



The effect of acne severity on quality of life in acne vulgaris patients

Reihaneh. Fakhrezare¹ <u>Mojtaba. Ansari Shahidi</u>²* Neda. Adibi³

- 1. PhD Student in Health Psychology, Najafabad Branch, Islamic Azad University, Najafabad, Iran.
- 2. *Corresponding author: Assistant professor, Department of Psychology, Najafabad Branch, Islamic Azad University, Najafabad, Iran.
- 3. Assistant professor, Department of Educational Psychology, Allameh Tabatabae'i University, Tehran, Iran

Journal of Applied Family Therapy

eISSN: 2717-2430 http://Aftj.ir

Vol. 4, No. 2, Pp: 304-314 Summer 2023

Original research article

How to Cite This Article:

Fakhrezare, R., Ansari Shahidi, M., & Adibi, N. (2023). The effect of acne severity on quality of life in acne vulgaris patients. *aftj*, 4(2): 304-314.



© 2023 by the authors. Licensee Iranian Association of Women's Studies, Tehran, Iran. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0 license) (http://creativecommons.org/licenses/by-nc/4.0/)

Email: dransarishhidi@gmail.com Received: 09.04.2022 Acceptance: 16.04.2023

Abstract

Aim: The purpose of this study is to investigate the relationship between quality of life and acne disease. **Methods:** In this study, a descriptive study method has used. There were 93 patients aged 15 to 50 years with acne skin disorder who included in the study by available sampling method. The GAGS rating scale was used for the severity of the disease. Also, The Skin Quality of Life Questionnaire (DLQI), was used to determine the quality of life of acne patients. Results: Quality of life was not normal among the acne severity groups, so the Kruskal-Wallis test was used to calculate the correlation, which stated that there is a significant correlation between these two variables (P<0.001). **Conclusion:** Quality of life and acne vulgaris have a strong correlation. Considering the frequency of this disorder and its effect on the social and emotional performance of people, it is necessary to investigate more in order to prevent and treat this disorder.

Keywords: Acne, Quality of life, Psychological effects.

Introduction

Acne is a very common inflammatory skin disease (Lee et al., 2019). The skin is the body's largest organ (Grosbart, 2010), and damage to it hinders the functioning of the immune system. Acne vulgaris is one of the main causes of disability in the world. The skin plays an important role as a sensory organ in the socialization process of people throughout the life cycle. This organ is the first organ seen in communication and responds to different types of emotional stimuli. In addition to the discomfort caused by the clinical symptoms of acne, patients may experience other negative effects. One study found significantly higher unemployment rates among acne cases than controls, suggesting a link between acne and employment. Additionally, acne has been found to have a negative impact on people's social life, self-esteem, and body image (Hing & Chiu, 2020). Therefore, acne, as one of the most common skin diseases, has a close relationship with mental problems (Raza et al., 2012; Samuels et al., 2020).

Quality of life is a personal understanding of satisfaction in life, physical health, social and family health, hope, and the patient's mental health (Neotaki et al., 2013). Quality of life is a vital field in medicine that is very important from a psychological point of view and defines all aspects of patients' well-being regarding the diseases they are fighting against (Chilika et al., 2017). Because acne can severely affect the patient's quality of life in many ways, several methods have been described to evaluate the quality of life of these patients, including: Skin Quality of Life Index (DLQI), Skin Quality of Life Scale (DQOLS), Skin Specific Quality of Life (DSQL) and Acne Disability Index (ADI). These quality-of-life measurement tools can improve the doctor-patient relationship by informing doctors about how people live with this disease (Gillier et al., 2015).

Although acne affects the quality of life in all individuals, changes in quality of life related to acne were greater among Hispanic and Asian groups than among whites and blacks. Significant differences were observed among racial and ethnic groups in self-perception and social roles. Therefore, the current research question is as follows: Does the severity of acne affect the quality of life in women and men with acne vulgaris disorder?

Method

In this study, a descriptive study method has used. There were 93 patients aged 15 to 50 years with acne skin disorder who included in the study by available sampling method. The GAGS rating scale was used for the severity of the disease. Also, The Skin Quality of Life Questionnaire (DLQI), was used to determine the quality of life of acne patients.

Results

78.0% are women and 21.5% are men, the population of 93 participants of this research. The Kolmogorov-Smirnov (KS) test was used to measure the normality of the data. In the first group, the significance level is less than 0.05 and this means that the distribution of quality of life among the severity of acne is not normal; Therefore, the Kruskal-Wallis test was used to measure the correlation between these two variables, and the significance level was less than 0.001, which means a

very strong correlation between these two variables. To measure this correlation more accurately, the groups were compared with each other and to reduce the error, Bonferroni correction was used to determine the significance level.

