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Knowledge Of Nursing Students And Their Attitude Towards Vitiligo

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Babylon as Part of the Requirement for Obtaining Bachelor's Degree in
Nursing*

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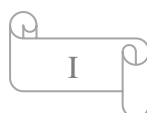
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Dedication

dedicate this project to God Almighty my creator, my strong pillar, my source of inspiration, wisdom, knowledge and understanding. He has been the source of my strength throughout this research and on His wings only have I soared. It also dedicated the teachers who are behind in making this research possible through guiding the researcher to complete this study.

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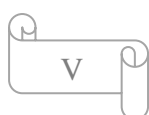
Abstract

Background: Vitiligo is a disorder in which the white patches of the skin appear on different parts of the body because the cells that are called melanocytes which make pigment (color) in the skin are destroyed. The causes of the vitiligo are unknown, may be an autoimmune disease where these diseases happen when the immune system mistakenly attacks some part of the body and the immune system may destroy the melanocyte, also it is possible that one or more genes may make a person more likely to get the disorder. Vitiligo can affect 1-2% of the world's population and 1-2 million people have the disorder that affects all races and both sexes equally.

Objective: Deficient knowledge of and negative attitudes towards vitiligo are common. This study aims to compare the knowledge of and attitudes towards vitiligo among nursing students.

Methodology: Of the total respondents, the majority (67.1%) were from the age group 20 to 25 years with a. The majority (72%) of the respondents resided in urban areas. For most (81%) of the respondents are currently unmarried. It was found that 76% of the respondents used social media as a source of information's.

Results: Students have statistically significant more sufficient knowledge about vitiligo. 88% of students have sufficient knowledge about vitiligo. Social media was the main source of information for (76%) of students. Only 75% of students were aware that vitiligo patient is non-infectious (patient can not infect others). About half of students of the current study had the same



concept in terms of seriousness of vitiligo. The current study revealed that knowledge about psychological stress as an aggravating factor for vitiligo was 72%). About half of students recognized that vitiligo is a treatable disease. A significantly higher proportions of students are aware about the autoimmune nature of the disease. This study revealed that misconception of poor hygiene is uncommon reported that lack of personal hygiene is not a cause of vitiligo. 76% of patients recognized that vitiligo is not an inherited disease. Local beliefs as evil eye and sorcery were not uncommon in the current study. This study found that lower knowledge as regard the non-association of vitiligo with diet or certain foods. This study showed that majority of students have positive attitude towards vitiligo patients 85% of students versus 15% of others have positive attitude towards vitiligo patients with borderline statistical difference ($P=0.055$) significantly higher proportions of students accept to marry patient with vitiligo, eat food prepared by patients and hire a vitiligo patient

Conclusion :Misconceptions and negative attitudes towards vitiligo are common especially among non-relatives.

Recommendations: There is a need for both community-and hospital-based education about the disease for better adaptation of vitiligo patients within the community.

Chapter one

Introduction

Chapter One**Introduction**

Vitiligo is a disorder in which the white patches of the skin appear on different parts of the body because the cells that are called melanocytes which make pigment (color) in the skin are destroyed. The causes of the vitiligo are unknown, may be an autoimmune disease where these diseases happen when the immune system mistakenly attacks some part of the body and the immune system may destroy the melanocyte, also it is possible that one or more genes may make a person more likely to get the disorder. Vitiligo can affect 1-2% of the world's population and 1-2 million people have the disorder that affect all races and both sexes equally. (1).

Ultrastructural and immunohistological studies show the absence of melanocytes in vitiligo lesions. The mechanisms leading to the loss of pigment cells are not yet fully understood. Melanocytes could be destroyed by necrosis or more probably by apoptosis. Recent data suggest a transepidermal elimination of melanocytes. There are three major hypotheses for the pathogenesis of vitiligo that are not exclusive of each other: autoimmune, autocytotoxic/metabolic and neural dysfunctional. Recent data have brought strong evidence supporting an autoimmune pathogenesis of vitiligo. Familial clustering is not uncommon, indicative in a non-Mendelian pattern like a number of other autoimmune disorders, of polygenic, multifactorial inheritance of vitiligo. Several candidate genes have been proposed for vitiligo but none has been really convincing. For the first time, recent genome-wide scans performed on families with numerous

members presenting vitiligo have clearly revealed linkage of susceptibility loci. (2).

