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Psychosocial Impact of Hirsutism in Female Patients Attending Dermatology OPD of CMH Kharian

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ABSTRACT

Background and Aim: Hirsutism in women leads to substantial psychological and social issues. It adversely affects women's quality of life, causing stress, anxiety, and depression. The present study aimed to determine the psychosocial impact of hirsutism in female patients. **Patients and Methods:** This cross-sectional study investigated 126 female patients suffering from hirsutism who attended the dermatology unit of Combined Military Hospital, Kharian from May 2024 to October 2024. Female patients aged 16-50 years of different classes having Hirsutism were included. A specially designed questionnaire was used for data collection. Baseline details such as age, marital status, educational and employment status, and psychosocial effects in terms of normal and abnormal due to hirsutism were recorded. SPSS version 26 was used for descriptive statistics. **Results:** The overall mean age was 28.8 ± 8.26 years. The psychosocial effect (Abnormal) was found in 102 (81%) patients. Age-wise distribution of patients was as follows; 68 (54%) in 16-30 years, 40 (31.7%) in 31-45 years, and 18 (14.3%) in 46-50 years. There were 102 abnormal and 24 normal patients. The distribution of abnormal and normal psychosocial effects among different age groups were as follows; 58 (85.3%) vs. 10 (14.7%) in 16-30 years, 32 (80%) vs. 8 (20%) in 31-45 years, and 12 (66.7%) vs. 6 (33.3%) in 46-50 years. A standard scale used for depression and anxiety found that 72 (70.6%) female experienced moderate to severe anxiety whereas 16 (15.7%) had borderline anxiety. **Conclusion:** It has been observed that patients with hirsutism often experience psychosocial influences that can lead to anxiety and depression. These psychosocial influences are most prevalent among young, working, and unmarried women.

INTRODUCTION

For women, a hairless flawless face is standardized as attractive in accordance with the physical appearance. Hirsutism can cause significant psychosocial problems, negatively affecting their quality of life. It causes stress, anxiety and depression, especially in cultures where hairlessness is common. One of the most important issues in women's physical appearance is the growth of excessive hair in areas that are normally hairless, such as the face, chest, abdomen a condition called hirsutism [1]. This type of excess hair growth is a major concern for women from many cultures, as even a few are often viewed as undesirable. This can make women feel "inappropriate" and "unfeminine." [2]. According to a study, more than 50% of women worldwide have unwanted facial hair, and about 20% remove facial hair at least once a week [3, 4]. Hirsute women put a lot of time and effort into removing excess facial hair, often feeling overwhelmed and frustrated by the process.

Current treatments such as lasers, depilation is expensive and are often time consuming. Despite these challenges, the woman's continued treatment underscores the deep suffering caused by this condition [6, 7].

Hirsutism's growth is due to several factors. The extent of hair growth is determined by genetic factors, and hair distribution and color depend on genetics. However, hirsutism is primarily biological or medical due to an excess of male androgens [8]. The impact of hirsutism on women is profound, often leading to psychological problems. These issues are associated with self-awareness, dysfunctional family relationships, low confidence, shyness, and feelings of inferiority complex [9]. Living with a lifelong medical condition such as hirsutism can cause a variety of cognitive and behavioral changes, which interfere with daily life. Hirsute women also face social problems that can



exacerbate psychological issues [10]. This condition greatly affects women's self-esteem, confidence, social relationships, and overall quality of life. Women with facial hair tend to have higher levels of personal problems, and the psychological and social issues they face can contribute to poor mental health [11].

Hirsutism affects 5-15% of women, and about 40% experience some form of unwanted facial hair [12]. Studies on the psychological effects of facial dysplasia have shown a decreased quality of life for women with this condition. Approximately 27% of patients with migraine suffer from psychiatric disorders, with 30% reporting clinical depression and 75% reporting clinical anxiety [13]. Hirsutism results from abnormally high levels of androgen or hair that is extremely sensitive to normal androgen levels. Usually, due to ovarian or adrenal gland disorders, hyperandrogenism is seen in patients with endocrine disorders. Increased androgen levels lead to larger hair follicles, increased hair follicle size, and prolonged growth of follicles. Androgen excess causes skin thinning and alters hair distribution in women, causing excessive hair growth in androgen sensitive areas and hair loss on the scalp [14]. The aim of the present study was to examine the consequences of hirsutism in women, focusing on psychosocial factors to manage those psychological symptoms.

