

# Quality of Life in Patients with Condyloma accuminata at Dr. Sardjito General Hospital

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**Abstract:** Condyloma accuminata is one of the most common Sexually Transmitted Diseases that can reduce the quality of life, it can damage patient's selves image as well as their social lives by the stigmatization. The aim of this study is to evaluate the impact of Condyloma accuminata on quality of live in adult patients. This study used cross sectional design. We interviewed 37 patients Condyloma accuminata with consecutive sampling, using Dermatology Life Quality Index (DLQI) – Indonesian version. Most patient (43.2%) showed small effect, 32.4% patients had moderate effect, 10.8% patients had large effect, 10.8% patients had no effect, and 2.7% patients had extremely large effect to quality of life. This study showed that condyloma accuminata mostly give little influence to the patient quality of life. The most affected quality of life are symptoms, feeling, personal relationship, and treatment.

## 1 INTRODUCTION

Condyloma accuminata (CA) is sexually transmitted diseases (STD) that are quite common in specialized outpatient clinics. The incidence has been increasing, especially among individuals with more than three sexual partners and among those who begin their sexual life at an early age (Camargo et al, 2017; Fagundes et al, 2013). It is caused by human papilloma virus (HPV) mostly types 6 and 11. However, HPV types 16 and 18 are related to cervical cancer and are considered high risk (Winer and Koutsky, 2008).

Condyloma accuminata make up approximately 15%–20% of the population infected with an STD. Annual incidence of CA is estimated to be 5.5 million in the U.S. and estimated that 75% of sexually active adults become infected with some form of genital HPV once in their lifetime. The prevalence infected, by age group, was as follows: 14–19 years: 35%; 20–29 years: 29%; 30–39 years: 14%; 40–49 years: 12%; and 50–65 years: 6% (Ros and Schmitts, 2008).

Quality of life (QoL) attempts to measure the perceptions of individuals on their overall sense of well-being, including some aspects such as happiness and satisfaction with life (Shittu et al, 2006). Condyloma Accuminata is one of the most common

STD that can lower the QoL, it can make the patients social lives were affected by the stigmatization. Patients found it hard to detach themselves from their CA because of the repeated treatments, the social maneuvers required to dissemble the disease and the negative effects on their love and sex lives.<sup>6</sup> Quality of Life assessment has become an important outcome measure in clinical trials as well as in routine clinical practice, and such information is also used by health policy makers in making health care resource allocation and reimbursement decisions (Shittu et al, 2006).

The Dermatology Life Quality Index (DLQI), developed in 1994, was the first dermatology-specific QoL instrument. It is a simple 10 question validated questionnaire that has been used in over 40 different skin conditions. Its total score is calculated by the sum of ten evaluated items and is interpreted as follows: no effect at all on QoL (0 to 1), small effect (2 to 5), moderate effect (6 to 10), large effect (11 to 20), or extremely large effect (21 to 30) (Finlay and Khan, 1994)

The aim of this study is to evaluate the impact of CA in QoL of adult patient. So we can evaluate the treatment and patients' education that can make better QoL.

## 2 METHOD

This is cross-sectional study with the subject were new patient older than 18 years old, who come to STD polyclinic in Dr. Sardjito general hospital that have been diagnosed CA between December 2017 - January 2018. We collected 30 patients with consecutive sampling method. We asked the inform consent to interview thepatients.. Condyloma accuminata was diagnosed based on the anamnesis, physical examination, and laboratory examination (acetowhite). Descriptive statistic was used to present and summarize the data.

The The Dermatology Life Quality Index (Indonesia version) was used in this study to evaluate QoL of patients with CA. This questionnaire are consist of six sections which are: section Symptoms and feelings for question (Q) number 1 (Q1) and 2 (Q2), Daily activities for Q3 and Q4, Leisure for Q5 and Q6, Work and School for Q7, Personal

