

## **Introduction**

Skin is an extraordinary structure. It is frequently damaged because it is directly in the 'firing line' and, for this reason, skin diseases are very common. There are more than 3000 known diseases of the skin, so skin diseases are among the most common health problems worldwide and are associated with a considerable burden (*Bickers et al., 2006*).

Skin cancers, such as malignant melanoma, are potentially life threatening and their burden is associated with the mortality that they carry. On the other hand, a cosmetically disfiguring disorder can have a significant impact, and can cause considerable discomfort and disability. Although most of the chronic skin conditions, such as atopic eczema, psoriasis, vitiligo and leg ulcers, are not immediately life-threatening, they are recognized as a considerable burden on health status and quality of life (QoL), due to their physical, emotional and financial consequences (*Basra and Shahruckh, 2009*).

The WHO defines QoL as : "Individuals' perception of their position in life in the context of culture and value systems in which they live in relation to their goals, expectations, standards, and concerns affected in a complex way by the person's physical health, psychological state, level of independence, social relationships and their relationships to salient features to their environment." (*Haas, 1999*)

In the last decades measuring of QoL in different diseases became more and more important in medical researches. Knowledge about the impact of disorders on the QoL became more and more important in the

sense of a more holistic understanding of diseases. This may lead to more effective therapies. Keeping patient's QoL in mind may also have an influence on the decision of treatment in the clinical routine and consecutive on patient's compliance. Multiple validated measuring instruments exist for medical research. Special measuring instruments have been configured for skin disorders (*Schmid-Ott and Steen, 2011*).

QoL of individuals is closely related to the QoL of those around them such as partners and because of the nature of many skin diseases and the way treatment is applied, the QoL of a partner may be more impaired than the patient (*Rees et al., 2001 and Carroll et al., 2005*).

Family caregivers may experience a major impact on their lives such as physical and mental exhaustion, social disruption, marital problems and financial implications (*Rees et al., 2001*).

The concept of Family QoL has been described as being a situation where 'The family needs are met and family members enjoy their life together as a family and have the chance to do things that are important to them' (*Turnbull et al., 2004*).

The magnitude of this impact may be quite varied depending upon the diagnosis of the skin disease, its duration, severity, the age of the patient and the family member and above all on the relationship between them (*Basra and Finlay, 2007*).

As an example, the families of children with eczema have lower QoL than families of healthy children (*Lapidus and Kerr, 2001*). Taking care of a child with moderate to severe atopic eczema has been shown to be more stressful than caring for a child with insulin-dependent diabetes mellitus (*Su et al., 1997*). The parents of children with atopic eczema experience a wide

range of detrimental effects on their lives, e.g. psychological, social, lifestyle modifications, interpersonal relationships, financial, family activities, sleep, and issues related to the practical care of the patient (*Carroll et al., and McKenna et al., 2005*).

Also, partners and family members of patients with psoriasis often feel increased psychological pressure, experienced disruptions to their social life as a result of embarrassment or time required to take care of the patient. Increase in family expenditure, problems from people's attitudes and sexual impairment may deteriorate their relationship with the patient (*Eghlileb et al., 2007*).

Hence, efforts to improve the QoL of individuals should therefore also address the QoL of the families or caregivers (*Park et al., 2003*).