

## **SUMMARY AND CONCLUSION**

Skin diseases are very common. Indeed it is true to say that everyone will at some time in his life have some form of skin disease. Skin disease is often obvious and very visible to others. Caregivers to patients suffer from skin diseases have not only to cope with the effects of patients' disease but also the reaction of others to their condition.

Each person was, at some point in his or her life, a part of a family and thus had an effect on it and was also affected by it. This interrelatedness occurred regardless of whether the person's family life experience was a positive or a negative one. Hence, the concept of Family Quality of Life (FQoL) has emerged as an extension of individual Quality of Life. FQoL can be generally defined as "Families experience a high quality of life when their needs are met, they enjoy their time together and they are able to do things that are important to them". Within this definition it is also important to conceptualize FQoL as including both the aspects that define families universally and aspects that define families as unique.

The secondary impact of skin disease on the family is an issue not only in the developed world but also in developing countries; asking family members about this impact is greatly appreciated by them.

Family caregivers of patients suffering from skin diseases experience a major impact on their lives such as financial implications, physical and mental exhaustion, social disruption and marital problems. While these effects may seem less severe than the secondary family effects of other

chronic conditions such as cancer or mental disabilities, they may still be a major source of disruption of family life.

The present work aimed to assess identify the impact of skin diseases on the quality of life of patient's household family members.

The study included 100 adult family members of patients with different skin conditions.

All Family caregivers answered the questions of the FDLQI questionnaire.

The results of this study showed that:

1. Impact of skin diseases on family members live in urban areas is significantly higher than those live in rural areas.
2. The impact of inflammatory skin diseases on family members is highly significantly higher than that of non inflammatory ones.
3. Impact of inflammatory skin diseases on physical well-being, leisure activities, house work and employment/study domains is highly significant higher than that of noninflammatory ones
4. Impact of noninflammatory skin diseases on burden of care is significantly less than that of inflammatory diseases.
5. The increased expenditure in families having a member with skin disease was expressed extensively throughout the study in almost every skin affliction.
6. The FDLQI is easy to complete and score, and seems reliable and valid.