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Severity of Hand Eczema and Impact Multidimensional Assessment of the Quality of Life

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Abstract: Hand eczema (HE) is a widespread dermatological condition that severely affects patients' quality of life. This study sets out to analyze the demographic, clinical, and psychosocial characteristics of hand eczema patients in Iraq. Methods: A cross-sectional study conducted from January 2024 to January 2025 included 280 patients from Al-Najaf Teaching Hospital and Al-Sadr Teaching Hospital in Najaf Governorate. Participants were 18 years old and above with a clinically established hand eczema diagnosis. Excluding conditions were given for active infection, currently on immunosuppressants systemically, and complicated skin conditions. Data were collected from structured interviews, medical records, and clinical assessments to assess demographic and clinical information, psychological assessment, and quality of life by DLQI. Eczema severity was assessed by using the SCORAD index. Results: The average age of participants was 34.5 years (SD 11.2). The most frequent types of eczema were irritant contact eczema (50.0%) and allergic contact eczema (32.1%). Upon assessment of severity, 42.9% were mildly affected, 39.3% moderately affected, and 17.8% severely affected. Psychological analysis revealed that 75% reported some anxiety or depression, with 28.6% experiencing moderate to severe symptoms. Diabetes (OR 2.0), smoking (OR 1.8), and food allergen sensitivity (OR 1.6) were established through logistic regression as risk factors associated with an exacerbation of severity. The study found strong negative correlations between SCORAD and DLQI (r = -0.65), confirming that as SCORAD severity increased, DLQI quality of life decreased. Overall, results show that considerable psychosocial suffering is inflicted by hand eczema in Iraqi patients and emphasizes incorporating mental health interventions into management strategies. The findings warrant increased research on the psychosocial aspect of eczema, with larger samples and randomization of great importance for validating the present study.

Keywords: DLQI, Eczema, QoL, Psychological, Hand, Severity.

INTRODUCTION

Eczema is a prevalent dermatological condition, accounting for approximately 5-10% of all consultations. Occupational dermatoses constitute 25-50% of these cases (Coenraads, P.J. *et al.*, 2012), highlighting its significant impact on patients' lives. The condition, characterized by its irritable and painful manifestations, can hinder patients' quality of life, including their professional lives (examples include health workers). A comprehensive understanding of the disease's impact on patients' lives, with a focus on its effect on their professional lives and the subjective experiences they encounter, is crucial. However, it is imperative to consider the broader implications for the human population. The present narrative review aims to analyse the impact of eczema on the quality of life of patients with contact dermatitis (Thyssen, J.P. *et al.*, 2022).

The classification of eczema is dependent on both the underlying cause and the manifestation of the condition (Agner, T. & Elsner, P., 2020). The most prevalent form is irritant contact dermatitis, which encompasses a wide spectrum of cases, including occupational eczema arising from wet work, prolonged use of rubber gloves, and irritant eczema (Quaade, A.S. *et al.*, 2021). Notably, irritant eczema frequently serves as a precursor to allergic contact dermatitis (Yüksel, Y.T. *et al.*, 2024). Atopic eczema manifests either as a solitary condition or in conjunction with additional cutaneous manifestations, allergic rhinitis, and/or bronchial asthma. The disruption of the genetically determined barrier function engenders heightened sensitivity to external influences (Scientific Committee of Chinese Dermatologist Association, *et al.*, 2021). In clinical practice, a combination of these eczema types is frequently observed, such as irritant contact eczema with irritant atopic dermatitis, which is subsequently grafted onto contact allergy. The severity of eczema in the hand is determined by various factors, including the extent of clinical signs, the duration of treatment, the response to treatment, and the level of suffering experienced. Hand eczema that resolves spontaneously, with avoidance of triggers or with appropriate treatment within three months, is considered acute (Handa, S. *et al.*, 2012). Hand eczema that persists for more than three months or recurs several times (>2 per year) is defined as chronic (Suman, M. & Reddy, B.S., 2003). The severity of the disease is measured using several grades that consider the extent and intensity of disease signs, such as redness, infiltration,

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vesicles, fissures/fractures, desquamation, and oedema. Examples of such grades include the "Hand Eczema Severity Index" and the "Hand Eczema Severity Index" (Meding, B. & Järvholm, B., 2004; Elston, D.M. *et al.*, 2002).