Vitiligo can be psychologically devastating for the affected patient. This is especially true in patients with darker skin because of the great contrast between the color of vitiliginous skin and surrounding normal skin. Vitiligo can affect quality of life, self-esteem, marriage, and employment, especially in darker-skinned individuals and in certain cultures because of confusion with leprosy and other contagious skin diseases. Loss of pigment may be viewed by patients as a threat to racial identity. (3).

It was found that there are a group of recessive mutations in TYR and TYR1 genes that are associated with different types of eye skin and eye albinism (a genetic disorder characterized by eye loss to melanin pigment); This supports the primary role in pigmentation and is considered candidate genes in Vitiligo (Jimbow et al., 2011). The phenotype may not be known to genes related with changes in DCT. However, DCT that is combined with TYR and TYR1 proteins has been observed by several groups to be targets of autoantibodies that are found in serum for vitiligo patients (Kemp et al. 2011; Delgadillo et al., 2019). In almost half of all cases, vitiligo appears before the age of 20, about 70-80% of patients develops the disease at the age of 30 (Behl et al., 2017; Herane, 2015). Usually, Vitiligo is seen as a minor illness but it has psychological effects on patients and lack of social contact (4).

Because of the frequent association of vitiligo with autoimmune diseases, there have been investigations of possible HLA associations in vitiligo. Several haplotypes have been associated with vitiligo in more than one study. The catalase gene

has been implicated in the pathogenesis of vitiligo. Most likely a C/T single nucleotide polymorphism in exon 9 of the catalase gene is responsible.³ Reduced catalase enzyme activity has been demonstrated in the epidermis of lesional and nonlesional skin in patients with vitiligo.⁴ Catalase is a peroxisomal enzyme found in nearly all organisms exposed to oxygen that catalyzes the decomposition of hydrogen peroxide to water and oxygen. Therein, it serves to prevent cell damage by highly reactive oxygen radicals.⁽⁵⁾

Chapter Two

Literature Review

Chapter Two**Literature Review**

Vitiligo is an acquired loss of pigmentation characterized histologically by the absence of epidermal melanocytes. It may be an autoimmune disease associated with antibodies (vitiligo antibodies) to melanocytes, but the pathogenesis is still not understood. The pigment loss may be localized or generalized. Many patients are embarrassed. Physicians should be especially alert to the effects of disfigurement.(6).

Clinical Manifestations. There are two types of vitiligo (A and B) In the more common type A (generalized), there is a fairly symmetric pattern of white macules with well-defined borders. The borders may have a red halo (inflammatory vitiligo) or a rim of hyperpigmentation. The loss of pigmentation may not be apparent in fair-skinned individuals, but it may be disfiguring in black people. Initially the disease is limited; it then progresses slowly over years. Commonly involved sites include the backs of the hands, the face, and body folds, including axillae and genitalia, White areas are common around body openings such as the eyes, nostrils, mouth, nipples, umbilicus, and anus. The palms, soles, scalp, lips, and mucous membranes may be affected. Genital vitiligo-like depigmentation following use of imiquimod 5% cream is reported. Vitiligo occurs at sites of trauma (Koebner phenomenon), such as around the elbows and in previously sunburned skin. Many patients with vitiligo develop halo nevi. An acrofacial or lip-tip type (involving lips and digits) also occurs. (7).

Vitiligo. The back of the hand is a commonly involved site. (Clinical dermatology: a color guide to diagnosis and therapy / Thomas P.Habif—.Sixth edition) Segmental vitiligo (type B) occurs in an asymmetric distribution. The segments do not correspond to a dermatomal distribution. It is common in segmental forms for the hair follicles to be depigmented, indicating an absence of follicular melanocytes. The onset is earlier than that for the generalized form. There is a decreased association with autoimmune disease.(8).

2.1 Differential Diagnosis: The differential diagnosis of vitiligo Common disorders that resemble vitiligo are tinea versicolor, idiopathic guttate hypomelanosis, and nevus depigmentosus. Chemical leukoderma is caused by dyes, cleansers, insecticides, and many other products.(9).

2.2 Occupational vitiligo occurs with exposure to several different industrial chemicals.

2.3 Childhood Vitiligo: Childhood vitiligo is a distinct subset vitiligo. There is an increased incidence of segmental vitiligo (type B vitiligo), of autoimmune and/or endocrine disease, of premature graying in immediate and extended family members, and of organ-specific antibodies, in addition to a poor response to topical PUVA therapy.(10).

2.4 Psychologic Impact: Vitiligo can have a major impact on personality. Feelings of stress, embarrassment, self-consciousness, and low self-esteem can occur. Patients claim the disease interferes with sexual relationships. The psychologic impact can be profound

in deeply pigmented races. The disease can have serious social stigma in some cultures.(11).