METHODOLOGY

This cross-sectional study investigated 126 female patients suffering from hirsutism attended the Dermatology Unit of Combined Military Hospital, Kharian from May 2024 to October 2024. Female patients aged 16-50 years of different classes having Hirsutism were included. Participants were selected based on excessive hair growth in specific areas such as chin, face, upper lip and maxillary area. Consent was first obtained from all respondents. A special designed questionnaire was used for data collection. Baseline details such as age, marital status, educational and employment status, and psychosocial effects in terms of normal and abnormal due to hirsutism were recorded.

SPSS version 26 was used for descriptive statistics. Frequency distributions and percentages of categorical demographic variables. Means and standard deviations of continuous variables. Independent sample t-tests and ANOVAs were conducted to determine any significant differences between the various demographic variables with respect to the dependent variable.

RESULTS

The overall mean age was 28.8 ± 8.26 years. The psychosocial effect (Abnormal) was found in 102 (81%) patients. Age-wise distribution of patients were as follows; 68 (54%) in 16-30 years, 40 (31.7%) in 31-45 years, and 18 (14.3%) in 46-50 years. There were 102 abnormal and 24 normal patients. The distribution of

abnormal and normal psychosocial effect among different age groups were as follows; 58 (85.3%) vs. 10 (14.7%) in 16-30 years, 32 (80%) vs. 8 (20%) in 31-45 years, and 12 (66.7%) vs. 6 (33.3%) in 46-50 years. A standard scale used for depression and anxiety found that 72 (70.6%) female experienced moderate to severe anxiety whereas 16 (15.7%) had borderline anxiety. Figure-1 illustrate the age wise distribution of patients. Table-1 represents the demographic details of patients. Figure-2 demonstrate the incidence of normal and abnormal effect. Table-II shows the distribution of abnormal and normal psychosocial effect based on their age, marital, education, and employment status.

Figure 1

Age group of patients (N=126)

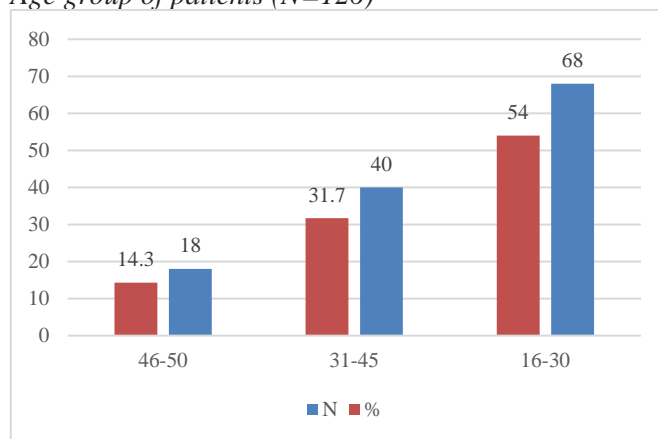


Table 1

Demographic Details

Variables	Value N (%)
Age (years)	28.8±8.26
Marital Status	
Married	34 (27%)
Un-married	92 (73%)
Residence Status	
Rural	37 (29.4%)
Urban	89 (70.6%)
Employment Status	
Employed	38 (30.2%)
Unemployed	88 (69.8%)

Figure 2

Normal and Abnormal psychosocial effect

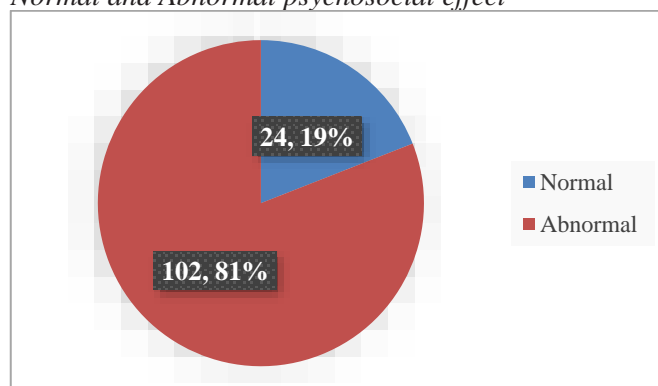


Table 2

Distribution of Abnormal and Normal Psychosocial Effect Based on their Age, Marital, Education, and Employment Status