Despite the implementation of adequate preventive and therapeutic measures, the disease frequently fails to respond, often progressing to a chronic or recurrent state, with a multitude of consequences (Moberg, C. *et al.*, 2009). The hands represent a vital organ of expression and communication, as well as being indispensable for domestic and occupational activities. Alterations in their appearance and discomfort in performing activities can result in significant psychological distress, often associated with a diminished quality of life (Thomson, K.F. *et al.*, 2002). A substantial body of research has demonstrated the profound psychosocial impact that chronic hand eczema has on patients, as well as its considerable societal implications, including prolonged absence from work due to illness, job change, or early retirement (Agner, T. *et al.*, 2008). Furthermore, studies have revealed a negative correlation between the severity of the disease and the quality of life. Hand dermatitis is an inflammatory condition that is characterized in the acute phase by redness, oedema, and, on occasion, vesiculation. In the chronic phase, the predominant changes are infiltration, desquamation, and fissuring, which can result in pain (Leshem, Y.A. *et al.*, 2015). The condition does not have a unique clinical picture but rather manifests itself in a continuum of severity (van der Roer, N. *et al.*, 2006). Visible chronic diseases can engender a sense of helplessness and inability to manage the situation for the patient, as well as for their parents. The emotional impact of eczema can be significant, often manifesting as feelings of disappointment and stress (de Vet, H.C. *et al.*, 2007). The evidence regarding the association between lifestyle and hand eczema is limited. In order to further investigate the possible association between lifestyle factors (such as smoking, alcohol consumption, stress, physical activity, body mass index, diet, and sleep) and the prevalence, incidence, severity, and prognosis of hand eczema, researchers from several institutions in the Netherlands conducted a systematic review and meta-analysis according to the consensus statement "Meta-analysis of observational studies in epidemiology," published in the Journal of Contact Dermatitis (Handa, S. *et al.*, 2012).

MATERIAL AND METHOD

It was a cross-sectional study assessing demographic, clinical, and psychosocial characteristics of patients who have hand eczema in Iraq. Similar data were collected from a sample of 280 patients from Al-Najaf Teaching Hospital and Al-Sadr Teaching Hospital in Najaf Governorate, Iraq, attending dermatology clinics between January 2024 and January 2025. A convenience sampling method was employed for patient selection with inclusion criteria: 18 years and above, with a clinically confirmed diagnosis of hand eczema by a dermatologist. Exclusion criteria were active infection, immunosuppressive therapy, and underlying skin conditions of a complicated nature.

DATA COLLECTION

Through the structured questionnaires, medical records and clinical assessments, data were collected. The questionnaires were used to gather demographic information such as age, sex, educational level, economic status, smoking habits, and past medical history, as well as clinical characteristics (different types of eczema and SCORAD rating to measure severity) and hysteroid analyses for their association with anxiety and depression). The Dermatological Life Quality Index (DLQI) was used to assess the impact of eczema on the quality of life, and self-report scales assessed sleep disturbance.

According to the SCORAD index for scoring eczema severity, the eczema was classified into subcategories irritant contact eczema, allergic contact eczema, atopic dermatitis, and dyshidrotic eczema on the basis of examination and history of the patient. A severity assessment was also made according to the SCORAD index to quantify the impact of skin symptoms on daily living.

STATISTICAL ANALYSIS

Data analysis was done by utilizing the Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics such as mean, standard deviation, frequency, and percentage were employed to summarize the demographic and clinical characteristic distribution. Logistic regression analyzed the odds ratios of several risk factors with eczema severity: hypertension, diabetes, smoking, and food allergies.

Pearson's correlation coefficients were also used to analyze the relationship between clinical severity (SCORAD) and quality of life scores (DLQI), as well as psychological states (anxiety and

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depression) and quality of life outcomes. Also, Chi-square tests were also done to test the associations of categorical variables such as gender, education levels, smoking habits, and severity of eczema.

Statistical analyses made use of the significance level of $p < 0.05$ in indicating that the results were statistically significant. The consent of the Institutional Review Board of the institution was obtained and informed consent was given by all participants before the collection of data. During the entire study, confidentiality of patient data was maintained.

LIMITATIONS

Noting the significance of the study, it is useful information on the features and effects of hand eczema in Iraqi patients. The reader should be aware, however, that these findings may not generalize because of the sampling convenience employed. In future studies, there should be larger random samples to be able to support the findings and investigate more into the psychosocial dimensions of eczema.

