



## THE “UNSEEN SCAR”

Oral Presenter:

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Research Team:

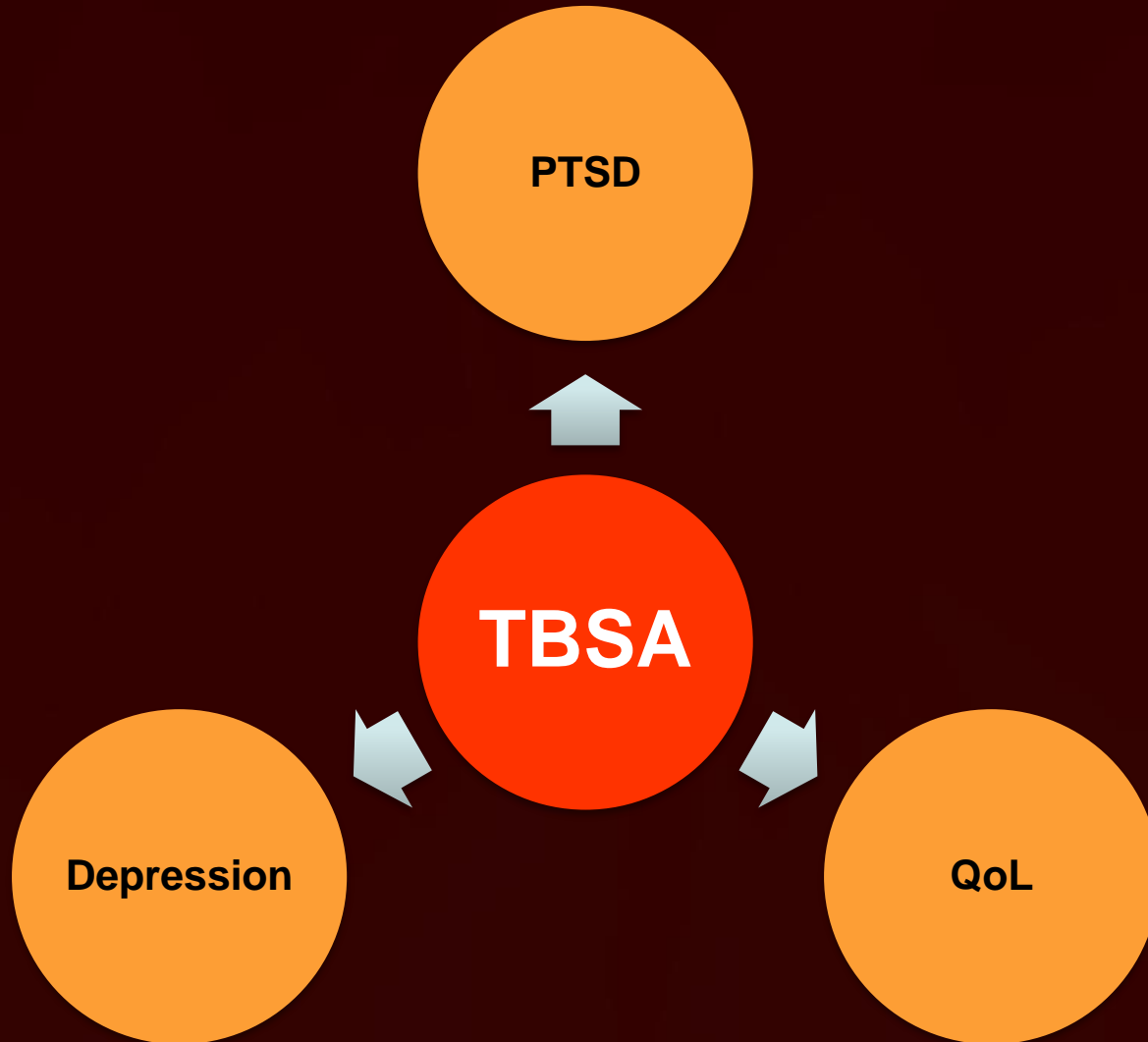
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Universiti Sains Malaysia

- Burn management has improved tremendously that survival rates increased significantly.
- Burn injury does not only change a person physically, but invariably causes mental distress or psychological impairment (1).

