

How do I Deal with the Keloid Disease: A Qualitative Study Exploring Coping Strategies in a Multicultural Adult Patient Population

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Background

Abnormal, excessive keloids come with high recurrence rates and persisting complaints as pain and itch after semi-successful treatment. This affects patients' quality of life. The role of coping with chronic disease or disability remains unknown in this population. Coping strategies can contribute to (mental) health and quality of life, by supporting positive adaption to a chronic disease and coping with ever-changing challenges in life.

Aim The aim of this study is to identify and explore coping for a multicultural adult patient population who suffer from keloids.

Methods

This Ethical approved qualitative study explored patient experiences and subsequent coping strategies using semi-structured interviews. A purposive sampling (n=13) was performed, including patients with different demographic and clinical backgrounds. Interviews topics included reactions and feelings among the early stage of having keloids, living with keloids and other life-changing events, social-support, information, and support among the care for the keloid. Data were audio-recorded and transcribed. The data were analyzed using thematic analysis with inductive and deductive coding methods.

Results

The age from the participants ranged from 17 to 67 years, 7 were female and 5 had skin type 4 (moderate brown). The number of the keloids varied between 1 and 30. Four stressor groups were identified as physical, pre-treatment, treatment related and psychosocial stressors. Deductively identified coping strategies found were: problem-focused, emotion-focused, social-support, religious/spiritual, and avoidant coping.

Problem-focused coping was described as focusing on other aspects of their life which they think they could control, and obsessively controlling while leaving the uncontrollable aspects as keloid evolution and ineffective treatments behind, resulting in overachieving. Early-life events identified the urge for self-reliance, social context was identified to fit into the society and cultural background gave insights into not Western cultures experiencing the feeling of pressure to thrive in the modern society, survival and competing in the modern society and protection which formed their coping strategies.

Conclusion

In this study was found that patients suffering from keloid disorder use coping strategies as obsessively controlling other aspects of their lives, hiding the keloid, seeking help during exacerbations, and relying on social support. Addressing these coping strategies, professionals can enhance patients' adaption to living with a chronic disease.