RESULTS

This Table describes the demographics of the participants with respect to age, gender distribution, and severity of eczema. The average age of the two groups was similar, which indicates some homogeneity of background. Equal gender ratios in both groups add strength to the finding in that they reflect a different population. Severity categories were made by assessing eczema clinically.

Table 1: Demographic Parameters of Patients with Hand Eczema in Iraq (N=280)

Parameter	Value
Age	Mean: 34.5 years, SD: 11.2 years
BMI	Mean: 25.9, SD: 5.1
Comorbidities	
High Blood Pressure	55 (19.6%)
Diabetes	35 (12.5%)
Kidney Disease	20 (7.1%)
Other Diseases	30 (10.7%)
None	140 (50)
Symptoms	
Itching	240 (85.7%)
Erythema	210 (75.0%)
Dry Skin	230 (82.1%)
Papular Bumps/Weeping	160 (57.1%)
Causes	
Genetic Factors	40 (14.29%)
Immune Dysregulation	60 (21.43%)
Environmental Triggers	110 (39.2%)
Microbiome Changes	70 (25%)
Smoking	
Yes	70 (25.0%)
No	210 (75.0%)
Gender	
Men	130 (46.4%)
Women	150 (53.6%)
Education	
Primary	80 (28.6%)
Secondary	110 (39.3%)
College	90 (32.1%)
Financial Level ($)	
500-700	90 (32.1%)
700 to 1000	120 (42.9%)
1000	70 (25.0%)
Food Allergen Sensitivity	

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Yes	100 (35.7%)
No	180 (64.3%)
Harmful Alcohol Use	
Yes	60 (21.4%)
No	220 (78.6%)
Region	
Urban	200 (71.4)
Rural	80 (28.5)

This chart describes the kinds of eczema seen in patients were Irritant Contact Eczema is the most common subtype (50%) and thus indicates the highest possible exposure to irritants, which is likely in the work or environmental setting.

Allergic Contact Eczema in 32.1%. This indicates an important allergic component in this group, which is consistent with sensitization to a variety of allergens.

The less common types, such as atopic dermatitis and dyshidrotic eczema, further highlight the specific features of hand eczema and support the rationale for possible targeted interventions in these subtypes.

Table 2: Classification of Eczema in Iraqi Patients on the Hand According to its Type

Eczema Type	N (%)
Irritant Contact	140 (50.0%)
Allergic Contact	90 (32.1%)
Atopic Dermatitis	35 (12.5%)
Dyshidrotic	15 (5.4%)

A considerable percentage of cases who have mild (42.9%) and moderate gradings (39.3%), suggesting future intervention and education before they worsen. The number presenting with a 17.8% severe form indicates that most patients' management strategies are successful, requiring serious monitoring of only a few cases.

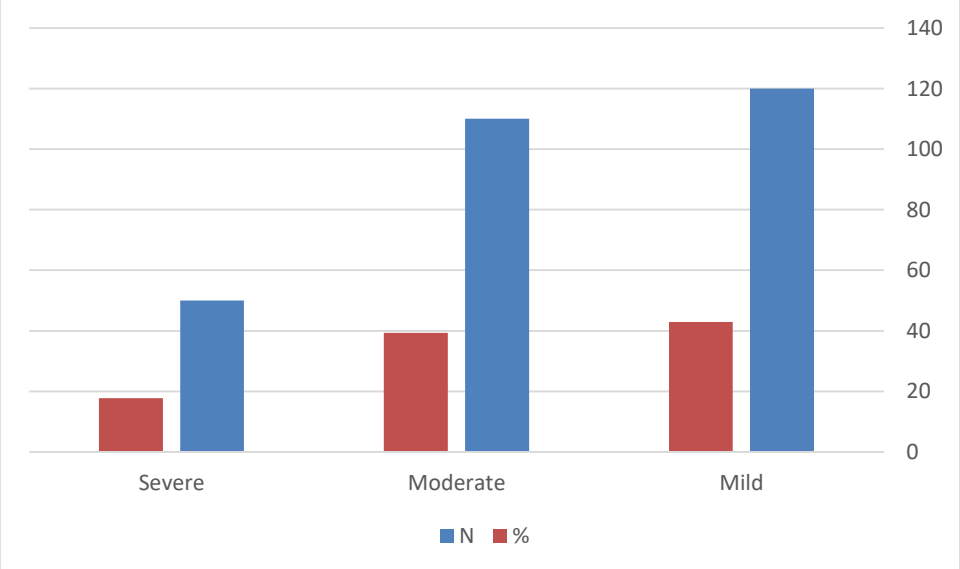

Figure 1: Distribution of Patients According to SCORAD Classification

An average score of 18.5 out of a maximum possible score indicates that patients have varying amounts of knowledge about their disease and self-care practices. The relatively high standard deviation indicates that educational interventions may need to be taken to bring awareness and better self-care practices.

