standard scale.

Level of psychosocial effects	Frequency	Percent
	16	16.8
border line Abnormal Total	79	83.2
	95	100.0

DISCUSSION

This survey was carried out to identify the psychosocial effects on women presenting with Hirsutism and also to assess the level of anxiety / depression in such patients.

As for as the age is concern high number of hirsute women visited the clinic from age 15 -25 years (57.4 %) , age 26-35 years (33.9 %) and age 36-45 years (8.7 %).It shows that the younger age group is more concerned regarding their disease.

It's obvious from the results that high percentage of women with Hirsutism are having some degree of psychosocial effects (82%).As the females are more conscious about their look and that could be the probable reason that why high percentage of females having Hirsutism also present with some psychosocial effects.

From our study it is also obvious that majority of the patients with psychosocial effects due to hirsutism who came to our clinic were from the age 15 to 25 years (59%).The figure doesn't shows any relation regarding the cause of hirsutism with age but it's a clear indication that the female in this age are more concerned about their look and aesthetic sense.

We found in our study that the among 115 hirsute women who attended the clinic for laser therapy 72 were from urban area and 31 were from rural area it is more than two times from urban area as compare to rural .The reasons of high frequency of urban residing patients could be due to the fact that the study was conducted in an urban sitting, Awareness among urban residing patients regarding their sense of aesthetic, and their affordability of the treatment. But the frequency of psychosocial effects on patients from both urban and rural sittings were found to be non significant.

The comparison shows a little difference in psychosocial effects due to hirsutism among married and unmarried women's, 73.3 % abnormality seen in married and 86.3 % abnormality seen in unmarried women. It shows that the marital status has no impact on psychosocial effects.

While in our study we found that the psychosocial effect on women of different classes has no significance with regard to their life style, behavior from their colleagues.

The behavior of colleagues in working place in relation to psychosocial effects with patients with hirsutism the results shows that in majority of cases it was found normal while in few cases (11%) it was found that the colleagues were behaving in a different way than normal with patients with hirsutism and that was found to be the main reason which let them into anxiety and depression.

The total abnormality regarding patients feeling about her having this disease is 82 (82.8%), Where it is 51(81%) normal feelings and abnormal feelings are 31(86.1%). The analysis reveals that the women having hirsutism hide this disease from other people .The study show that 91 women replied that yes they hide this disease from other people while only 12 replied that they don't hide this disease from people. it is highly significant .the reason behind such a significant level of anxiety in women and in general population is the lack of awareness regarding the disease , in our culture as compare to the developed countries hirsutism is considered as social stigma and that could be the probable reason that why such a high percentage of patients hide their hirsutism from other people , despite of the fact that hirsutism is a disease as like many other diseases having some medical causes rather than some social causes. The same results were shown by a study conducted by Escobar-Morreale, H.F. Ann N Y Acad in year 2010 regarding the psychosocial effects and quality of life among women .with hirsutism.

It is also significant that the hirsute women has low interest in their appearance, study show 60 % replied yes they have low interest in their appearance and 43 % replied that they still have interest in their appearance. The reason behind their lost of interest could be the lack of awareness regarding the management procedure , their high cost of treatment which cannot be affordable to most of the patients and the lack of such treatment facilities in the government sector hospitals which is within the limit of most of the patients. All these factors led to the sense of frustration in such patients that created lost of interest in their appearance as well as in their happy life. In this regard a study was conducted by Moghetti, P,;Tosi, F and Tosti, A, J Clin Endocrinol Metab in year 2000 who found in their studies that women with hirsutism with psychosocial disorders frequently have difficulty functioning in social situations and may have problems efficiently communicating with others.

While assessing the level and frequency of anxiety and depression in women with hirsutism it was found in our study that majority of our respondents were presented with some level of anxiety and depression, which is high as compare to the developed countries and reason could be lack of awareness regarding the management, lack of facilities, and their affordability.

CONCLUSION

On the basis of our discussion we conclude that Majority of the patients with hirsutism were found to be having some degree of psychosocial effect upon their personalities due to their disease. The psychosocial effects in women with hirsutism were found more common in young age, working class ladies, unmarried and females residing in urban areas.

RECOMMENDATIONS

On the basis of our conclusion following recommendations are made for the general public and specifically for the patients with hirsutism.

Mass health education should be provided to the public regarding the disease and its management.

The government should provide the treatment facilities at all district level so that all the patients have an access to avail the facilities.

Social and moral support by Health and social workers.

The medical staff who are concerned with those patients may assess the psychosocial effects and to treat them accordingly or to refer them to clinical psychologist, psychotherapist or psychiatrist if needed.

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