\*Thomas CR. Psychiatric disorders associated with burn injury. In: Herndon DN, editor. Total burn care. 3rd ed 2007. p. 824 - 5

# OBJECTIVES



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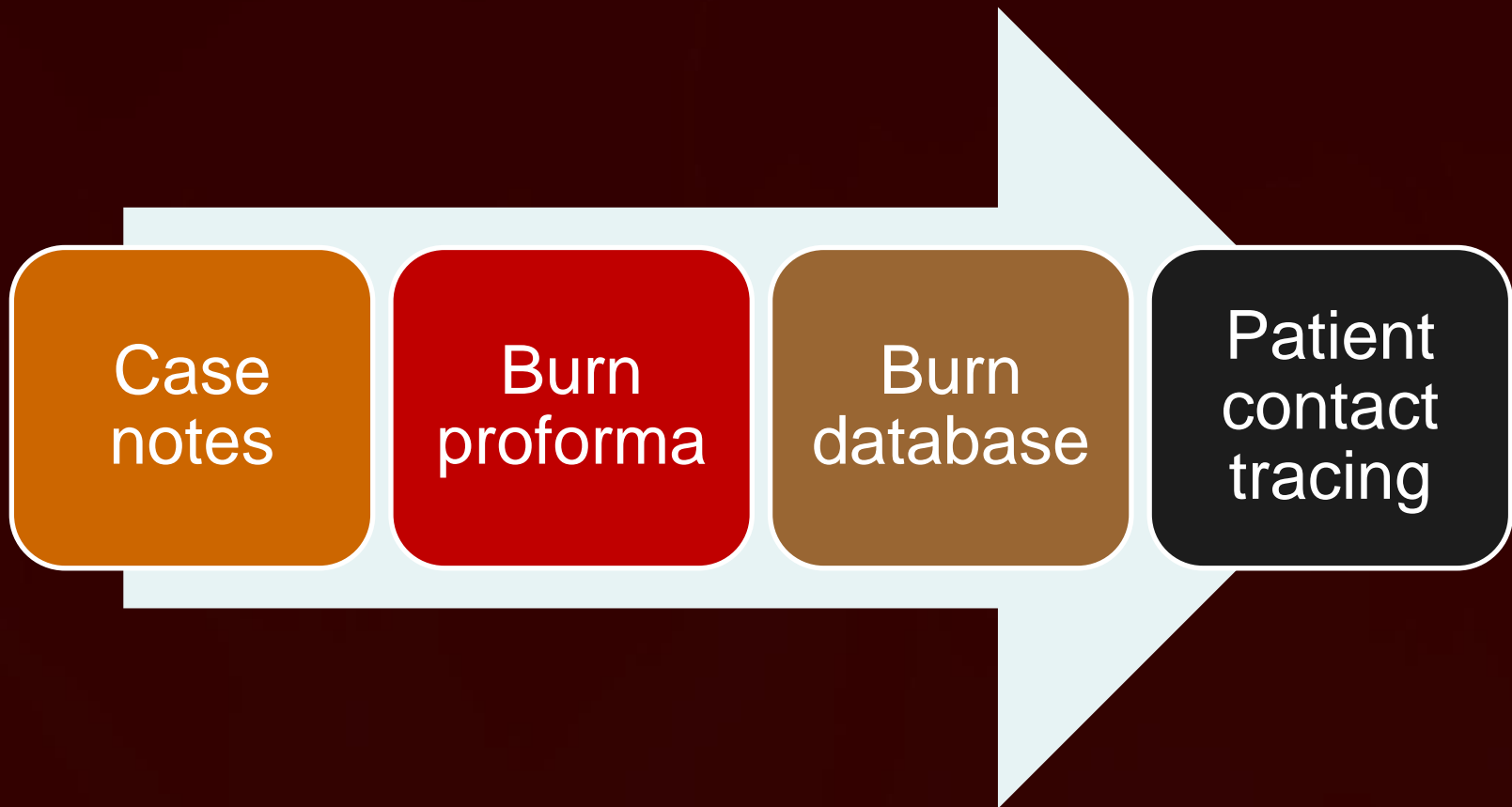
## Inclusion criteria:

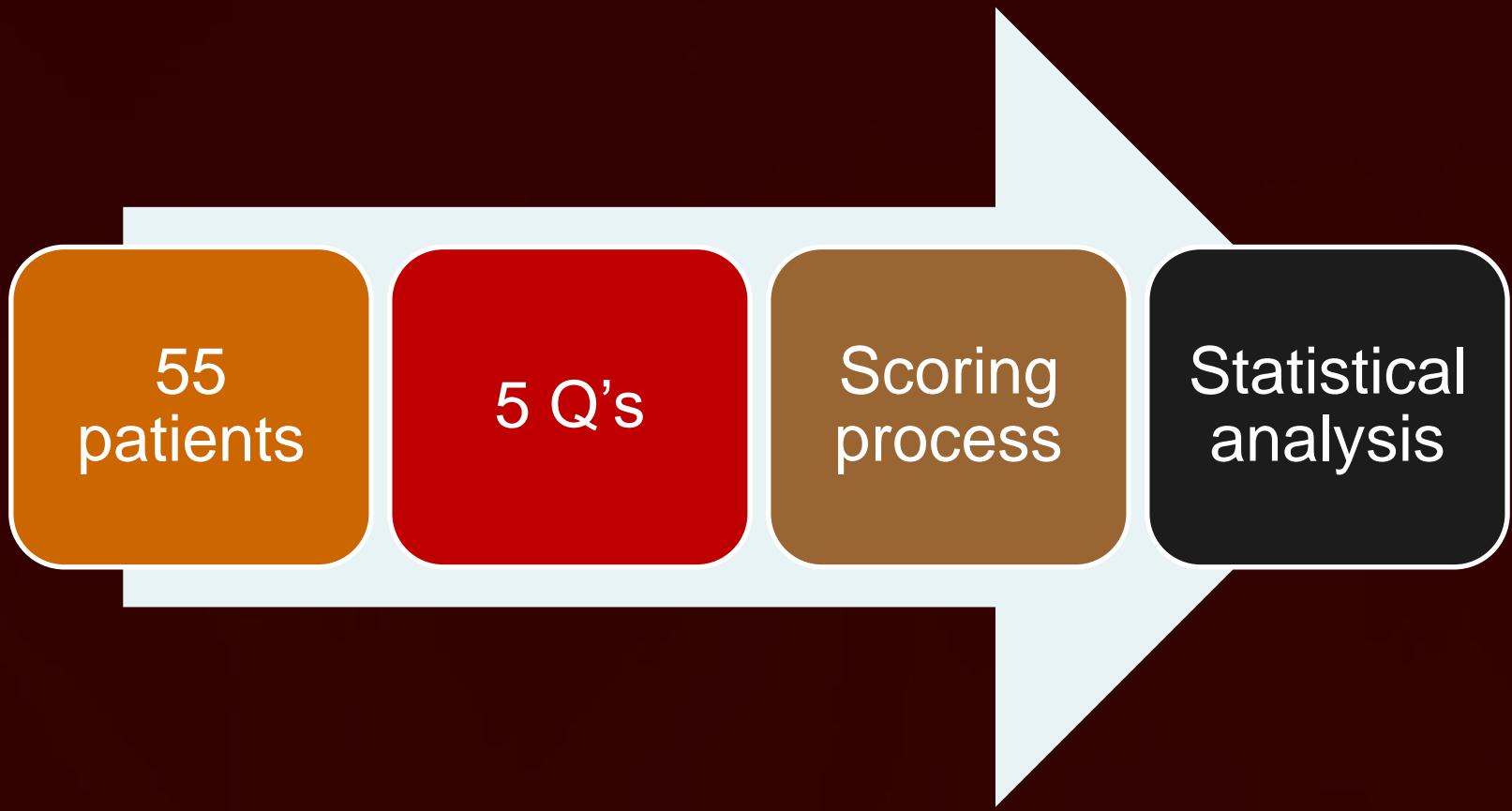
- Age  $\geq 18$
- Understand and conversant in Bahasa Malaysia
- Major burns that were treated in HUSM