Table 3: Evaluation Tools to Assess Patient Outcomes (Knowledge Questionnaire)

Assessment Tool	Mean Score (SD)
Knowledge Questionnaire	18.5 (4.1)

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Table 4: Assessment of Quality of Life Using the Dermatology Life Quality Index (DLQI) Scale

DLQI Score Range	N (%)
0-1 (no impact)	60 (21.4%)
2-5 (small impact)	100 (35.7%)
6-10 (moderate impact)	80 (28.6%)
11-20 (severe impact)	40 (14.3%)

About 39.3% report experiencing some mild disturbances, while 28.6% note more moderate disturbances, suggesting that itch and discomfort would significantly interfere with sleep and aggravate patients' overall health conditions.

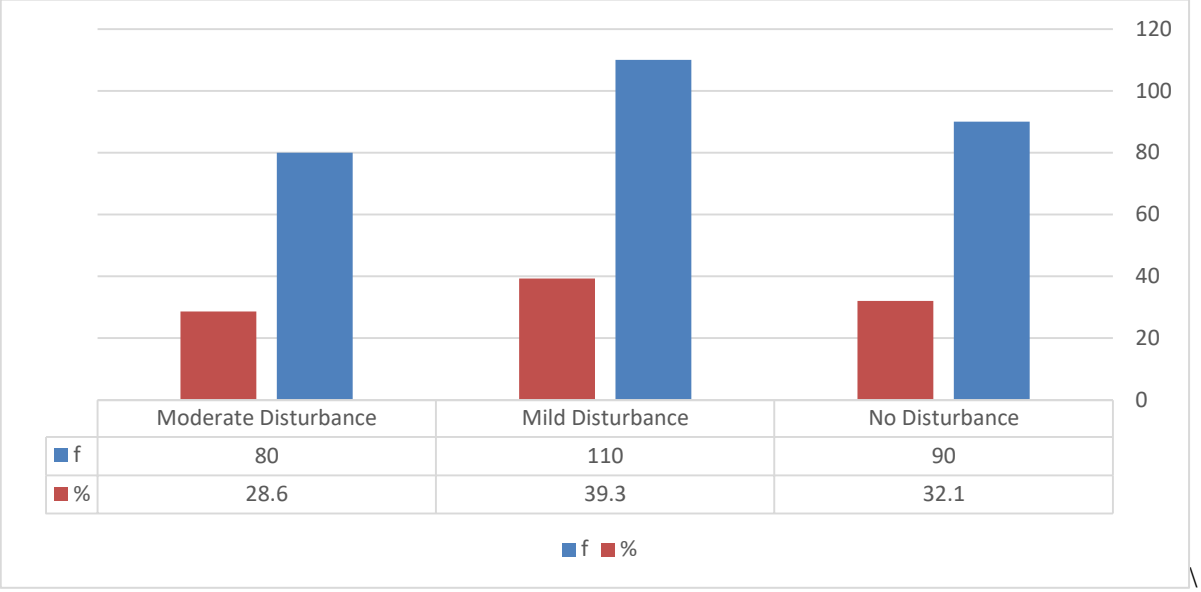

Figure 2: Evaluating Health Outcomes for Patients According to Sleep Disturbance

Table 5: Evaluation of the Effect of Eczema on Anxiety, Depression, and Psychological Status

Psychological Impact	N (%)
No Anxiety/Depression	70 (25.0%)
Mild Anxiety/Depression	130 (46.4%)
Moderate/Severe Anxiety/Depression	80 (28.6%)

The majority of participants were categorized as moderate impact (50%); again, this highlighted the considerable extent to which their eczema affects general well-being. Severe psychological impacts among one-quarter of the population indicate a need for urgent intervention in support systems.