Eye, Ear, and Meningeal Findings. Vitiligo affects all melanocytes. Depigmented areas in the pigment epithelium of the retina and choroid occur in up to 40% of vitiligo patients. The incidence of uveitis is elevated. The membranous labyrinth of the inner ear contains melanocytes. Minor hearing problems can occur. The Vogt- Koyanagi-Harada syndrome consists of vitiligo with many other associated findings; the most common are meningismus, hearing loss, alopecia, tinnitus, and poliosis. The aseptic meningitis may be due to destruction of leptomeningeal melanocytes.(12).

2.5 Associated Diseases: Most patients with vitiligo have no other associated findings; however, vitiligo has been reported to be associated with alopecia areata, hypothyroidism, Graves' disease, Addison's disease, pernicious anemia, insulin-dependent diabetes mellitus, uveitis, chronic mucocutaneous candidiasis, the polyglandular autoimmune syndromes, and melanoma. Thyroid disorders have been reported in as many as 30% of vitiligo patients. Circulating autoantibodies such as antithyroglobulin and antimicrosomal and antiparietal cell antibodies have been found in more than 50% of patients.(13).

2.6 Wood's Light Examination: Examination with the Wood's light in a dark room accentuates the hypopigmented areas and is useful for examining patients with light complexions. The axillae, anus, and genitalia should be carefully examined. These areas are frequently involved but often clinically nonapparent without the

Wood's light. Vitiligo may be a predictor of metastases in melanoma patients, and a Wood's light examination may show early subtle changes in these patients. (14).

2.7 Studies and Referral: Obtain a thyroid-stimulating hormone level and complete blood count with indices and blood glucose level to rule out thyroid disease, pernicious anemia, and diabetes mellitus. Screen for autoimmune disease with an antinuclear antibody test. Consider histopathologic evaluation. Biopsy lesional and normal skin. Vitiligo may be part of a syndrome with multisystem dysfunction. Evaluation by a geneticist is recommended for those patients.(15).

2.8 Indications for Treatment: Treatment is necessary for patients in whom the disease causes emotional and social distress. Vitiligo in individuals with fair complexions is usually not a significant cosmetic problem. The condition becomes more apparent in the summer months when tanning accentuates normal skin. Tanning may be prevented with sunscreens that have an SPF of 15 or higher. Vitiligo is a significant cosmetic problem in people with dark complexions, and repigmentation with psoralens may be worthwhile. (16).

2.9 Mechanism of Repigmentation: The goal of treatment is to restore melanocytes to the skin. Therapy involves stimulating melanocytes within the hair follicle to proliferate and migrate back into depigmented skin. Depigmented skin is devoid of melanocytes in the epidermis. Melanotic melanocytes in the bulb and infundibulum of the hair follicle are absent in vitiliginous skin. Repigmentation is caused by activation and

migration of melanocytes from a melanocytic reservoir located in the hair follicles. Therefore skin with little or no hair (hands and feet) or with white hair responds poorly to treatment. Inactive amelanotic melanocytes in the middle and lower parts of the follicle and the outer root sheath are still present. These cells can be activated by treatment to acquire enzymes for melanogenesis. They proliferate and mature as they migrate up the hair follicle into the epidermis and spread centrifugally. When a vitiliginous spot repigments, it repigments from the follicle and spreads outward. This process is slow and requires at least 6 to 12 months of treatment. The face, arms, trunk, and legs respond best. Melanocytes divide rapidly after any inflammatory process or after UV irradiation. PUVA produces inflammation in the skin at the depth of the hair follicle. Cytokines released by the inflammatory process may stimulate melanocytes to proliferate and migrate outward.(17).

2.10 Treatment Perspective: All treatment options have limited success. The face and neck respond best to all therapeutic approaches; the acral areas are least responsive. For generalized vitiligo, phototherapy with narrow-band UVB (NB-UVB) radiation is most effective with the fewest side effects. Topical corticosteroids are the preferred drugs for localized vitiligo. They may be replaced by topical immunomodulators, which display comparable effectiveness and fewer side effects. The effectiveness of vitamin D analogues is controversial with limited data but they are felt to be the least effective topical treatment. The excimer laser is an alternative to UVB therapy especially for localized vitiligo of the face. Surgical therapy can be very successful, but requires an

experienced surgeon and is very demanding of time and facilities, thus limiting its widespread use.(18).