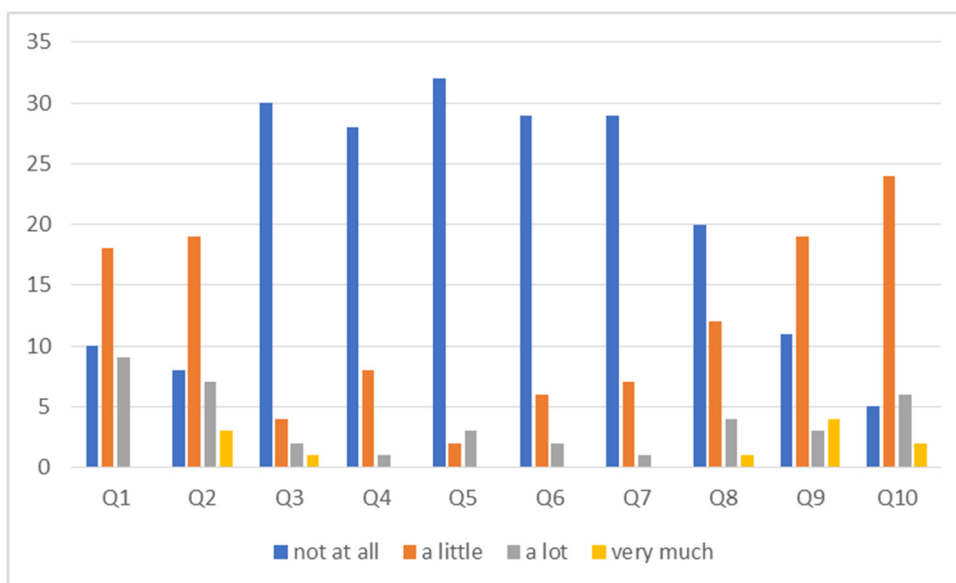
relationships Q8 and Q9, then Treatment for Q10 Finlay and Khan, 1994) .

## 3 RESULT

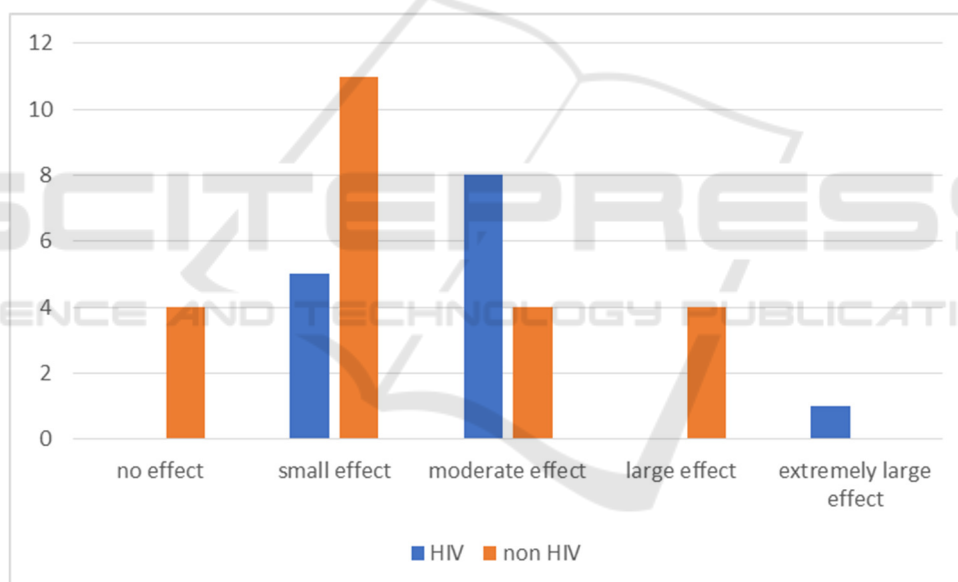
We interviewed 30 patients that have been diagnosed with CA, that consist of 26 (70.3%) man and 11 (29.7%) woman. From the demographic data (tabel 1) the average of age were 30.65. Fourteen (33.3%) patients were HIV positif, which all are male patients. The most common location of CA in woman were vulvovaginal (10) and penis (10) in man. The DLQI score predominantly between mild (16) and moderate (12) effect to QoL. The most affected part of DLQI were section symptom and feelings, personal relationships, and treatment.

