

## **Psychosocial factors, both direct and indirect, associated with chronic wounds:**

- reduced quality of life (QOL)
- anxiety
- depression
- suicidal ideation
- blame
- guilt
- hopelessness
- sleep disturbances
- stress
- negative affect
- embarrassment
- helplessness
- fatigue
- irritability
- negative body image
- concentration problems
- anhedonia
- environmental restriction
- social isolation
- stigma
- frustration
- inability to perform work-related tasks and activities of daily life (ADL)
- reduced independence
- financial difficulties (reduced income, increased expenditure)
- impaired mobility
- appearance of wound
- edema
- malodor
- pain (both at wound site and during wound treatment regimes)
- wound itch
- reduced physical activities
- clothing and footwear restrictions
- disgust
- low self-worth and self-esteem
- suddenness and unexpectedness of having to deal with a chronic wound
- role changes (both patient and family)
- fear
- uncertainty
- 'merry-go-round' of time-consuming appointments
- failed treatments
- sympathetic musculoskeletal problems
- striving to remain positive and upbeat for the sake of loved ones
- possible alopecia
- high cost to patient and healthcare system
- discomfort, difficulty in application and expense of dressings

— see p. 96 of Alexander, Susan J., "Time to get serious about assessing -- and managing -- psychosocial issues associated with chronic wounds," *Current Opinion in Supportive & Palliative Care* 7, no. 1 (Mar 2013): 95-100