Chapter Three

Subjects and Methods

Chapter three**Subjects and Methods**

This is a cross-sectional comparative study done in the college of nursing / University of Babylon during the period between October 2022 and end of April 2023.

Target population are nursing students aged 18 years or more. Participants were interviewed to complete an Arabic questionnaire containing:

- 1- Demographic characteristics of the participants including age, sex, marital status, educational level, occupation and residence.
- 2- 2- Questions to elicit knowledge about vitiligo. Knowledge questions were collected from two Arabic questionnaires developed by AlGhamdi et al.³ and Fatani et al.⁸ and were tested for reliability with test-retest correlation co-efficient ranging from 0.7 to 0.87 and Cronbach's alpha was 0.71.
- 3- Questions about attitude towards vitiligo . Attitude scale includes 5 questions.

Data were analyzed with SPSS version 23.

Chapter four

Result

Chapter Four

Results

Table 1 Socio-demographic characteristics of participants. N(%)

| | | |
|-----------------------|----------------------|------------------------|
| age | 20-25 | |
| sex | Male 29% | Female 71% |
| Marital status | Currently married 19 | Currently unmarried 81 |
| Residence | Urban 72 | Rural 28 |
| Source of information | Social media 76 | Medical personnels 24 |

Table 1 shows the socio-demographic data of the respondents. Of the total respondents, the majority (67.1%) were from the age group 20 to 25 years with a. The majority (72%) of the respondents resided in urban areas. For most (81%) of the respondents are currently unmarried. It was found that 76% of the respondents used social media as source of information's.

Table 2 Participants responses to knowledge questions about vitiligo#.

| Questions | yes | No |
|--|-----|----|
| Vitiligo patients can infect others. | 25 | 75 |
| Vitiligo has serious health effects on the patients. | 44 | 56 |
| Vitiligo is more prevalent and exaggerated with exposure to psychological stress | 72 | 28 |
| There is treatment for vitiligo | 52 | 48 |
| Infection is a cause of vitiligo | 19 | 81 |
| Hereditary is a cause of vitiligo | 76 | 24 |

| | | |
|--|----|----|
| Autoimmunity is a cause of vitiligo | 61 | 39 |
| Lack of hygiene is a cause of vitiligo | 38 | 62 |
| Evil eye is a cause of vitiligo | 16 | 84 |
| Sorcery is a cause of vitiligo | 15 | 85 |
| Diet or eating habits is a cause of vitiligo | 48 | 52 |

Table 2 shows, that 88% of students have sufficient knowledge about vitiligo ($P= 0.001$ & $= 0.001$).

Students have statistically significant more sufficient knowledge about vitiligo 88% of students have sufficient knowledge about vitiligo. social media was the main source of information for (76%) of students. Only 75% of students were aware that vitiligo patient is non- infectious (patient can not infect others). About half of students of the current study had the same concept in terms of seriousness of vitiligo. The current study revealed that knowledge about psychological stress as an aggravating factor for vitiligo was 72%). About half of students recognized that vitiligo is a treatable disease. A significantly higher proportions of students are aware about the autoimmune nature of the disease. This study revealed that misconception of poor hygiene is uncommon reported that lack of personal hygiene is not a cause of vitiligo. 76% of patients recognized that vitiligo is not an inherited disease. Local beliefs as evil eye and sorcery were not uncommon in the current study. This study found that lower knowledge as regard the non-association of vitiligo with diet or certain foods.

Table 3 Responses of students to attitude questions about vitiligo.

| Questions | Yes | No | I don't know |
|---|-----|----|--------------|
| Do you accept to marry a vitiligo patient? | 61 | 39 | |
| Do you accept shaking hands with a vitiligo patient? | 78 | 22 | |
| Do you accept sharing food with a vitiligo patient? | 79 | 21 | |
| Do you accept eating food prepared by a vitiligo patient? | 86 | 14 | |
| As an employer, do you accept to hire a vitiligo patient? | 85 | 15 | |

Table 3 shows that 85% of students versus 15% of others have positive attitude towards vitiligo patients with borderline statistical difference ($P=0.055$). This study showed that majority of students have positive attitude towards vitiligo patients 85% of students versus 15% of others have positive attitude towards vitiligo patients with borderline statistical difference ($P=0.055$) significantly higher proportions of students accept to marry patient with vitiligo, eat food prepared by patients and hire a vitiligo patient

Chapter five

Discussion

Chapter Five**Discussion**

In the current study 88% students had sufficient knowledge about vitiligo .students are more concerned with the disease, searching more for its causes, triggering factors and treatment and getting their information mainly from social media. Also exposure to an affected person provides better chance to understand this disease.