Variables	Abnormal (N=102)	Normal (N=24)
Age Group (years)		
16-30	59 (57.8%)	9 (37.5%)
31-45	32 (31.4%)	8 (33.3%)
46-50	11 (10.8%)	7 (29.2%)
Marital Status		
Married	23 (22.5%)	11 (45.8%)
Un-married	79 (77.5%)	13 (54.2%)
Residence Status		
Rural	27 (26.5%)	10 (41.7%)
Urban	75 (73.5%)	14 (58.3%)
Employment Status		
Employed	32 (31.4%)	6 (25%)
Unemployed	70 (68.6%)	18 (75%)

DISCUSSION

The present study mainly focused on the psychosocial impact of hirsutism in female patients presented to Dermatology Department of Combined Military Hospital, Kharian and reported that Patients with hirsutism often experience psychosocial influences that can lead to anxiety and depression. These psychosocial consequences are more common among young women, working women and the unmarried women. The psychosocial impact of women with hirsutism and significantly associated to their levels of anxiety and depression. The results clearly show that a high percentage (81%) of women with hirsutism experience mood and behavioral influence. This is likely because women are more aware of their physical appearance, which may explain the higher levels of psychosocial affect in those with hirsutism. Women with excessive hair growth appearing on maxillary, mandibular and upper lip areas were selected. Although there are other methods for assessing hirsutism, such as microscopic imaging techniques, they have limitations in terms of applicability and cost.

An earlier study found that of the 115 hairy women who visited the clinic for the laser, 72 were from urban areas and 31 from rural areas, indicating a prevalence of urban participants more than double the rural. The frequency of psychosocial effects was found to be statistically insignificant in both urban and rural patients [15]. The present study showed that hirsutism negatively affects mental health. The Indigenous scale developed for this study indicates two factors: psychological burden and social withdrawal. The scale indicates that hairy women experience psychological problems such as aggression, frustration, comparisons, jealousy, as well as social issues such as lack of company, avoidance of meetings, difficult friendships etc. Therefore, these social and psychological problems often arise simultaneously when women feel insecure than others. These anxiety-provoking situations can cause

psychological issues, leading to avoidance behavior with anxiety -It can also further increase suspicion [16].

Although some studies suggest an association between mental illness and hirsutism, these primarily reflect the experiences of Western women with hirsutism [17]. There has been no research on the psychosocial issues or coping strategies of hirsutism women in Pakistan. Research shows that South Asian women with hirsutism experience worse psychological symptoms due to psychosocial factors. This study found that in addition to quality of life, hirsutism is also significantly influenced by subjective health status. Quality of life and severity of psychosocial issues depend on the severity of hirsutism [18].

Studies have shown that women with pain are more likely to experience distress, dissociation, avoidance behaviors, and low self-esteem, leading to important psychological issues such as depression and anxiety. People who have multiple psychosocial problems compared to the general population, affecting their physical and mental well-being [19, 20].

Ansari et al.'s study found no significant differences in hirsutism severity across demographic variables such as age, employment status, or marital status. In addition, there were no statistically significant differences between total scores and mean scores in the sections on age and marital status [21]. The strategies were also highly influential. Women of lower socioeconomic status are more likely to experience stress and less resilience. This may be because they cannot afford advanced treatments such as laser treatments, leaving them more vulnerable to stress, anxiety, depression and other psychological symptoms [22]. Education also greatly affects the ability to cope; Well-educated women are more resilient compared to less educated women. This is likely because women educated in the local culture are more familiar with issues and coping strategies, allowing them to manage their problems through therapy or other problem-focused strategies [23].

Looking at the prevalence and frequency of anxiety and depression among women with hirsutism, our study showed that most of the respondents expressed some form of anxiety and depression. These rates are high compared to countries have developed, perhaps because of lack of management skills, limited resources and affordability [24].

CONCLUSION

Patients with hirsutism often experience psychosocial influences that can lead to anxiety and depression. These psychosocial influences are most prevalent among young women, working women, and the unmarried women.

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