

Prevalence and impact on professional life of sleep disturbance in patients with cutaneous disorders: a study of 17627

Data from the All Skins-All Colors-All Dermatoses: the ALL PROJECT

Bruno Halioua¹ ; Jonathan Taieb² ; Catherine Baissac³; Nuria Perez Cullell⁴; Yaron Ben Hayoun⁵; Marketa Saint Aroman³; Charles Taieb⁶

¹Centre de dermatologie, Paris, France ; ²Institut médical du sommeil ,Paris, France ; ³Patients centricity, Pierre Fabre, Toulouse, France; ⁴Directrice Médicale, Patient et Consommateur, Pierre Fabre, Toulouse, France; ⁵Data Scientist, EMMA, Tel-Aviv, Israël ; ⁶Patients Priority, EMMA, Paris, France



INTRODUCTION & OBJECTIVE

Sleep disturbances (SDs) are distressing and disabling conditions that are frequently reported in cutaneous disorders (CD) with significant quality-of-life impairment(1). There is little information about the consequence of FS on the work life of adult patients. The aim of the present study was to evaluate the prevalence of SD due to CD and to identify impact of SD on professional life.

MATERIAL & METHODS

The ALL PROJECT involves individuals, representative of the adult populations of 20 countries spread over 5 all five continents [China 5000, USA 5000, Brazil 4001, India 3000, Australia 2000, France 4000, Italy 400, Canada; Denmark; Germany; Israel; Kenya; Mexico; Poland; Portugal; Senegal; South Africa; South Korea; Spain; UAE], which together accounts for over 50% of the world's population. In each of the 20 countries surveyed we conducted a population-based study on representative and extrapolable samples of the general population aged 16 years or more.

The questionnaire was built in partnership with patient organisations and remains focused on the patient's experience. . The questionnaire gathered information about the patients' demographic and socio-demographic profiles. Patients were considered to be those who reported sleep disturbance if they reported that they felt difficulty in falling asleep because of their CD. A comparison of SD and patients without SD(non-SD) was used to evaluate predictors of SD : socio-demographic and clinical parameters and specifically on professional life. Qualitative variables are expressed as frequencies and percentages. Bivariate analyses involving categorical or qualitative variables were carried out with chi-square statistics. Quantitative variables were compared using the Student's test.

The presence of a relationship between quantitative features was tested using Pearson's correlation coefficient for parameters consistent with a normal distribution and Spearman correlation coefficient in cases of non-compliance with a normal distribution. A p-value of 0.05 was considered to indicate a statistically

RESULTS

A total of 50552 individuals participated in the survey, and data from 17627(Table) of them were usable for statistical analysis including 7514 (42.6%) males and 10113(57.4%) females, respectively (mean age 39.65+/-14.97. (16-96 years). A total of 7458 (42.3%) respondents reported SD due to CD. The SD population was, on average younger than the non-SD population (mean age 39.22 ±14.38years vs. 39.96 ±15.38years; P = 0.00116). Females had more frequently SD than males (40.8% vs 43.5%. p=0,01).

10169 (57.7%)respondents were considered to have no SD. .Signs/symptoms such as prickles, burning sensations, tingling (16.5% vs 14.2%, p<0.002) skin pain(6.6% vs 3.6% p<0.001) and pruritus (60.5%vs 50.8% p 9,91E-35) were predictive factors of SD. Subjects with SD reported more frequently a feeling of fatigue as soon in the waking up (80,70% vs 63,60%, p<0.001), a decrease in concentration and vigilance(73,40%v 55,10%, p<0.001) , periods of drowsiness during the day (82,60% vs 71,00%, p<0.001) , a tingling sensation in the eyes (58,10% vs42,20%, p<0.001) and repeated yawning(71,70% vs57,90%, p<0.001). SD was significantly associated with detrimental impact on work life with feeling less productive in the activity (49.2% vs 19.4%, p 0.001).

	Total n=17627	Symptoms n=13192			Absence of symptoms n=4435
		Itching n=9660	Prickles or burning tingling N=2679	Skin pain n=853	
Atopic dermatitis / Eczema	n=4874	3322(68,2%)	611(12,5%)	209(4,3%)	732(15,0%)
Psoriasis	n=2237	1428(63,8%)	307(13,7%)	133(5,9%)	369(16,5%)
Acne	n=7524	3982(52,9%)	1253(16,7%)	383(5,1%)	1906(25,3%)
Rosacea	n=1576	937(59,5%)	267(16,9%)	135(8,6%)	237(15,0%)
Vitiligo	n=764	418(54,7%)	151(19,8%)	110(14,4%)	85(11,1%)
Hidradenitis suppurativa	n=586	339(57,8%)	117(20,0%)	86(14,7%)	44(7,5%)
Chronic hand eczema	n=1736	1175(67,7%)	202(11,6%)	172(9,9%)	197(11,4%)
Others	n=5634	2985(53,0%)	848(15,1%)	225(4,0%)	1576(28,0%)



DISCUSSION

This is the first study to establish the impact of SD, which affects 42.3% % of respondents with CD. physical functioning , We reported that SD in patients with CD was significantly associated with feeling of fatigue, decrease in concentration and vigilance, drowsiness, tingling sensation in the eyes and repeated yawning. These findings suggest the importance of early detection and management of SD in patients with CD which may contribute to detrimental impact on professional life. It is important to include questions about SD in the examinations of CD patients.