

## Psychological disorder among acne patients

Pradhan S<sup>1</sup>, Xiong L<sup>2</sup>

<sup>1</sup>Sushmita Pradhan, 3<sup>rd</sup> Year Resident; <sup>2</sup>Lin Xiong, Professor; Department of Dermatovenereology, West China Hospital, Sichuan University, Chengdu, Sichuan Province, 610041, China.

Being a resident in dermatology, I would like to bring upon the focus of prevalence of psychological disorder among acne patients. During my residency period, I came across many cases of acne presented with impact on psychological well-being and change in quality of life. Psychological disorders such as depression, anxiety, social phobias, reduced self-esteem and suicidal thoughts may occur due to prolonged acne. Even my friends and colleagues with acne complained of facing psychological distress and mental torture for many years. Hence, I would like to take this opportunity to highlight the major issues for psychological disorder in acne patients and ways to cope up with such problems, not only by conservative treatment but also by proper counseling approach.

Acne is one of the most common skin diseases, affecting adolescents and young adults treated by dermatologists. It is defined as an inflammatory disease affecting the pilosebaceous follicle of the skin. Studies show that acne affects 85% of teenagers, occurring in almost all age groups<sup>1</sup>. Acne can also be seen in adults and children. Around 12% of acne is prevalent in adult women<sup>2</sup> and only 3% in adult men<sup>3</sup>. Mainly patients with acne face problems with scarring, relationships, poor self-image, depression, and anxiety which may later into suicidal behaviors. Many studies on impact of acne on psychological disorder and quality of life have been assessed around the world. Lasek et al. reported that psychomatic findings and risk of suicide are higher in patients with acne<sup>4</sup>. Anxiety and depression has been associated with severe form of acne<sup>5</sup>.

Recent study done by Gul AI et al.<sup>6</sup> on 40 adult patients showed statistically higher scores on the GSI, somatization, depression, and anxiety subscales

of the SCL 90-R than the comparing group revealing that common psychiatric conditions are frequent in adult patients with acne where neurotic personality characteristics were observed frequently. This study also suggested that acne in adults is a disorder that has both medical and psychomatic characteristics<sup>6</sup>. In 2011, Halvorsen et al<sup>7</sup> reported that among 3775 adolescents aged 18-19 years, 14% had severe acne, in which one in every four adolescents reported suicidal thoughts. Hence, suicidal ideation was reported two times more in females with acne than those without acne and three times more in male patients<sup>7</sup>. Hence, acne leads to suicidal ideation due to emotional distress and society anxiety<sup>8</sup>. In another study Purvis et al.<sup>9</sup> reported that 64.3% of 9,567 students aged 12-18 years in which 14% reported having acne, 1,294 (14.1%) reported having symptoms of depression and 432 (4.8%) reported anxiety symptoms which showed positive correlation between presence of depressive symptoms and acne severity. Also a recent study from China showed that 181 patients with facial acne vulgaris showed various degrees of depression with 63.1% as the rate, which included sad, pessimistic attitude and social withdrawal symptoms of depression. In this study, gender, the degree and course of acne were the influential factors for mild, moderate and severe depression. The study also revealed that female patients were more prone to suffer all degrees of depression and the risk of depression in acne patients increased with the increase in degree of severity<sup>10</sup>. The prevalence rate of 5.6% suicidal ideation was observed in patient with noncystic facial acne<sup>11</sup>. These studies show that the impact of acne on psychological well-being is a great matter of concern.