Table 6: Evaluation of the Effect of Eczema on Psychological Status

Psychological Status	N (%)
Stable	80 (28.6%)
Moderate Impact	140 (50.0%)
Severe Impact	60 (21.4%)

Risk factors are weighted in logistic regressions; higher odds ratios imply that diabetes is the strongest contributor to exacerbating eczema (2.0), with lifestyle assessments for patient management additionally considering smoking and food allergen sensitivity.

Table 7: Logistic Regression Analysis of Risk Factors in this Study on Iraqi Patients with Eczema

Risk Factor	Odds Ratio (95% CI)
High Blood Pressure	1.5 (1.1 - 2.2)
Diabetes	2.0 (1.3 - 3.1)
Smoking	1.8 (1.2 - 2.7)
Food Allergen Sensitivity	1.6 (1.1 - 2.3)

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These correlation coefficients indicate relationships between clinical severity and quality of life. The significant negative correlations with DLQI confirm that the increasing SCORAD scores incur lower quality of life scores. The minor correlation with occupation impact indicates that adjustments should be made at work for these patients because of the role eczema plays in the larger social context.

Table 8: Pearson Correlations between Variables

Variable Comparison	Correlation Coefficient (r)
SCORAD vs. DLQI	-0.65
Depression vs. DLQI	-0.70
Anxiety vs. DLQI	-0.67
Sleep Disturbance vs. DLQI	-0.58
Occupational Impact vs. SCORAD	0.45

Chi-square tests provide insight into relationships between categorical variables. The significant associations found ($p < 0.05$) for gender and severity, education level, and quality of life, as well as smoking and comorbidities,

Table 9: Chi-Square Test Results

Variable Comparison	Chi-Square Value	P-value
Gender vs. Severity of Eczema	10.5	0.003
Education Level vs. DLQI Score	15.0	0.001
Smoking vs. Comorbidities	12.2	0.016
Depression Rate by Region	5.2	0.021

DISCUSSION

Hand eczema is a widespread skin disorder and considerably affects the quality of life of patients. The study's findings accentuate the deep and broad-reaching impact of hand eczema on patients' physical, emotional, and social perspectives. A multidimensional assessment protocol involving clinical severity, psychological, and QoL measures describes the complex interplay inherent to this disease.

We found that many patients presented with moderate to severe hand eczema: 57.1% had SCORAD classifications demonstrating at least moderate symptoms with noteworthy impairment in QoL, illustrated by the distribution of Dermatology Life Quality Index (DLQI) scores from the present study affirms that skin conditions mostly have different levels of impacts on the patient's quality of life. A DLQI score of 0-1, meaning no impact on the quality of life, was found in 21.4% of the participants (n = 60), showing that a considerable number of patients experience minimal interference with their everyday life due to their skin condition. On the other hand, it was mostly noticed that the participants experienced some degree of impairment in quality of life. A small impact (DLQI score of 2-5) was reported by 35.7% (n = 100) of the sample, which shows that many patients still are facing mild challenges in coping with their condition. Furthermore, 28.6% (n = 80) experienced moderate impact (DLQI score of 6-10), which reflects considerable restrictions in daily functioning, emotional well-being, or socialization.

Surprisingly, 14.3% (n = 40) of the participants have reported a significantly severe effect on their quality of life (DLQI score of 11-20). This subgroup represents those who will be largely affected by their skin condition in all the three life domains, creating a need for more clinical intervention and support to get them functioning again. Thus, these data advocate the need for treatment preference with respect to the severity of quality-of-life impairment. The highly impacted may need a multidisciplinary approach towards the comprehensive treatment of the visible signs of their skin condition as well as the psychosocial consequences. In addition, this high percentage of people with few impacts to moderate impacts indicates a window for early intervention to prevent quality-of-life deterioration.

Anxiety and depression were reported among our study group, with 75% affected, with moderate-to-severe symptoms reported by 28.6%. This mental aspect resonates with prior findings demonstrating an association of skin diseases with varying mental health problems. For instance, a systematic review found that chronic skin conditions, including eczema, are often associated with increased levels

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of anxiety and depression due to negative body image and social stigma. Moreover, our study reinforces the need for providers caring for hand eczema patients to do so in a holistic manner, combining dermatological interventions with psychological assistance.

The strong negative correlation identified between SCORAD and DLQI scores demonstrates the worsening of hand eczema; Congress lowers the QoL for the patient. In our exploration, the correlation coefficient (r = -0.65) supports the good link, further suggesting that the higher the clinical grades of eczema become, the more impairment in the daily living that the subjects experience. This interplay emphasizes the need for effective management to mitigate not only the physical manifestations of the disease but also the psychosocial complications posed by the disease.

