

## **Acne and quality of life**

The impact of skin diseases in general and acne in particular, on quality of life (QoL) has been recognized for over 30 years. Acne is associated with greater psychological burden than a variety of disparate chronic disorders.<sup>[1]</sup> The levels of social, psychological, and emotional impairments in acne compare with chronic diseases such as asthma, epilepsy, diabetes, and arthritis.<sup>[2]</sup> The impact of acne on QoL is independent of gender and age, but shows some correlation with disease severity.<sup>[3]</sup> Besides anxiety and depression, acne patients are prone to low self-esteem, low self-confidence, low self-assertiveness, embarrassment, social inhibition, affectation, shame, altered body image, psychosomatic symptoms (e.g., pain and discomfort), obsessive-compulsiveness, and suicidal ideation.<sup>[1,4]</sup> Up to 5.6% of patients with moderate acne may have pre-existing suicidal ideation.<sup>[5]</sup> Younger patients are subject to scorn, teasing, and stigmatization. However, the impact of acne on a particular patient is not always easy to judge.<sup>[2]</sup>

Patients with acne may experience worsening of their disease during examinations,<sup>[6,7]</sup> that manifests without alteration in the sebum production.<sup>[7]</sup> Acne affects patients' functional abilities.<sup>[8]</sup> Patients with acne have higher unemployment rates compared to patients without acne.<sup>[9]</sup> The impact of acne on QoL in Indian patients remains undocumented. Compared to France, where adolescents worry even about getting acne,<sup>[10]</sup> Indians appear to accept acne more readily and its impact on QoL in our population is of lower

magnitude (consensus of the IAA members).

WHO defines QoL as the "individuals' perception of their position in the context of culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns."<sup>[11]</sup> Measurement of QoL is done through validated questionnaires. Dermatology specific questionnaires include dermatology life quality index (DLQI),<sup>[12]</sup> Skindex,<sup>[13]</sup> and dermatology quality of life scales (DQOLS).<sup>[14]</sup> Acne-specific measures include acne disability index (ADI), Cardiff acne disability index (CADI), assessment of the psychological and social effects of acne (APSEA), and acne quality of life (AQOL).<sup>[8,15-18]</sup> The measurement tools can be used to monitor change during therapy, and to devise strategies to improve adherence.<sup>[19]</sup>

Impact of acne treatment on quality of life: Assessing QoL at baseline provides important information about patients' perceptions. In a study assessing the effect of antiacne therapy on 111 patients, it was discovered that treatment substantially improved scores on QoL instruments.<sup>[20]</sup> Sometimes the opposite may happen in the early stage of the treatment, especially when irritating therapies such as topical retinoids are employed. With due counseling such negative experience can be taken in the stride. The impact of acne on QoL adversely influences adherence; effective therapy improves adherence.<sup>[21]</sup> There is consensus that psychological inputs optimize doctor-patient

relationship and, in general, improve therapeutic outcomes.

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