Table 1. Dermographic variable

<i>Variable</i>	<i>Data (%)</i>
<i>Age (years) – average</i>	30,65
<b>Gender</b>	
<i>Man</i>	26 (70.3)
<i>Woman</i>	11 (29.7)
<b>HIV state</b>	
<i>Yes</i>	14 (37.8)
<i>No</i>	23 (62.2)
<b>Location of CA</b>	
<i>Anal</i>	5
<i>Perianal</i>	8
<i>Uretra (OUE)</i>	4
<i>Penis</i>	10
<i>Cervix</i>	2
<i>Vulvovaginal</i>	10
<b>DLQI interpretation</b>	
<i>No effect</i>	4 (10.8)
<i>Small effect</i>	16 (43.2)
<i>Moderate effect</i>	12 (32.4)
<i>Large effect</i>	4 (10.8)
<i>extreemly large effect</i>	1 (2.7)



Graphic 1. Frequency of DLQI questionnaire according to each question



Graphic 2. DLQI interpretation in HIV and non-HIV patients

#### 4 DISCUSSION

This study found that mostly patients with CA had small (43.2%) and moderate (32.4%) effect to QoL, . Other study in CA patients predominantly showed no and small effect to QoL (Camargo et al, 2017). It might be correlate with the lack of symptoms in patient with CA, so they can tolerate the disease for long period of time, which can cause increasing rate of the disease transmission (Fagundes et al, 2013)

In CA patients with HIV positive (37.8%), most of them showed moderate effect on their QoL. It was a bit different from non-HIV patients, which showed small effect on their QoL. Itis probably associated with HIV status, location of the disease and the longer period of treatment which might lead to distress, anxiety and depression (Lee and Larsen, 2010)

Condyloma accuminata can cause psychological distress by making patients feel ashamed and less attractive, thereby reducing their quality of life. It has been shown that a high level of anxiety, anger and

depression is associated with the diagnosis and treatment of CA, and approximately most of the patients had lifestyle changing regarding to sexual activity and relationship (Vilata et al, 2008 ; Clarke et al, 1996 ; Ireland et al, 2005). This result consistent with our study, which around two-third of the patient had complain about their symptom and felling. But, most of them just had a few complain, it might be due to condition that CA rarely causing pain and sometimes accompany with itch. The felling of ashamed and uncomfortable might be related with the size and quantity of CA. Other study showed that the majority of respondents noted a range of negative feelings when they first discovered they had HPV with initial reactions included anger, depression, isolation, shame and guilty (Clarke et al, 1996)

Personal relationship of CA patients were also affected in this study, such as relationship with family, friend, and sexual partner. Condyloma accuminata causes embarrassment and limitations to patient QoL, especially when the genitals are exposed, such as during sexual intercourse, and even more when having sex with multiple partners.<sup>1</sup> This can influence their sexual behaviour and sexual relationships. Other study by Clark et.al found that 86% patient said that their disease reduce their ability to had a new partner; 73% were less spontaneous in their sexual activity; and 72% had less frequently of sexual intercourse (Clarke et al, 1996)

The primary aim for treating genital warts is to relieve symptoms and ultimately, eliminate of the warts. Regiment therapy for CA can be divided into two groups, home therapy and clinic therapy. Home therapy including topical treatment with podophyllotoxin 0.5%, imiquimod 5%, and sinecatechins 15%. Therapy in STD clinics consist of trichloroacetic acid 80-90%, cryotherapy, and surgery (excision or electrosurgery) (Frieden et al, 2015 ; Lacey et al, 2011)

The treatment, dominantly gave effect in this study where 86.5% patients have disturbance in their QoL. It might be cause there are pain or discomfort while having the therapy, especially for those who require many sessions of treatment.<sup>1</sup> So, we need to communicate clearly with the patient about treatment modality and treatment which is less morbid to the patient (Lopaschok , 2013 ; Camargo et al, 2017)

Daily activities, leisure, work and school were dominantly not affected by the disease. It is probably due to the location of CA, where mostly in genital area, which is covered by clothes. Also, the symptoms like pain and itch was not dominant, so not interfere their activity

## 5 CONCLUSION

This study showed that CA mostly only give small effect to patients QoL in general The most affected QoL are symptoms, feeling, personal relationship, and treatment. In the other way, CA in HIV patients can make moderate effect to patients QoL. The limitation of this study is there were no severity levels of the disease related to disturbance in patients QoL, therefore further research is needed.

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