## Exclusion criteria:

- Patients that refused to consent
- Patients with preexisting:
  - acute psychotic
  - schizophrenia
  - major depression
  - dementia
  - cognitive problems
  - substance abuse
- Deceased at the time of field study





## Actuarial instruments:

### QoL

- The Burn Specific Health Scale (BSHS-B), includes four domains: physical, mental, social and general health (QOL)

### PTSD

- Malay PTSD Checklist for Civilians(MPCL-C)
- Malay Version Trauma Checklist TSI-2 (Senarai Semak Trauma)

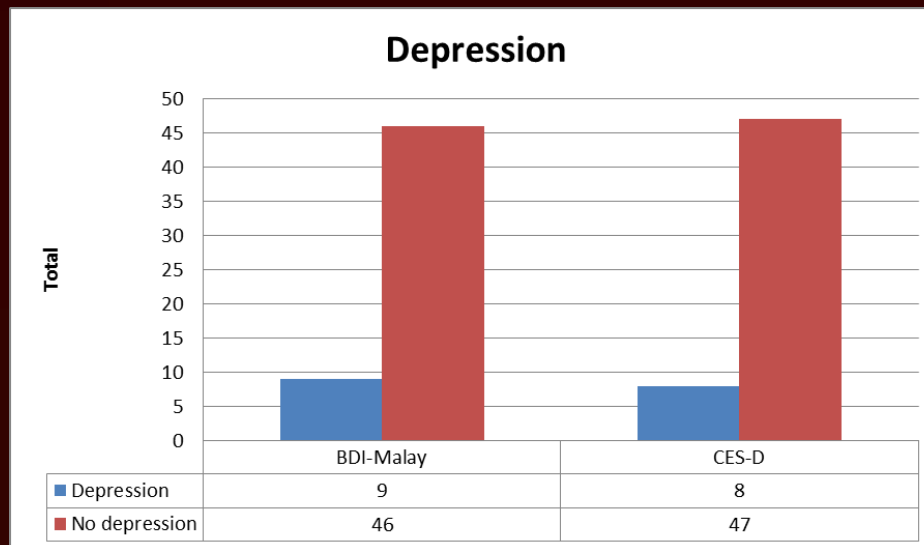
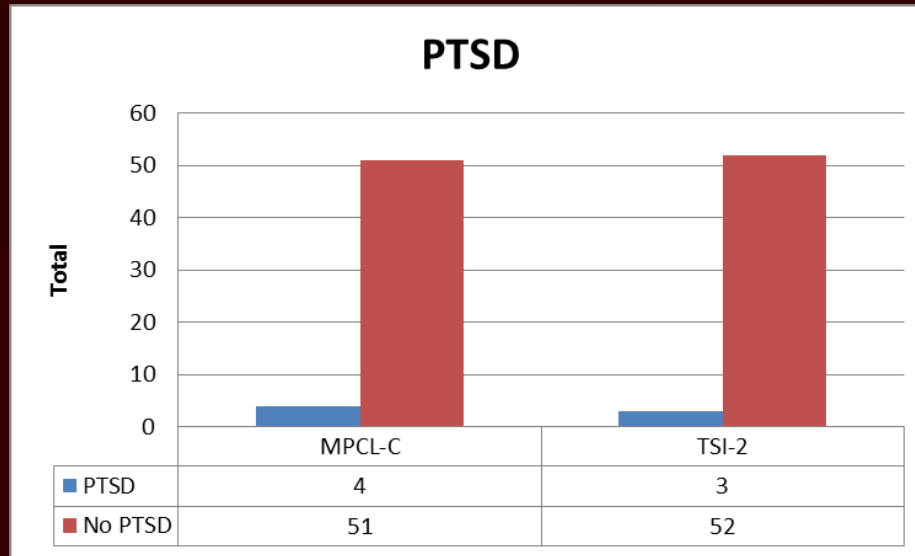
### Depression