The results regarding sufficient knowledge agree with Asati et al.⁹ in India but is higher than the findings of Fatani et al.⁸ and Alshahrani and Alamar¹⁰ in Saudi Arabia who reported that only 41.8% and 56.7% of general population had sufficient knowledge; respectively. This difference may be due to differences in tools of assessments, sample sizes, cultures, participants' characteristics (age, sex, race, education and marital status) and sources of information.

Many misconceptions about vitiligo especially among non-relative to patients were found in this study. Only 75% of students were aware that vitiligo patient is non- infectious (patient can not infect others). Comparable percentages were reported among patients and non-relatives in Saudi Arabia, Turkey and Thailand. However, higher rates of correct knowledge were reported among relative and non-relatives in one Saudi study and an Indian study.^(19,25,26,27,28,29) Despite the above findings, less than half of patients and about one-third of relatives and non-relatives stated that infections are not the cause of vitiligo. Previous studies in other

countries revealed that the majority of patients, relatives and non-relatives realized that infection is not a cause for vitiligo.(20)

About half of students of the current study had the same concept in terms of seriousness of vitiligo. This was in line with the findings reported by AlRobaee et al.⁶ and Al-Ghamdi et al.³ in Saudi Arabia but lower than results reported by Fatani et al.⁸ Alshahrani and Alamar¹⁰ and Alshammrie et al.¹³ in other Saudi studies who reported that 62.9%, 64.7% & 71.9% of non-relatives; respectively realized that vitiligo is not a serious disease.

The current study revealed that knowledge about psychological stress as an aggravating factor for vitiligo was 72%). This result was higher than the results reported by Fatani et al.⁸ and Alshahrani and Alamar,¹⁰ in Saudi Arabia and Juntongjin et al.¹¹ in Thailand (52.7%, 52.2% and 16.8% of non-relatives; respectively).

About half of students recognized that vitiligo is a treatable disease. This reflects the experience of patients with treatment. The awareness of non-relatives about treatment was similar to results from Saudi studies.^{8,10,13} However, a higher result was reported in another Saudi study⁶ and much lower awareness was reported in Thailand.¹¹

A significantly higher proportions of students are aware about the autoimmune nature of the disease. Previous studies in different countries reported lower awareness about the autoimmune nature of the disease among patients with higher awareness among public.(20)

This study revealed that misconception of poor hygiene is uncommon reported that lack of personal hygiene is not a cause of vitiligo. On the contrary, poor hygiene was reported to be a cause of vitiligo by 22.5% and 42.6% of the public in Saudi Arabia and Thailand; respectively.^{3,11} 76% of patients recognized that vitiligo is not an inherited disease. Fatani et al.⁸ and Alshahrani and Alamar¹⁰ in Saudi Arabia reported that about one-third of the public did not believe in heredity as a cause of vitiligo.

Local beliefs as evil eye and sorcery were not uncommon in the current study. Only about 16% of students reported evil eye and sorcery are not a cause of vitiligo. Much lower percent of students reported that sorcery and evil eye as causes of vitiligo in Saudi Arabia and Turkey.⁽²¹⁾ This reflects the deeply ingrained belief in local culture that evil eye and sorcery is a common cause of illness.

This study found that lower knowledge as regards the non-association of vitiligo with diet or certain foods. These results were better than the findings from different countries.⁽²²⁾

The main source of information for students were social media. These findings agree with studies in other countries.⁽²³⁾ This highlights the importance of health professionals, who should transfer the right information to the population.

This study showed that majority of students have positive attitude towards vitiligo patients. These results agree with Fatani et al.⁸ in Saudi Arabia but much higher than Asati et al.⁹ in India. Contact with patients and health care providers improves the knowledge and attitude of relatives towards patients.

The presence of vitiligo may act as a barrier for the patients mixing into the society and may hinder their marriages, sharing food and participation in workforce, significantly higher proportions of students accept to marry patient with vitiligo, eat food prepared by patients and hire a vitiligo patient. Saudi studies reported that lower rates of the public accept marrying a vitiligo patient, eat food prepared by patients and hire them.(24) A woman with vitiligo may have less chance of getting married and married woman developing vitiligo may have marital problems ending in divorce. The majority of students accept sharing food and shaking hands with vitiligo patients. These results were much higher than the findings among general public in Saudi Arabia^{8,10} and India.⁹ This goes in line with the high percent knowing that vitiligo is non-infectious.

