



AWARENESS ABOUT SEBORRHEIC DERMATITIS AMONG CHENNAI POPULATION: A SURVEY

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ABSTRACT

AIM: To create awareness about seborrheic dermatitis among Chennai population.

Materials and method: The survey was carried out by preparing a set of questionnaires. These questionnaires were circulated among subjects to determine their awareness about Seborrheic dermatitis. The sample size for this survey was 100. Data collected was then analysed statistically with the help of SPSS online software.

RESULTS: Present study came out with a result of 62% were not aware about SD and 38% were reported to be aware. But all the subjects were aware what a dandruff is about. While evaluating the cause factor awareness for SD 47% were aware about causes leading to SD while 53% were not educated about it. 37% population believed that dry and cold weather to be major cause for SD and 22% reported stress can also trigger the cause for SD. Diagnostic investigation knowledge were also seem to be less among the subjects for 27%, skin biopsy technique being used to diagnose SD was known only to 23%. Various treatment options are there for treating the seborrheic dermatitis, but only antifungal and corticosteroid preparations were most prevailing among the subjects.

CONCLUSION: From this study, we can conclude that the subjects were aware about dandruff but were not aware about the difference between SD and dandruff.

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INTRODUCTION

Seborrheic Dermatitis (SD) and dandruff are common dermatological problems that affect the seborrheic areas of the body. They are considered the same basic condition sharing many features and responding to similar treatments, differing only in locality and severity. Dandruff is restricted to the scalp, and involves itchy, flaking skin without visible inflammation. SD affects the scalp as well as face, retroauricular area, and the upper chest, causing flaking, scaling, inflammation and pruritus, and can have marked erythema. Flaking in SD and dandruff is usually white-to-yellowish, and may be oily or dry (1). The pathogenesis of SD is still unclear, but it seems to be multifactorial, involving sebaceous gland function, the presence on the skin of yeasts belonging to *Malassezia* spp. (formerly called *Pityrosporum* spp.), and the individual immunological response (2-4). Although the fundamental cause of seborrheic dermatitis has not yet been established, many etiologic factors are believed to play a role in the development of the disorder (5). Available treatments for scalp SD are intended to eradicate *Malassezia* spp. and to reduce inflammation and scaling (6-8).

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Topical therapies are the mainstay of treatment as the condition is recurrent and responds well to these agents (9). In order to evaluate the knowledge about SD among Chennai population, this survey was carried out.

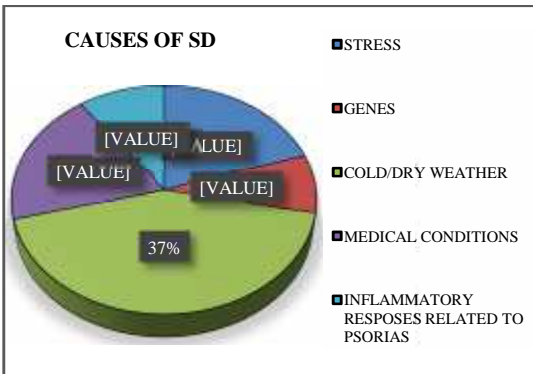
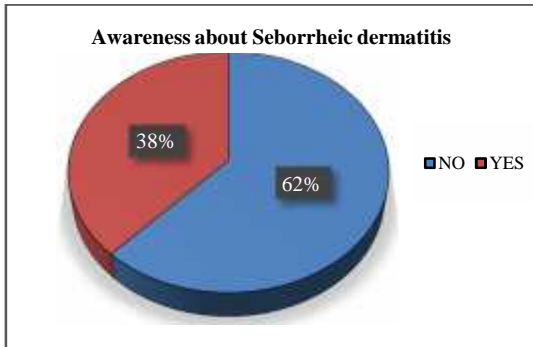
METHODS

The survey was carried out by preparing a set of questionnaires. These questionnaires were circulated among subjects to determine their awareness about Seborrheic dermatitis. The sample size for this survey was 100, which includes various age group. Data collected was then analysed statistically with the help of SPSS online software. Before starting the survey, informed consent were taken from subjects.