- Malay-translated version of Depression scale (CES-D)
- Beck Depression Inventory for Malays (BDI-Malay)

# RESULTS

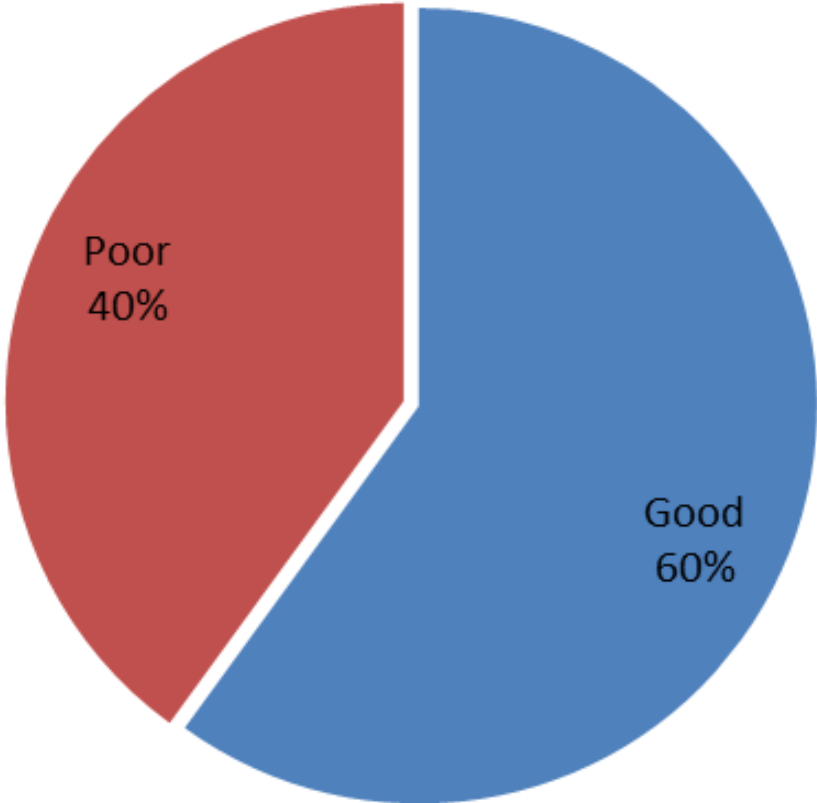


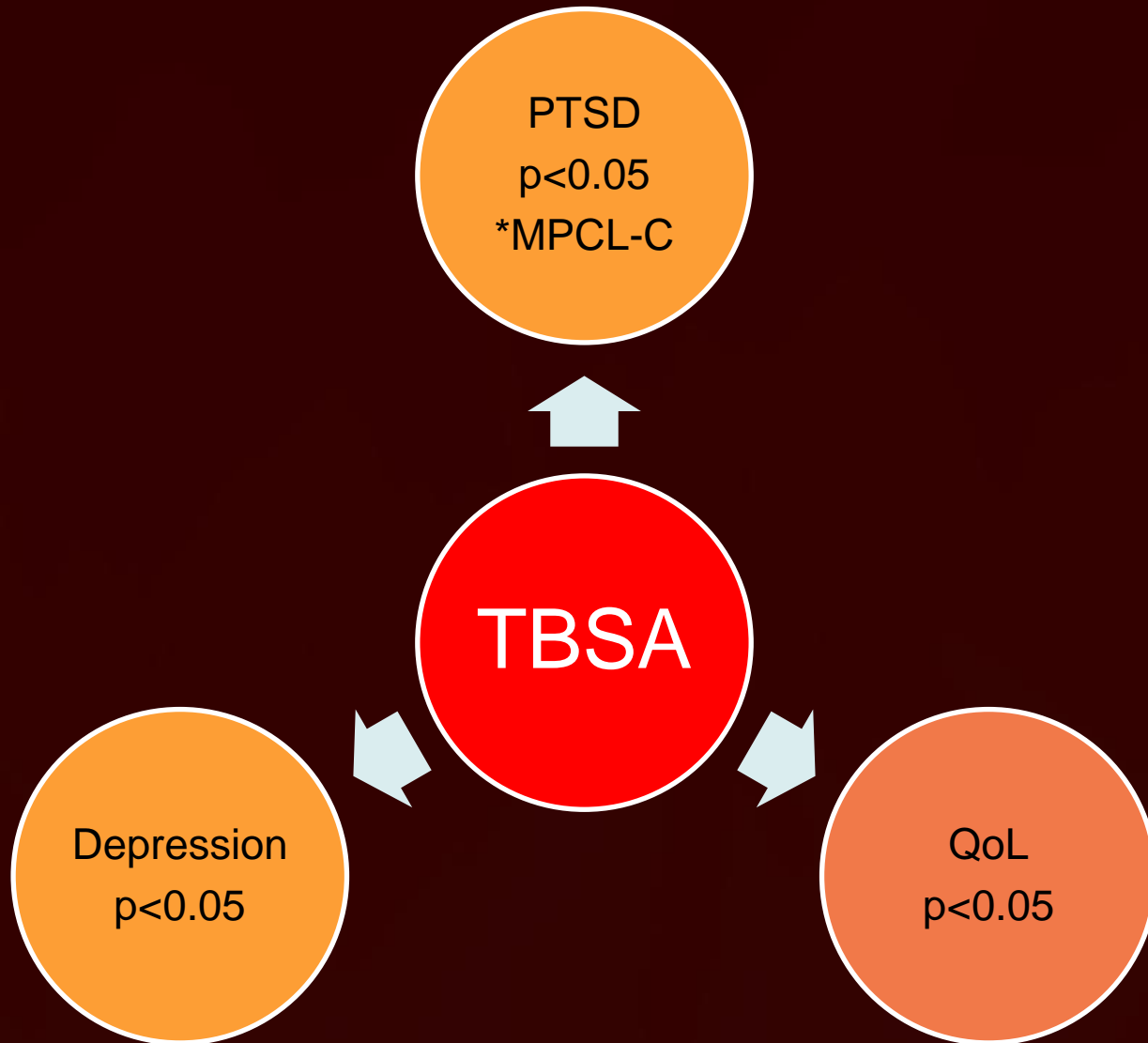




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# Quality of life





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Correlation between  
TBSA and PTSD  $p < 0.05^*$

Mean TBSA for patients  
with PTSD are 15%

Correlation between TBSA and depression  $p < 0.05$

Mean TBSA is 17.1%,  $t(53) = -3.834$  (BDI-Malay)

Mean TBSA is 14.7%,  $t(53) = -2.546$  (CES-D)

