



1. MBBS, MCPS, FCPS
Assistant Professor
Department of Dermatology
Bahawal Victoria Hospital,
Bahawalpur.
2. MBBS, MCPS, FCPS
Assistant Professor
Community Medicine
Quaid-e-Azam Medical College.
3. MBBS, DPM, MCPS, FCPS
Professor & Head
Department of Psychiatry &
Behavioural Sciences
Bahawal Victoria Hospital,
Bahawalpur.
4. MBBS, FACP, FCPS (Psychiatry)
Professor & Head
Department of Psychiatry &
Behavioural Sciences
Hayatabad Medical Complex,
Hayatabad Peshawar.

Correspondence Address:

Dr. Naima Luqman
Department of Dermatology,
Bahawal Victoria Hospital, Bahawalpur
7-B, Quaid-e-Azam Medical College
Colony, Bahawalpur.
naimaniazmaqsood@gmail.com

Article received on:

03/05/2018

Accepted for publication:

25/09/2018

Received after proof reading:

31/01/2019

INTRODUCTION

Dermatological disorders especially the one which run a chronic course and manifest on exposed areas of body, in addition to having effects on involved areas of the skin may lead to low self-esteem and anxiety symptoms especially in young females. Patients suffering from such chronic disorders may develop psychological and emotional problems which may have adverse effects on social functioning and quality of life of patients. Dermatological conditions like acne which involve exposed body parts particularly the face may lead to low self-confidence which may in turn lead to impaired social functioning and poor quality of life. It affects more than 85% of population between ages of 12-24 years.

Acne vulgaris is characterized by areas of skin with seborrhoea, comedones, papules pustules, nodules in increasing order of severity and possibly leading to scarring. Most commonly affected sites by acne are face and front and back of chest and shoulders.

ACNE; QUALITY OF LIFE IN PATIENTS PRESENTING WITH ACNE.

Naima Luqman¹, Summaira Hassan², Niaz Maqsood³, Wajid Ali Akhonzada⁴

ABSTRACT... Objectives: To determine the impact of acne on the quality of life of the patients. **Study Design:** A descriptive study. **Place & Duration of Study:** The study was conducted in the Department of Dermatology, Bahawal Victoria Hospital & Quaid-e-Azam Medical College, Bahawalpur April, 2017 to June, 2017. **Subjects & Methods:** The sample consisted of 50 out-patients (41 Females, 9 Males) with Acne. They were interviewed and results were analysed from the entries in a Performa. Dermatology Life Quality Index (DLQI) was administered as outcome measure. **Results:** Among 50 patients, there were 41(82%) were female, 27(54%) were 21-25 years age group, 44(88%) belonged to urban area, 28(56%) single and 25(50%) students. In assessing the quality of life, 34(68%) patients had extremely large impact on their quality of life after Acne. **Conclusions:** We concluded that acne had an extremely large impact on quality of life of majority of patients. Management of acne must include the impact of acne on the patient's quality of life.

Key words: Acne, Impact of Acne, Quality of Life.

Article Citation: Luqman N, Hassan S, Maqsood N, Akhonzada WA. Quality of life in patients presenting with acne. Professional Med J 2019; 26(2):308-311.
DOI: 10.29309/TPMJ/2019.26.02.3110

Although acne is not a life-threatening condition, it has many psychological and emotional problems and adverse effect on quality of life of the patients. It is shown in various studies that quality of life is not directly related to Acne severity but disease chronicity and low expectations of improvement on the part of patients can have a major impact on the quality of life. Quality of life as defined by WHO is "the individual's 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."^{1,2}

Acne lesions mostly appear as acute condition or in a recurrence or relapse pattern, they affect the patient's outward appearance especially the face which in turn badly affects their perception about their body image. This may in turn result in frustration, anger, low self-esteem and poor self-confidence especially in patients of younger age group and if the acne lesions are of prolonged duration, it may cause depression and anxiety which may further deteriorate their academic or

occupational performance. Acne patients are prone to develop low self-esteem, poor social performance, and poor performance regarding daily activities, they may also face problems in inter-personal relationships, family problems, and treatment-related problems such as side effects of given treatment and relatively high treatment costs to be paid by the patients especially if he is from poor socioeconomic background and the time consumed in the treatment process also adds to the psychological stress which in turn adversely affect the quality of life of such patients.^{3,4}

Acne affects the performance of individuals at the work place and patients have higher rates of unemployment when compared to those without acne.^{5,6} Dermatologists while treating such patients must take into account the impact of acne on the patient's quality of life. Assessing quality of life can help provide patients with better services and lasting positive treatment outcomes, keeping in mind their real needs. There are effective treatment strategies for acne and administration of such medicines can help improvement in quality of life and psychological well-being of such patients.^{7,8} The aim of the present study is to study the impact of acne on the quality of life of patients attending the Department of Dermatology, Bahawal Victoria Hospital, Bahawalpur.