In a population where studies pertaining to them were undertaken, the results showed the same pattern in QoL deprivation from eczema. For instance, 72% of UK participants had reported their lives severely influenced by eczema, with increased DLQI cores highly associated with more severe cases assessed through the EASI tool, indicating generality of hand eczema as it applies to different settings but which, at the same time, could be modified through assorted cultural and societal factors to influence unique experiences and coping patterns of patients.

Besides, our logistic regression analysis established diabetes as an important risk factor for the severity of eczema (OR 2.0). The finding complements that of a large cohort study, which said that most comorbidities, including diabetes, worsened inflammatory skin diseases. Since skin health is related to systemic diseases, it needs a multicore integrated care approach to systemically address both systemic and physical health. The cohort study showed that patients with eczema have a higher frequency of co-morbidities, diabetes among them, which aggravates the severity of inflammatory skin diseases. And The cohort study showed a considerable relations between eczema and several adverse health results, including food allergies and asthma, which showed increased risk by adjusting hazard ratios for these conditions in individuals with eczema [Amerio, P. *et al*., 2024]. Therefore, our study highlighted the multidimensionality of hand eczema and its implications for QoL. Psychological burdens along with clinical symptoms should pay more attention to such case management. Insights from future studies should lean towards longitudinal studies that would unravel the causal relationships existing between clinic severity, psychological factors, and QoL, thus leading to better and more targeted interventions. So, holistic approaches prove crucial in improving the wellness of Hand eczema patients by alleviating treatment strategies from considering the physical face of the condition and the psychological weight of it, where Direct association is one of the most significant discoveries that the severity of hand eczema does significantly reduce the quality of life in the patients. Specifically, the more severe patients, according to the SCORAD index, were more likely to report deterioration of their multidimensional quality of life index, that is, r = -0.65. This finding is in strong agreement with many other investigations, such as across European countries, where patients with more severe dermatitis also reported a significant reduction in their quality of life, with their quality of life index scores negatively correlated with severity scores. Indeed, 75% of our sample experienced anxiety or depression, which is consistent with the results presented in a systematic review that chronic skin conditions, including hand eczema, associate patients with an increased risk of psychological comorbidity. Such confluence of data attests to the fact that emotional burden with skin disorders is a general feature noted across various studies. A UK study shows that nearly 80 % of eczema patients suffer from psychological distress; this distress is directly linking to their skin condition, and emotional burden-that is the common thread running through various studies. Our findings substantiate this by quantifying the anxiety and depression prevalence in our results [Penzer-Hick, R. *et al*., 2021], and this consistency adds strength to the arguments for including mental health support in the management of hand eczema to promote holistic care. Furthermore, this study has implicated diabetes as a major risk factor influencing hand eczema severity, with an odds ratio of 2.0 and where. This, together with previous research, proves that comorbidities worsen inflammatory skin diseases, as seen with a cohort of participants in a large-scale analysis that portrayed a similar association between diabetes and increased eczema severity. When compared with other studies such as 19. Halvorsen, J.A we have observed that the age and gender demographics tend to report a similar distribution within our population and, therefore, provide a valid basis for our findings across different populations. [Halvorsen, J. A. *et al*., 2014].

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CONCLUSION

Our research advocates the paramount importance of hand eczema in quality of life and thereby demonstrates the correlation with severity and psychological distress. Additionally, the increased severity of hand eczema affects patients on globally measurable scales of QoL, like the Dermatology Life Quality Index (DLQI). There exist highly concerning rates of anxiety and depression in this cohort of patients, indicating the need for management integration with dermatological and psychological interventions.

Our identification of diabetes as a major risk factor further demonstrates the complexity of hand eczema management since worsening conditions of the skin render comorbid conditions invaluable in determining the severity of the skin disease. This relationship has very profound consequences in the management of patients, making it further emphasize the wholesomeness approach where dermatologists will not only be treating skin symptoms but would also consider patients' general health and wellbeing.

The agreement of these results with earlier literature strengthens their weight and proves further the need for urgent multidimensional interventions, physical and emotional, for hand eczema patients. Psychological problems and comorbidities could result in better treatment and improved patient outcomes. Future studies should continue working to unravel these relationships and improve treatment protocols, eventually improving the quality of life for those dealing with this complex illness.

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