Chapter six

Conclusion and Recommendations

Chapter six

Conclusion and Recommendations

There are various misconceptions and negatives attitudes towards vitiligo, including the belief that vitiligo is a serious disease or that vitiligo patient is infectious. Students have a relatively adequate knowledge about vitiligo.

There is a need for accessible, accurate, community-and hospital-based education about the natural history of vitiligo, the effectiveness of treatment and its expected duration to clarify the wrong misconceptions.

A better understanding of the disease would result in better adaptation of vitiligo patients within the society.

References

References

- 1_ Hann, SK. ; Chun , WH . and Park ,YK. 1997. Clinical characteristics of progressive vitiligo . International . J. Dermatol ; (p.p36:353-355.)
- 2_ MosherDB. Fitzpatrick, TB Ortonne, JP Hori; Hypomelanoses and Hypermelanoses. Fitzpatrick's Dermatology in General Medicing 5th ed, 1999;945961-. McGraw hill medical.
- 3_ Halder R, Nandedkar M, Neal K: Pigmentary disorders in pigmented skins, In Halder R (ed): Dermatology and Dermatological Therapy of Pigmented Skin (ed 1), vol 5. New York, NY, Informa Healthcare, 2005.
- 4_ Goldsmith, L. A.; Katz, S. I.; Gilchrest, B. A.; Paller, A. S.; Leffell, D. J. and Wolff, k. 2012. Vitiligo. Pages 617-847 in S.A. Birtle, R.A. Spritz and D.A. Norris, editors. Fitzpatrick's Dermatology in General Medicine, 8th Ed. McGraw-Hill, New York, USA.
- 5_ Rebat M. Halder, MD, and Johnathan L. Chappell, MD2010 KlausW,LowellA,GoldsmithSl,BarbarA,GilchrestSP,DavidJL.Vitiligo.Fitzpatrick's,De matology in General Medicine, McGraw Hill,7th ed, 2007; 1(11): 616-21.
- 6_ Habif, Thomas P., author. Clinical dermatology: a color guide to diagnosis and therapy, six edition.P.p(770-775).
- 7_ Halder RM, Chappell JL. Vitiligo update. SeminCutan Med Surg. 2009 Jun;28(2):86-92. doi: 10.1016/j.sder.2009.04.008. Citation on PubMed

8_ Jin Y, Birlea SA, Fain PR, Ferrara TM, Ben S, Riccardi SL, Cole JB, Gowan K, Holland PJ, Bennett DC, Luiten RM, Wolkerstorfer A, van der Veen JP, Hartmann A, Eichner S, Schuler G, van Geel N, Lambert J, Kemp EH, Gawkrödger DJ, Weetman AP, Taieb A, Jouary T, Ezzedine K, Wallace MR, McCormack WT, Picardo M, Leone G, Overbeck A, Silverberg NB, Spritz RA. Genome-wide association analyses identify 13 new susceptibility loci for generalized vitiligo. *Nat Genet.* 2012 May 6;44(6):676-80. doi: 10.1038/ng.2272. Citation on PubMed or Free article on PubMed Central

9_ Jin Y, Birlea SA, Fain PR, Gowan K, Riccardi SL, Holland PJ, Mailloux CM, Sufit AJ, Hutton SM, Amadi-Myers A, Bennett DC, Wallace MR, McCormack WT, Kemp EH, Gawkrödger DJ, Weetman AP, Picardo M, Leone G, Taieb A, Jouary T, Ezzedine K, van Geel N, Lambert J, Overbeck A, Spritz RA. Variant of TYR and autoimmunity susceptibility loci in generalized vitiligo. *N Engl J Med.* 2010 May 6;362(18):1686-97. doi: 10.1056/NEJMoa0908547. Epub 2010 Apr 21. Citation on PubMed or Free article on PubMed Central

10_ Jin Y, Birlea SA, Fain PR, Mailloux CM, Riccardi SL, Gowan K, Holland PJ, Bennett DC, Wallace MR, McCormack WT, Kemp EH, Gawkrödger DJ, Weetman AP, Picardo M, Leone G, Taieb A, Jouary T, Ezzedine K, van Geel N, Lambert J, Overbeck A, Spritz RA. Common variants in FOXP1 are associated with generalized vitiligo. *Nat Genet.* 2010 Jul;42(7):576-8. doi: 10.1038/ng.602. Epub 2010 Jun 6. Citation on PubMed or Free article on PubMed Central

