Skin Diseases in the Emergency Department: Impact on Patient Quality of Life

La enfermedad dermatológica en urgencias y su importante impacto sobre la calidad de vida de los pacientes

The impact of skin disease on patients’ daily life tends to be underestimated, in part because most skin complaints are not immediately life-threatening. However, an increasing number of studies highlight the impact of skin disease on the psychosocial well-being of patients and the people who live with them.¹

Skin complaints very often involve the appearance of severe lesions and acute symptoms that generate concern for patients and their families, thus leading them to visit the emergency department. Therefore, it should be no surprise that visits for skin complaints account for a significant percentage (5%-10%) of all visits to the emergency department.²

The novel study by Alegre-Sánchez et al.¹ shows how patients who attend the emergency department with skin complaints have considerably impaired quality of life, as measured using the Dermatology Life Quality Index and the Short Form 12 health survey (version 2). These findings reinforce the important work of the dermatologist in the emergency department, since dermatologists are the specialists best prepared to diagnose, inform, and treat patients with skin complaints. Furthermore, and while not a key objective of the study, the results underline the relevance and usefulness of dermatology questionnaires as a cost-effective method for obtaining relevant patient information that would have otherwise been overlooked.

References


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Validated Questionnaires: Solid Tools for Research

Cuestionarios validados: una potente herramienta para la investigación

Recent decades have seen increasing use of questionnaires by both clinical dermatologists and researchers. These easy-to-use instruments are valuable aids to economically and systematically collecting large amounts of data for analysis.¹ Questionnaires have the advantage over interviews because they eliminate bias arising from an interviewer’s influence. Another advantage is that they provide quantitative data to facilitate comparisons and generalizations. Before a tool can be used, however, its measurement properties must be demonstrated by means of a study of the questionnaire’s validity, reliability, and responsiveness to change.³

Validation demonstrates that a tool measures what it claims to measure, thereby showing that it is fit for the purpose the developers intended. The validation process is dynamic and ongoing, and a tool with more robust psychometric properties has internal consistency, providing the basis for using it in different cultures, populations, and subjects.² Before a tool that was developed and validated in one language can be recommended for use in another language, however, it must undergo a translation process that includes cultural as well as language adaptation. This process of validated translation and adaptation to different communities is indispensable for producing a standardized measurement tool that can be used in multicenter studies across borders.

The cultural adaption of the Early Arthritis for Psoriatic Patients questionnaire, as reported in this issue,³ is therefore a step toward providing us with a valuable tool for studying patients with psoriasis in Spain.

References