

Pregnant Women's Intolerance of Striae Gravidarum and their Effect on Affective Intelligence

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Introduction

Stretch marks, also known as striae distensae (SD), are caused by obesity, growth spurts, rapid weight gain, corticosteroid therapy, or pregnancy. Stretch marks caused by pregnancy, known as striae gravidarum (SG), affect up to 90% of women and typically appear on the abdomen and breasts during the second or third trimester. Lesions begin as erythematous to violaceous itchy streaks that mature into shiny, hypopigmented, atrophic, permanent, scar-like bands over months to years. There have been few studies on the effects of SG on women's psychological and emotional health. Other skin disorders, such as acne, eczema, and psoriasis, have been shown in studies to cause psychosocial impairment, such as poor self-image, depression/anxiety, and decreased quality of life. In the present study, we hypothesised that SG negatively affect the psychological and emotional wellbeing of pregnant women. To test this hypothesis, we conducted a cross-sectional survey of pregnant women with SG who were healthy. We assessed participants' general and specific perspectives. Concerns about SG, as well as the effect of lesions on various aspects of life quality. We discovered that SG is linked to a variety of negative reactions that reflect increased psychological and emotional distress [1].

Description

The study was approved by the University of Michigan Medical School's institutional review board and was carried out in accordance with the principles of the Helsinki Declaration. Participants were recruited from outpatient clinics at the Departments of Obstetrics/Gynecology and Dermatology and during tours of the Labor and Delivery Unit at the Von Voigtlander Women's Hospital at the University of Michigan in Ann Arbor, Michigan. Participants were given a one-time written survey or directed to an online version of the survey after providing written informed consent. Pregnancy, good general health and age 18 years were the inclusion criteria. Physical or mental health conditions that would impair ability were among the exclusion criteria to complete a questionnaire. The survey was based on the authors' experiences with SG patients and was adapted from the Dermatology Life Quality Index, a validated survey instrument. The survey's content and format were inspired by questions from the Dermatology Life Quality Index, which asked about the impact of skin disease on embarrassment/self-consciousness, clothing choice, leisure activities, and interpersonal problems [2].

Direct discussions with pregnant women attending clinic appointments or participating in other SG research studies at our institution as well as

discussions with expert colleagues in obstetrics and dermatology, were also used to develop the content of the questions. We conducted this study of pregnant women with SG to learn about general attitudes toward SG, the desire to prevent or treat lesions, and the impact of SG on various aspects of life quality. We wanted to better understand the impact of SG on pregnant women's emotional and psychological health, with the hope that our findings would have implications for supporting affected patients' well-being and developing effective therapeutic strategies. We discovered that the participants' most pressing physical concern was the permanence of SG. Discoloration and discomfort were less concerning physical concerns, which could be due to the fact that these characteristics improve with time or emollients. Concern about permanency most likely stems from women's general awareness or apprehension that SG pose a therapeutic challenge [3].

Indeed, most topical and surgical modalities are ineffective or inconsistent in preventing or improving SG. Even the most advanced surgical options available today, such as ablative fractional laser resurfacing, nonablative fractional lasers, radiofrequency, microneedling, platelet-rich plasma, and pulsed dye laser, may benefit some patients but not others. Yet, most of our participants reported attempting topical products to prevent SG and expressed willingness to seek treatment, if readily available. Thus, despite a scarcity of effective therapeutic options, the desire to prevent or treat SG is widespread. Finally, we discovered that the distress associated with SG may be comparable to that of other dermatologic disorders such as acne, psoriasis, or eczema for a proportion of participants. This subgroup is more likely to perceive their SG lesions as severe and to believe that SG affects multiple aspects of life quality. As a result, we recommend that health care providers avoid viewing SG as merely a cosmetic issue [4].

Instead, providers should treat SG as they would any other dermatologic concern and consider asking patients if SG causes emotional distress and whether prevention or treatment strategies, even if ineffective and potentially costly, should be attempted. Providers should also consider whether their patients would benefit from psychological support and coping strategies. Participants' educational levels were not assessed, but they may influence attitudes toward SG and may be worth investigating in the future. Similarly, it could be interesting to see if pregnant women's attitudes toward SG change after delivery. Finally, the nature of our correlative data emphasises associations but does not necessarily establish causality between the various aspects of life quality [5].

Conclusion

Pregnancy is both a joyful and stressful life-changing experience. Our findings suggest that SG may exacerbate this stress for some women, negatively impacting their psychological and emotional well-being in the same way that psoriasis, eczema, or acne do for many patients. As a result, patients suffering from SG may benefit from psychological and emotional support. Our findings emphasise the importance of additional epidemiologic, clinical, and basic science research aimed at better understanding the pathophysiology of SG (and SD in general) and translating these findings into effective prevention and treatment modalities.

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