11_ Jin Y, Riccardi SL, Gowan K, Fain PR, Spritz RA. Fine-mapping of vitiligo susceptibility loci on chromosomes 7 and 9 and interactions with NLRP1 (NALP1). *J Invest Dermatol.* 2010 Mar;130(3):774-83. doi: 10.1038/jid.2009.273. Epub 2009 Sep 3. Citation on PubMed or Free article on PubMed Central

12_ LaBerge GS, Bennett DC, Fain PR, Spritz RA. PTPN22 is genetically associated with risk of generalized vitiligo, but CTLA4 is not. *J Invest Dermatol.* 2008 Jul;128(7):1757-62. doi: 10.1038/sj.jid.5701233. Epub 2008 Jan 17. Citation on PubMed

13_ Laberge GS, Birlea SA, Fain PR, Spritz RA. The PTPN22-1858C>T (R620W) functional polymorphism is associated with generalized vitiligo in the Romanian population. *Pigment Cell Melanoma Res.* 2008 Apr;21(2):206-8. doi: 10.1111/j.1755-148X.2008.00443.x. Citation on PubMed

14_ Richmond JM, Frisoli ML, Harris JE. Innate immune mechanisms in vitiligo: danger from within. *Curr Opin Immunol.* 2013 Dec;25(6):676-82. doi: 10.1016/j.coi.2013.10.010. Epub 2013 Nov 12. Citation on PubMed or Free article on PubMed Central

15_ Smith AG, Sturm RA. Multiple genes and locus interactions in susceptibility to vitiligo. *J Invest Dermatol.* 2010 Mar;130(3):643-5. doi: 10.1038/jid.2009.403. Citation on PubMed

16_ Spritz RA. Recent progress in the genetics of generalized vitiligo. *J Genet Genomics.* 2011 Jul 20;38(7):271-8. doi: 10.1016/j.jgg.2011.05.005. Epub 2011 Jun 12. Citation on PubMed or Free article on PubMed Central

17_ Spritz RA. The genetics of generalized vitiligo. *Curr Dir Autoimmun.* 2008;10:244-57. doi: 10.1159/000131501. Citation on PubMed

18_ Boissy RE, Spritz RA. Frontiers and controversies in the pathobiology of vitiligo: separating the wheat from the chaff. *ExpDermatol.* 2009 Jul;18(7):583-5. doi: 10.1111/j.1600-0625.2008.00826.x. Epub 2009 Mar 6. Citation on PubMed or Free article on PubMed Central.

19_ Walker C. Introduction. In Walker C, Papadopoulos L (Eds.). *Psychodermatology: The psychological impact of skin disorders.* 2005 pp. 1-3. Cambridge University Press, Cambridge, UK.

20_ Al-Robae AA, Al-Zolibani A, Al-Shobaili A. Knowledge and attitude towards vitiligo in Qassim Locality, Saudi Arabia. *J Pak Assoc Dermatol* 2008;18(2):78–83.

21_ Al-Ghamdi KM. Beliefs and perceptions of Arab vitiligo patients regarding their condition. *Int J Dermatol* 2010;49:1141–45.

22_ Fatani MI, Aldhahri RM, Al Otaibi HO, et al. Acknowledging popular misconceptions about vitiligo in western Saudi Arabia. *J Dermatol Dermatol Surg* 2016;20(1):27-31.

23_ Asati DP, Gupta CM, Tiwari S, Sanjeev Kumar, Vishal Jamra. A hospital-based study on knowledge and attitude related to vitiligo among adults visiting a tertiary health facility of central India. *J Nat Sc Biol Med* 2016;7(1): 27-32.

24_ Alshahrani AS, Alamar RS. Awareness, Knowledge and beliefs about vitiligo among female university students in Abha City, Saudi Arabia. *Eur J Pharma Med Res* 2016;3(1):24-30.

25_ Juntongjin P, Rachawong C, Nuallaong W. Knowledge and attitudes towards vitiligo in the general population: A survey based on the simulation video of a real situation. *Dermatologica Sinica* 2018;36(2):75-8.

26_ Topal IO, Duman H, Goncu OE, Durmuscan M, Gungor S, Ulkumen PK. Knowledge, beliefs, and perceptions of Turkish vitiligo patients regarding their condition. *An Bras Dermatol.* 2016; 91(6):770-5. DOI:<http://dx.doi.org/10.1590/abd18064841.20165060>

27_ Alshammrie FF, Al-Reshidi IG, Al-Rashidy MO, Al Anazi SM. Knowledge, attitude and misconceptions of public regarding vitiligo. *J Dermatol Dermatol Surg* 2019;23(1):16-9.