MATERIAL AND METHODS

The study was conducted at the Department of Dermatology, Bahawal Victoria Hospital, a teaching hospital affiliated with Quaid-e-Azam Medical College, Bahawalpur. The Department of dermatology has the facilities for both in-patient and out-patient services. Sample of fifty patients presenting with Acne were selected from the out patients facility, through hospital convenience sampling from April, 2017 to June, 2017.

Both female and male patients were included in the study and patients suffering from any other chronic dermatoses, eczema, xerosis, organic syndromes, chronic medical or surgical problem and those not fulfilling the criteria of the Acne were excluded. Informed verbal

consent was taken and all these patients were interviewed and information was collected using a preformed proforma (Demographic sheet). The Dermatology Life Quality Index (DLQI) (annexture 1) was administered as outcome measure. The DLQI was calculated by summing the score of each question resulting in a maximum of 30 and a minimum of 0. The higher score shows a very large impact on quality of life. The data was analysed by using Statistical Package for Social Sciences (SPSS- version 21) for frequencies and percentages. The results were summarized in the form of tables portraying gender, age, locality, education, occupation, and quality of life.

RESULTS

The data was gathered from all these 50 out-patients is presented in the following tables. Table-I shows Demographic Characteristics of subjects. Out of 50 subjects, majority of patients 41(82%) were female, 27(54%) were 21-25 years age group, 44(88%) belonged to urban area, 28(56%) single and 25(50%) students.

| Characteristics | Frequency (Percentage) |
|-----------------------|------------------------|
| Sex | |
| Females | 41 (82%) |
| Male | 9 (18%) |
| Age Groups | |
| 16-20 | 8 (16%) |
| 21-25 | 27 (54%) |
| 26-30 | 11 (22%) |
| 31-35 | 4 (8%) |
| Marital Status | |
| Single | 28 (56%) |
| Married | 20 (40%) |
| Divorced | 2 (4%) |
| Locality | |
| Rural | 6 (12%) |
| Urban | 44 (88%) |
| Education | |
| Uneducated | 9 (18%) |
| Primary | 2 (4%) |
| Middle | 3 (6%) |
| Matric | 7 (14%) |
| F.A | 8 (16%) |
| B.A | 6 (12%) |
| M.A | 9 (18%) |
| MBA | 6 (12%) |
| Occupation | |
| Unemployed | 9 (18%) |
| Student | 25 (50%) |
| House wife | 8 (16%) |
| Employed | 8 (16%) |

Table-I. Demographic data (subject characteristics)

Tables-II shows Quality of life of the patients. Out Of 50 patients, 34(68%) patients have extremely large effect on their quality of life after Acne.

| DLQI Score | Percentage |
|--|------------|
| 0-1 (No effect at all on patient's life) | NIL |
| 2-5 (Small effect on patient's life) | NIL |
| 6-10 (Moderate effect on patient's life) | 2 (4%) |
| 11-20 (Very large effect on patient's life) | 14 (28%) |
| 21-30 (Extremely large effect on patient's life) | 34 (68%) |

Table-II. Quality of life

DISCUSSION

In the present study it was found that the majority of patients suffering from acne were females (82%) and only 18% were male patients. The preponderance of female sufferers from acne is a universal finding as reported by Lasek RJ, et al where they reported that 72% of their patients were females as compared to only 28% of male patients.⁹ Safizadeh H, reported that 82.3% were female patients and 17.7% were males in the study conducted by them this is again similar to our study results.³ Yap FBB and Batra A. et al reported in an international study that the ratio of female to male patients was (65.3%-34.7%), and (51.66%-48.33%) respectively in their study population suffering from acne.^{10,11}

The majority (54%) of our patients presented with acne were from the younger age group (21-25 years) and 22% were of 26-30 years of age. This finding is similar to the results of study conducted by Ismail KH et al where they reported that 54.5% of their patients were from 21-25 years of age group.¹² In another study conducted by Samanthula H. et al, the majority of subjects of study population were 11-25 year old.⁷ Al Robaee AA, recruited (44.5%) patients in their study from 21-30 years of age group who presented with acne.¹³

In our study, 88% belonged to urban area, 56% were single, 50% were students & 16% were employed

and belonged to lower socio-economic status. This is in accordance with the findings reported in international literature related to research on acne. According to these studies 61.4% and 72% patients were from urban area, 68.3% and 71.8% of the participants were unmarried among the study population respectively.^{5,7,3}