Skin is the human body's main interface to the outer world and also regarded as body's important public relation tool. Hence, presence of disease in the outer skin may lead to negative psychological impact. Therefore, acne is also such a condition mostly affecting the face, trunk and its onset relates to the period of the development of the secondary sexual characteristics that may complement to the emotional

### Address for correspondence

Dr. Lin Xiong  
Professor, Department of Dermatovenereology  
West China Hospital, Sichuan University, Chengdu, Sichuan  
Province, 610041, China.  
E-mail: xionglin2k@163.com

and psychological challenges during this period<sup>12</sup>. The severity of acne is classified into mild, moderate and severe grades. Patients with moderate and severe form are more likely to visit the clinicians to seek medical intervention. While interviewing patients of both adults and teenagers group with history of severe acne in our department, most of the cases presented commonly with complaints of feeling sad, irritability, decreased attention to others, oneself looking ugly compared to others, disrespect, unstable inter personal relationships, mental disturbances, loss of appetite, insomnia, unsmooth delivery of work in fear of facing criticism in daily life ultimately leading to anxiety and depression. It later developed to the thought of committing suicide. The treatment of acne is based on its severity and its treatment course may take a longer duration. Meanwhile, patients with acne should have patience to face the challenges while undergoing treatment. Some patients are impatient and give up easily in between the course of treatment. In addition, unsatisfactory treatment and disbelief in clinicians among acne patients and time to time change of clinicians from one to the other also gives rise of psychological stress. This may ultimately lead the patient to suffer from anxiety and depression. Therefore, as a dermatologist and clinician one should

not only focus on giving oral and topical treatments to the acne patients but also give equal importance and time in counseling the patient psychologically with various multidisciplinary approach.

Hence, further study and evaluation is necessary to identify the factors responsible for psychological disorder and to determine effective treatment methods with better psychological care that might reduce the rate of prevalence of depression, anxiety and suicidal behaviors in the patients with acne. The existing literature also highlights the occurrence of psychological disorder more common in acne patients than in general population. Therefore, I would also like to draw attention in identifying psychologically affected patients due to acne by building a strong doctor-patient relationship and detailed history taking. The clinicians should be well aware regarding the importance of psychological care and proper counseling that will eventually enhance and uplift the treatment and quality of life in patients suffering from acne.

### ABBREVIATIONS

GS: Global Symptom Index

SCL 90-R: Symptom Checklist 90-Revised

### REFERENCES

1. Bhate K, Williams HC. Epidemiology of acne vulgaris. *Br J Dermatol.* 2013;168:474-485.
2. Goulden V, Stables GI, Cunliffe WJ. Prevalence of facial acne in adults. *J Am Acad Dermatol.* 1999;41:577-580
3. Shaw JC. Acne: effect of hormones on pathogenesis and management. *Am J Clin Dermatol.* 2002;3:571-578.
4. Lasek RJ, Chren MM. Acne vulgaris and the quality of life of adult dermatology patients. *Arch Dermatol.* 1998;134:454-458.
5. Lowe JG. The stigma of acne. *Br J Hosp Med.* 1993;49:809-812.
6. Gul AI, Colgecen E. Personality traits and common psychiatric conditions in adult patients with acne vulgaris. *Ann Dermatol.* 2015;27(1):48-52.
7. Halvorsen JA, Stern RS, Dalgard F, Thoresen M, Bjertness E, Lien L. Suicidal ideation, mental health problems, and social impairment are increased in adolescents with acne: a population-based study. *J Invest Dermatol.* 2011;131:363-370.
8. Sundstorm A, Alfredsson L, Sjolín-Forsberg G, Gerden B, Bergman U, Jokinen J. Association of suicide attempts with acne and treatment with isotretinoin: retrospective Swedish cohort study. *BMJ.* 2010;341:c5812.
9. Purvis D, Robinson E, Merry S, Watson P. Acne, anxiety, depression and suicide in teenagers: a cross-sectional survey of New Zealand secondary school students. *J Paediatr Child Health.* 2006;42:793-796.
10. Kang LY, Liu JY, An RJ, Huang JH, Huang H, Yi QF. Depression in patients with facial acne vulgaris and the influential factors. *Journal of Central South University. Medical Science.* 2015; 40(10):1115-1120.
11. Gupta MA, Gupta AK. Depression and suicidal ideation in dermatology patients with acne, alopecia areata, atopic dermatitis and psoriasis. *Br J Dermatol.* 1998;139:846-50.
12. Misery L. Consequences of psychological distress in adolescents with acne. *J Invest Dermatol.* 2011;131(2):290-292.