28_ Firooz A, Bouzari N, Fallah N, Ghazisaidi B, Firoozabadi MR, Dowlati Y. What patients with vitiligo believe about their condition. *Int J Dermatol* 2004;43(11): 81114.

29_ Agrawal S, Kumar A, Shyngwa PM. Understanding of Nepalese patients with vitiligo about their disease. *Nepal Journal of Dermatology, Venereology & Leprology* 2014;12(1):7-13.

الخلاصة:

الخلفية: البهاق هو اضطراب تظهر فيه البقع البيضاء من الجلد على أجزاء مختلفة من الجسم بسبب وجود خلايا تسمى الخلايا الصباغية التي تصنع (اللون) في الجلد. أسباب البهاق غير معروفة ، قد يكون مرض مناعي ذاتي حيث يحدث هذا المرض عندما يهاجم جهاز المناعة عن طريق الخطأ بعض أجزاء الجسم وقد يقوم الجهاز المناعي بتدمير الخلايا الصباغية ، كما أنه من الممكن أن يؤدي جين واحد أو أكثر إلى حدوث الشخص الأكثر عرضة للإصابة بهذا الاضطراب يمكن أن يصيب البهاق ١-٢٪ من سكان العالم و ١-٢ مليون شخص يعانون من هذا الاضطراب الذي يؤثر على جميع الأجناس وكلا الجنسين بالتساوي.

الهدف: المعرفة الناقصة والمواقف السلبية تجاه البهاق شائعة. تهدف هذه الدراسة إلى مقارنة المعرفة والمواقف تجاه مرض البهاق بين طلاب التمريض.

المنهجية: من مجموع المستجيبين ، كانت الغالبية (٦٧,١٪) من الفئة العمرية ٢٠ إلى ٢٥ سنة مع أ. غالبية المستجيبين (٧٢٪) يقيمون في مناطق حضرية. بالنسبة لمعظم (٨١٪) من المبحوثين غير متزوجين حالياً. وجد أن ٧٦٪ من المستطلعين استخدموا وسائل التواصل الاجتماعي كمصدر للمعلومات.

النتائج: يتمتع الطلاب بمعرفة أكثر دلالة إحصائية عن البهاق. ٨٨٪ من الطلاب لديهم معرفة كافية بالبهاق. كانت وسائل التواصل الاجتماعي المصدر الرئيسي للمعلومات لـ (٧٦٪) من الطلاب. فقط ٧٥٪ من الطلاب كانوا على علم بأن مريض البهاق غير معدي (لا يستطيع المريض نقل العدوى للآخرين). حوالي نصف طلاب الدراسة الحالية لديهم نفس المفهوم من حيث خطورة البهاق. كشفت الدراسة الحالية أن المعرفة عن الإجهاد النفسي كعامل تقوية للبهاق كانت (٧٢٪). أدرك حوالي نصف الطلاب أن البهاق مرض يمكن علاجه. هناك عدد كبير من الطلاب يدركون طبيعة المناعة الذاتية للمرض. كشفت هذه الدراسة أن سوء الفهم بشأن سوء النظافة أمر غير شائع حيث ذكرت أن نقص النظافة الشخصية ليس من أسباب البهاق. ٧٦٪ من المرضى أدركوا أن البهاق ليس

مرضا وراثيا. لم تكن المعتقدات المحلية مثل العين الشريرة والشعوذة غير شائعة في الدراسة الحالية. وجدت هذه الدراسة أن المعرفة الأقل فيما يتعلق بعدم ارتباط البهاق بالنظام الغذائي أو بعض الأطعمة. أظهرت هذه الدراسة أن غالبية الطلاب لديهم موقف إيجابي تجاه مرضى البهاق ٨٥٪ من الطلاب مقابل ١٥٪ من غيرهم لديهم موقف إيجابي تجاه مرضى البهاق مع فرق إحصائي حدودي ($P = 0.055$) الطعام الذي يحضره المرضى واستئجار مريض البهاق.

الاستنتاج: المفاهيم الخاطئة والمواقف السلبية تجاه البهاق شائعة خاصة بين غير الأقارب.

التوصيات: هناك حاجة إلى تثقيف مجتمعي و المستشفى حول المرض لتحسين تكيف مرضى البهاق داخل المجتمع.



وزارة التعليم العالي
والبحث العلمي
جامعة بابل
كلية التمريض



معرفة طلاب التمريض وموقفهم من البهاق

مشروع تخرج مقدم لكلية التمريض جامعة بابل ضمن متطلبات الحصول على درجة
البكالوريوس في التمريض

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