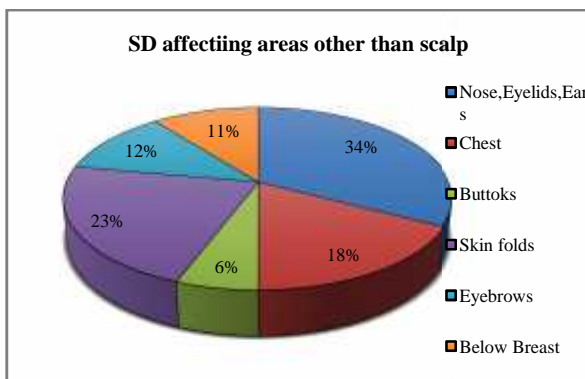
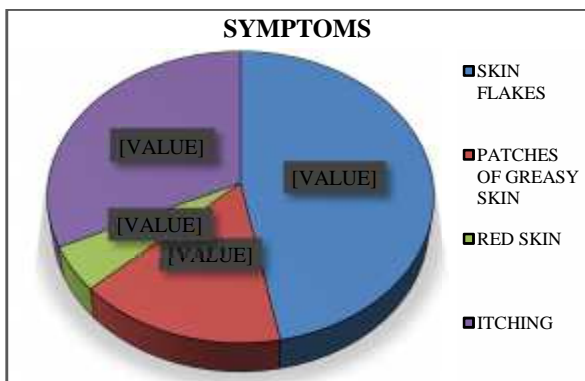
RESULTS AND DISCUSSION

Present study came out with a result of 62% were not aware about SD and 38% were reported to be aware. While evaluating the cause factor awareness for SD 58% were aware about causes leading to SD while 42% were not educated about it. 37% population believed that dry and cold weather to be major cause for SD and 22% reported stress can also trigger the cause for SD; 21%, 11% reported as medical conditions and inflammatory response related to psoriasis. Even genes play a role in triggers as reported by 9% of

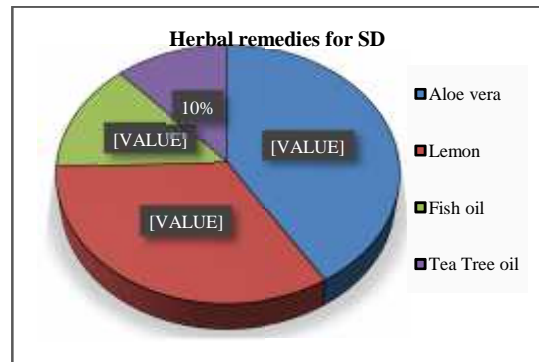
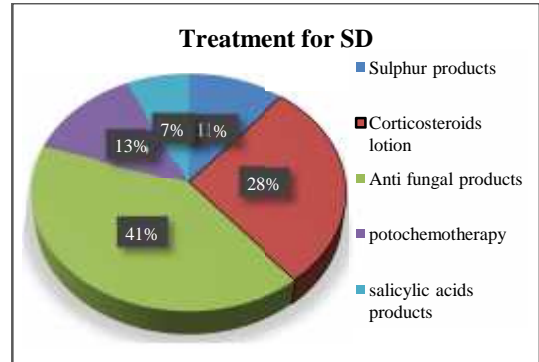
population. 82% even reported that even allergy or even unclean environment can also be a reason for SD.



According to our study, Adults ranging from 30-60 showed high prevalence of SD, followed by in adolescents and ten by children, which also showed age also played a role that is decrease in age decreases the prevalence of SD. Clinical signs and symptoms are important to diagnose a disease, taking this fact to the subject, whom reported that 58% of them were educated about the symptoms. But skin flakes and itching came out as the most common symptoms seen among the subjects which was 47% and 32% respectively. Even though 38% were aware what is SD but failed to know that SD can affect even areas other than scalp which turned out to be 72%



Diagnostic investigation knowledge were also seem to be less among the subjects for 27%, skin biopsy technique being used to diagnose SD was known only to 23%. Various treatment options are there for treating the seborrheic dermatitis, but only antifungal and corticosteroid preparations were most prevailing among the subjects. Even though many allopathically successive treatments available, this study showed 74% of the subjects prefer herbal remedies, in which aloe vera and lemon was commonly used or preferred among the subjects.



CONCLUSION

From this study we can conclude that the subjects were aware about dandruff but were not aware about the difference between SD and dandruff.

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