Conclusion

In this study, the relationship between acne severity and skin quality of life was investigated. Acne vulgaris has a negative effect on social interactions, and 44% of patients with acne suffer from clinical anxiety and depression. Therefore, it is expected that acne affects people's mental health and consequently their quality of life. The results of our studies show a very strong and significant relationship between the clinical severity of acne and skin quality of life, which is consistent with previous results. There is some debate about how quality of life relates to the clinical severity of acne. Although many researches show a correlation between acne and quality of life. However, according to some researchers, no relationship between acne severity and quality of life has been reported (Beheshti & Barikani, 2018; Gupta et al., 2016). This difference can be attributed to the lack of specific criteria for acne, self-assessment of acne severity, and different sample sizes.

Among the limitations of the current research, we can mention the fact that our assessment of the quality of life of the people was self-reported, and in future research, the help of psychologists regarding the quality of life and dermatologists regarding the severity of acne of the participants should be obtained in order to obtain more accurate results. Another suggestion for future research is to increase the number of participants so that the results can be more reliably extended to the entire population. The most important strength of the present study is that the skin quality of life questionnaire was used. The questionnaire is specifically designed to measure the quality of life of people with skin diseases and a wide age range is considered, which includes people aged 15 to 50. This has made the results more reliable.

Considering the great impact of acne on the quality of life, the need to pay attention and focus on the health of people with this skin disease is quite clear; But women will be much more vulnerable because beauty plays a more prominent role in women and acne as a skin disease will have a great impact on their beauty. This issue will cause a decrease in self-confidence and, subsequently, the quality of their relationships; Therefore, the need to focus on the mental health of women with acne and focus on their rehabilitation is very noticeable.

References

Abdel-Hafez, K., Mahran, A. M., Hofny, E. R., Mohammed, K. A., Darweesh, A. M., & Aal, A. A. (2009). The impact of acne vulgaris on the quality of life and psychologic status in patients from upper Egypt. International journal of dermatology, 48(3), 280-285.

Armstrong, R. A. (2014). When to use the B onferroni correction. Ophthalmic and Physiological Optics, 34(5), 502-508.

Azarbayjani S, Sadeghi afjeh Z, Ghanbari N. (2020). The Effectiveness of Compassion-Enriched Acceptance and Commitment Therapy on Quality of Life and Life Expectancy in Depressed Housewives. *Journal of Assessment and Research in Applied Counseling*. 2(1), 52-70. doi:10.52547/jarcp.2.1.52

- Baghestani, S., Mosallanejad, Z., Zare, S., & Sharifi, M. (2010). Acne vulgaris and quality of life in medical student–Bandar Abbas, Iran, 2008. Hormozgan University of Medical Sciences, 14(2), 91-7.
- Becker M, Wild T, Zouboulis CC. (2017). Objective assessment of acne. Clinics in dermatology;35(2):147-55.
- Beheshti, A., & Barikani, A. (2008). Investigating the quality of life of patients with acne in middle schools and high schools of Qazvin city. Southern medicine. 12 (1): 66-60
- Chilicka, K., Maj, J., & Panaszek, B. (2017). General quality of life of patients with acne vulgaris before and after performing selected cosmetological treatments. Patient preference and adherence, 11, 1357.
- Costa, C. S., Bagatin, E., Martimbianco, A. L. C., da Silva, E. M., Lúcio, M. M., Magin, P., & Riera, R. (2018). Oral isotretinoin for acne. Cochrane Database of Systematic Reviews, (11).
- Dawson, A. L., & Dellavalle, R. P. (2013). Acne vulgaris. Bmj, 346.
- Dreno, B., Bordet, C., Seite, S., Taieb, C., & 'Registre Acné'Dermatologists. (2019). Acne relapses: impact on quality of life and productivity. Journal of the European Academy of Dermatology and Venereology, 33(5), 937-943.
- Duru, P., & Örsal, Ö. (2019, September). The Effect of Acne on Quality of Life, Social Appearance Anxiety, and Use of Complementary Therapy. In 3. International 21. National Public Health Congress.
- Gieler, U., Gieler, T., & Kupfer, J. P. (2015). Acne and quality of life—impact and management. Journal of the European Academy of Dermatology and Venereology, 29, 12-14.
- Gorelick, J., Daniels, S. R., Kawata, A. K., Degboe, A., Wilcox, T. K., Burk, C. T., & Douse-Dean, T. (2015). Acne-related quality of life among female adults of different races/ethnicities. Journal of the Dermatology Nurses' Association, 7(3), 154.
- Grossbart, T. (2010). The Psychology of Physical Symptoms. Journal of American Medical Assessment. Platter File, 3.
- Habif, T. P. (2004). Acne, rosacea, and related disorders. Clinical dermatology: a color guide to diagnosis and therapy (4th ed.). Edinburgh: Mosby, 162208.
- Hay, R. J., Johns, N. E., Williams, H. C., Bolliger, I. W., Dellavalle, R. P., Margolis, D. J., ... & Naghavi, M. (2014). The global burden of skin disease in 2010: an analysis of the prevalence and impact of skin conditions. Journal of Investigative Dermatology, 134(6), 1527-1534.
- Heng, A. H. S., & Chew, F. T. (2020). Systematic review of the epidemiology of acne vulgaris. Scientific reports, 10(1), 1-29.
- Ismail, K. H., & Mohammed-Ali, K. B. (2012). Quality of life in patients with acne in Erbil city. Health and Quality of life Outcomes, 10(1), 1-4.
- James WD. Acne. (2005). New England Journal of Medicine;352(14):1463-72.
- Lee, Y. B., Byun, E. J., & Kim, H. S. (2019). Potential role of the microbiome in acne: a comprehensive review. Journal of clinical medicine, 8(7), 987.
- Liu, P. F., Hsieh, Y. D., Lin, Y. C., Two, A., Shu, C. W., & Huang, C. M. (2015). Propionibacterium acnes in the pathogenesis and immunotherapy of acne vulgaris. Current Drug Metabolism, 16(4), 245-254.
- McKight, P. E., & Najab, J. (2010). Kruskal-wallis test. The corsini encyclopedia of psychology, 1-1.
- Niemeier, V., Kupfer, J., Demmelbauer-Ebner, M., Stangier, U., Effendy, I., & Gieler, U. (1998). Coping with acne vulgaris. Dermatology, 196(1), 108-115.

