



**ORIGINAL RESEARCH PAPER**

**Dermatology**

**QUALITY OF LIFE IN ACNE PATIENTS**

**KEY WORDS:**

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**INTRODUCTION**

Acne vulgaris is a chronic inflammatory skin condition characterized by seborrhea, comedones, papules, pustules, and, in severe cases, nodules and pseudocysts. It primarily affects the face, upper chest, and upper back. Over 85% of adolescents experience acne, with 50% of cases extending into adulthood. Apart from physical symptoms, acne's psychosocial impact is significant, often leading to embarrassment, social withdrawal, depression, anxiety, and anger<sup>(1)</sup>.

Despite its recognized psychological effects, the impact of acne's aftermath remains underexplored. Studies indicate that the psychosocial and emotional toll of acne is comparable to that of chronic diseases like asthma, epilepsy, diabetes, or arthritis<sup>(2)</sup>. A comprehensive assessment of acne's burden should go beyond clinical evaluation and include its influence on health-related quality of life (QoL). The World Health Organization defines QoL as an individual's perception of their status in relation to their culture, values, expectations, and concerns.

To better understand the day-to-day implications of acne and to gauge treatment efficacy, incorporating QoL assessment is crucial. The Dermatology Life Quality Index (DLQI), developed by Finlay and Khan, is a widely-used tool to measure changes in health-related QoL due to its sensitivity. While studies examining acne's impact on QoL have been conducted in various countries, limited research has been done in India. This study aims to assess the influence of acne and its consequences on QoL within the Indian female population.

**Aims & Objectives**

To evaluate the effect on quality of life in Indian female patients with Acne vulgaris.

**MATERIALS AND METHODS**

We did a cross-sectional study where we selected new cases of Acne ( female patients). A total of 100 patients were enrolled in 3 month time. We used the Cardiff index to evaluate the quality of life in patients with Acne. The patients were asked to fill out the questionnaire and scores were given to each answer. The scores were given out of 15. The patients were also divided on grades of acne. The scoring for each question is as follows very much=3, A lot =2, A little=1 and not at all =0.

**RESULTS**

Out of 100 patients there were 47 patients with grade 1 Acne,34 patients with grade 2 Acne,17 patients with grade 3 acne and 2 patients with grade 4 Acne. 13 years to 40-year-old patients were enrolled for the study. 40 patients had moderately impaired quality of life,36 patients had mildly impaired quality of life,24 patients had severely impaired quality of life and 1 patient had no effect on quality of life. There were 47 patients with grade 1 Acne,34 patients with grade 2 Acne, 17 patients with grade 3 Acne and 2 patients with grade 4 Acne. The Grade of Acne had nothing to do with the quality of life.

**DISCUSSION**

Acne is a skin condition usually linked with the adolescent population but is increasingly becoming prevalent in adults, predominantly in women. Because of the visibility of acne, it is well-known to have psychosocial and functional impacts that can influence patients' perceptions regarding their self-appearance, resulting in poor acne-related Quality of Life, particularly among women.<sup>(1)</sup> Evidence does support that women are extra concerned than men about their bodily appearance and have inferior appearance-related self-esteem over their life span, which could make this subpopulation further vulnerable to impairment of acne-related Quality of Life.<sup>(2)</sup> Acne can adversely affect QoL, in the same way to epilepsy, asthma, diabetes, and some rheumatic diseases.<sup>(3)</sup> Furthermore, based on previous studies and parallel to other dermatological diseases, female patients who present with acne have an elevated tendency to report feelings of embarrassment and psychological impact related to their dermatological conditions.<sup>(4)</sup> Facial skin defines a personality, and an image, and is essential in creating professional as well as relational bonds.<sup>(5)</sup> Our study was a cross-sectional pilot study on 100 female patients, which found that the grade of Acne had no correlation with quality of life. The Quality of life of female patients with Acne had more to do with their mindset, social and cultural life. A patient with grade 2 acne can have a lower quality of life than a patient with grade 4 acne. But the patients can be from different backgrounds and have different social and cultural lives. The Quality of life can be more impaired in teenage girls as compared to older women. A 2011 cross-sectional study using the CADI to establish the impact of acne and its clinical severity on health-related QoL among 510 patients attending a private dermatology clinic in Erbil City, Iraq, established different factors that can transform the impact of acne on QoL. Patients between 21 and 25 years of age seemed to be most negatively affected by acne. This was credited to maturity, the absence of organic dangerous diseases in this healthy age group, and the attention given to skin imperfections. This age category was also concerned with engagements, weddings, and developing a family in this city. The article mentioned the apprehension of women toward relationships because of their acne.<sup>(6)</sup> Some people think acne a transient disease or find it a normal situation resulting from the numerous physiological transformations that occur during adolescence; this is the case for Egyptians and Saudis, who seem not to be aware of the problem, based on epidemiologic and demographic studies.<sup>(7)</sup> The impact of an apparent disease such as acne is particularly fascinating in the Lebanese population due to the importance given to physical appearance. An article in The New York Times mentioned in 2016 that "Beirut, in the words of one designer, is like a third world city that's put on some makeup".<sup>(8)</sup> In some countries where women have more of a tendency to wear a Hijab, QoL related to acne seems to be more affected than in countries where the majority of women do not cover specific parts of their body. In studies from Iran, the mean CADI score was 5.97, but in Scotland and Hong Kong, the mean CADI scores were 1.9 and 2.56, respectively.<sup>(9)</sup> However, a European study assessing the impact of acne on Italian, German, and British patients showed that participants reported self-confidence issues. Because of their

dermatologic condition, patients felt that they were viewed in a negative way and judged on the basis of their acne.<sup>(10)</sup> Our study was small, but that helped us understand that quality of life may or may not be impaired with the grade of acne and it depends on many other factors. Although the sample size was small and we did not take the survey on the basis of religious and cultural background. It is also possible on the basis of observation that the quality of life in patients with acne could be more impaired in urban patients as compared to rural patients. The same could be said for the profession of the patients.

## CONCLUSION

The Quality of life in female patients with Acne depends on the mindset of the patients and not on the severity of Acne.

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