Our present study revealed that 68% subjects had higher score in DLQI; it indicates that Acne has extremely large effect on the quality of life of such patients. Our findings are also interesting in light of the fact that girls are traditionally believed to pay more attention to their outward appearance as compared to male population. An the international study results show DLQI score were in range of mild to moderate disability associated with acne. The females had higher scores as compared to males in DLQI.¹¹ Samanthula H, et al conducted a study in which DLQI score showed that 28.57% of patients had very large effect and 10.97% have extremely large effect on their quality of life respectively but in another study the DLQI score showed that 56% of subjects suffering from Acne had very large effect and 25% had extremely large effect on the quality of life of patients.^{5,7} Manwaring K, et al. in a study has drawn a positive correlation between severity of acne and poorer Quality of Life.¹⁴ This difference in results may be due to the fact that an increase in the severity usually results in increased sensitivity to anxiety and stress reaction.

CONCLUSION

We concluded that acne had an extremely large impact on quality of life of majority of the patients. Management of acne must take into account the impact of acne on the patient's quality of life. Assessing quality of life can help provide patients with better understanding and management outcomes. Addressing their real needs will result in better choice by the patients for optimizing treatment decisions.

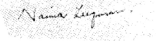

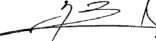
Copyright© 25 Sep, 2018.

REFERENCES

- Adityan B, Kumari R, Thappa DM. "Scoring systems in acne vulgaris". Indian J Dermatol Venereol Leprol. 2009; 75 (3): 323-6.

2. Hanisah A, Omar K, Shah SA. **Prevalence of acne and its impact on the quality of life in school-aged adolescents in Malaysia.** J Primary Health Care 2009; 1: 20-5.
3. Safizadeh H, Meymandy SS, Naeimi A. **Quality of life in Iranian patients with acne.** Dermatology Research and Practice. 2012; 1-4.
4. Akyaz H, Baltac D, Alpay K, Hocaoglu C. **Quality of life in adult patients with acne vulgaris before and after treatment.** 2011; 38 (3): 282-8.
5. Samanthula H, Kodali M. **Acne and quality of life- a study from a tertiary care centre in South India.** JDMS. 2013; 6(3), 59-62.
6. Jayaprakasam A, Darvay A, Osborne G, McGibbon D. **“Comparison of assessments of severity and quality of life in cutaneous disease,”** Clinical and Experimental Dermatology. 2002; 27(4): 306-8.
7. Samanthula H, Kodali M, Gutta A. **Impact of acne on quality of life- a gender based study.** Int J Med Pharm Sci. 2013; 3(10) :17-22.
8. Finlay AY, Khan GK. **Dermatology Life Quality Index (DLQI): A simple practical measure for routine clinical use.** Clin Exp Dermatol. 1994; 19:210-6.
9. Lasek BJ, Chren MM. **Acne vulgaris and the quality of life of adult dermatology patients.** Arch Dermatol. 1998; 134: 454-8.
10. Yap FBB. **The impact of acne vulgaris on the quality of life in Sarawak, Malaysia.** Journal of the Saudi Society of Dermatology & Dermatologic Surgery. 2012; 16: 57-60.
11. Batra A, Matreja PS, Singh A, Gupta AK, Kansal NK, Khanna PML. **To study the impact of acne vulgaris on the quality of life of the patients.** JRMEE. 2012; 2(3): 284-5.
12. Ismail, Ali KBM. **Quality of life in patients with acne in Erbil city.** Health and Quality of Life Outcomes. 2012; 10:60.
13. Robaee AA. **Assessment of general health and quality of life in patients with acne using a validated generic questionnaire.** Acta Dermatoven APA. 2009; 18(4): 157-64.
14. Manwaring K, Kerchner K, Feldman SR, et al. **Social sensitivity and acne: The role of personality in negative social consequences and quality of life.** Int J Psychiatry Med. 2006; 36(1):121-30.

AUTHORSHIP AND CONTRIBUTION DECLARATION

| Sr. # | Author-s Full Name | Contribution to the paper | Author=s Signature |
|-------|--------------------|---|---|
| 1 | Naima Luqman | Introduction and literature review, analysis of result, discussion and conclusion of results. Preparation of manuscript for submission. |  |
| 2 | Summaira Hassan | Expert research opinion and experiences in finalizing the manuscript. |  |
| 3 | Niaz Maqsood | Review of manuscript for submission. |  |
| 4 | Wajid Ali Akhuzada | Drafting and interpreting data. | Wajid Ali Akhuzada |