- Nutakki, K., Hingtgen, C. M., Monahan, P., Varni, J. W., & Swigonski, N. L. (2013). Development of the adult PedsQLTM neurofibromatosis type 1 module: initial feasibility, reliability and validity. Health and Quality of Life Outcomes, 11(1), 1-9.
- Raza, K., Talwar, V., Setia, A., & Katare, O. P. (2012). Acne: An understanding of the disease and its impact on life. International Journal of Drug Development and Research, 4(2), 0-0.
- Samuels, D. V., Rosenthal, R., Lin, R., Chaudhari, S., & Natsuaki, M. N. (2020). Acne vulgaris and risk of depression and anxiety: a meta-analytic review. Journal of the American Academy of Dermatology, 83(2), 532-541.
- Sharma, Y. K., & Gupta, A. (2016). Measuring severity of acne vulgaris and impairment in quality of life of its patients and aiming for their concomitant reduction facilitates comprehensive management. Journal of Health Research and Reviews, 3(3), 81.
- Sparavigna, A., Tenconi, B., De Ponti, I., & La Penna, L. (2015). An innovative approach to the topical treatment of acne. Clinical, cosmetic and investigational dermatology, 8, 179.
- Sutaria AH, Masood S, Schlessinger J. (2020). Acne vulgaris. StatPearls [Internet].
- Tan, J., Beissert, S., Cook-Bolden, F., Chavda, R., Harper, J., Hebert, A., ... & Dréno, B. (2021). Impact of facial and truncal acne on quality of life: A multi-country population-based survey. JAAD international, 3, 102-110.
- Tasoula, E., Gregoriou, S., Chalikias, J., Lazarou, D., Danopoulou, I., Katsambas, A., & Rigopoulos, D. (2012). The impact of acne vulgaris on quality of life and psychic health in young adolescents in Greece: results of a population survey. Anais brasileiros de dermatologia, 87, 862-869.
- Turan, S., Turan, I., & ÖZBAĞÇIVAN, Ö. (2020). Emotion regulation in adolescents with acne vulgaris: correlates of medication adherence, clinical dimensions and psychopathology symptoms: a cross-sectional study. Turkish Journal of Pediatrics, 62(6).
- Yan, H. M., Zhao, H. J., Guo, D. Y., Zhu, P. Q., Zhang, C. L., & Jiang, W. (2018). Gut microbiota alterations in moderate to severe acne vulgaris patients. The Journal of Dermatology, 45(10), 1166-1171.
- Yazdanfar, A., Ahmed Panah, M. R., & Kheradmand, Z. (2013). Comparison of quality of life in acne and vitiligo patients. Skin and beauty. 5 (1): 33-40.