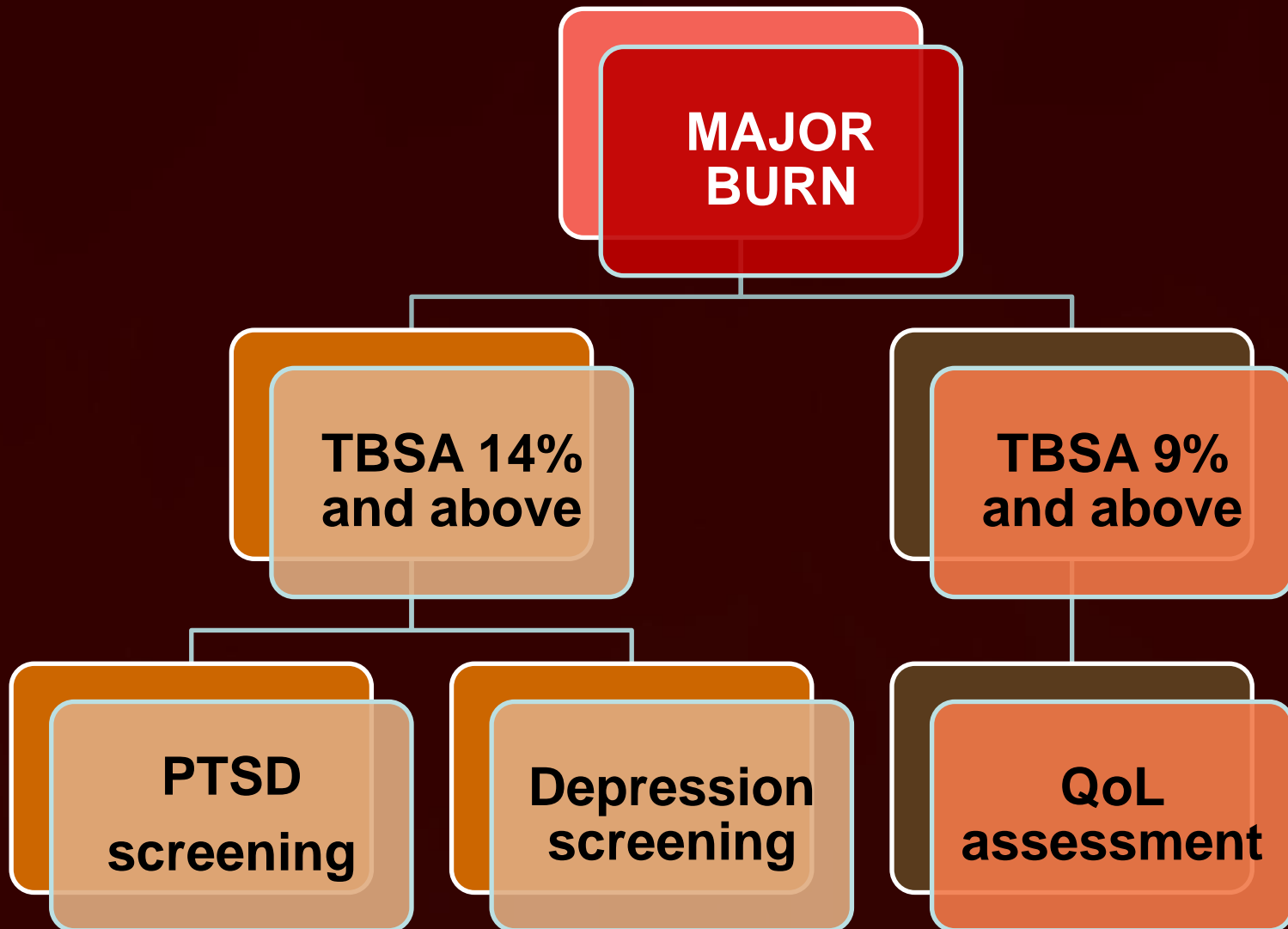
Association between TBSA and  
QoL,  $p < 0.05$

1 unit change in TBSA we expect  
a change of QOL by -16.5

Quality of Life =  $164.5 -$   
 $16.5 \text{TBSA}$

Mean TBSA 9% and above →  
poor QoL

# SUGGESTION



# CONCLUSION

Paradigm shift in burn management, whereby to treat patient holistically → beyond the physical presentation of the scar







Thank you

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