THE BURDEN OF COMBINED FACIAL AND TRUNCAL ACNE: A QUALITATIVE STUDY ON PATIENT EXPERIENCE

Jerry Tan[1], Rajeev Chavda[2], Marjorie Leclerc[3], J.P. York[4], Brigitte Dreno[5]
[1]Western University of Canada, Windsor, Canada; [2]Galderma, La Tour-De-Peilz, Switzerland; [3]Kantar, Health Division, Paris, France; [4]Galderma Laboratories LP, Fort Woth, TX, USA; [5]Faculté de Médecine de Nantes, Nantes, France.

INTRODUCTION

Facial acne vulgaris (FA), is one of the most prevalent chronic inflammatory skin diseases of the pilosebaceous follicle and has been well studied. Its impact on quality of life (QoL) is known to be high, with an increased risk of depression and suicidality in teenagers. But there is little information on the combined effect of facial and truncal acne (TA), even though nearly half of acne patients have truncal involvement[1].

OBJECTIVES

The objective of this study was to better-understand the self-reported overall burden of FA and TA in moderate to severely affected subjects.

MATERIAL AND METHODS

Qualitative research, based on 60-minute in-depth-interviews (IDI) conducted via telephone in 6 countries (USA, Germany, France, Canada, Italy, Brazil), with 30 respondents recruited via panels (5 per country) aged 13 to 40 having active FA and TA. The approach involved a reflexive part enabling respondents to express their feelings in the form of a written letter ("Letter to My Disease"). This technique was used to collect experiences and emotions difficult to access via direct questioning.

Inclusion criteria:

- Subjects suffering from moderate to severe FA combined with moderate to severe TA. Severity was self-reported using the Investigator's Global Assessment** (IGA) definitions.
- Subjects with FA and TA: defined as comedones, inflammatory papules/pustules and nodules if any.
- Subjects who have consulted a healthcare professional about acne within the past 12 months.
- Currently using acne medication prescribed by their healthcare professional.
- Subjects aged between 13 - 40 years (respondents under 18 were interviewed with their parents).

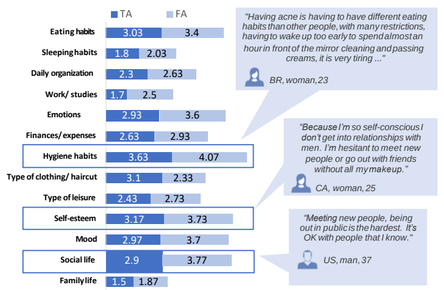
Informed consent was obtained in all countries and all telephone interviews were recorded for transcription.

Subjects were asked 36 questions regarding acne history, management and burden of acne.

During the interview, two different tasks were requested of participants:

- A sentence-completion exercise for top of mind answers to make respondents comfortable about expressing their opinions and feelings during the interview.
- Treatment satisfaction and level of impact for each area were assessed using a 0-5 score and reported descriptively using means and standard deviation (Fig.1).

The "Letter to My Disease" exercise completed prior to the interview was analyzed using Excel for semantic analysis. Data were analyzed descriptively using audio-records and content-analysis grid and analyzed based on grounded theory. Data were coded in basic psycho-social processes, based on how participants responded to different contexts.



N=30. Please indicate on a 5-point scale where 1 means 'not at all impacting', and 5 means 'extremely impacting' how much does the acne impact on your quality of life. Please differentiate acne on your face from acne on your [back, shoulders, chest, bust….]

Figure 1: Domains affected by acne burden

Verbatim quotes were reported at the final stage to illustrate the analysis with the unfiltered wording. The selection criteria for the verbatim quotes were based on its relevance and ability of the quotation to summarize the view of the majority and the opposite view when relevant.

RESULTS

Reaction to first signs of acne

- 2/3 of subjects saw a GP for their first acne consultation (France, Italy, Canada), 1/3 saw a dermatologist (UK).
- First signs of acne (according to each respondent's perception) were often downplayed by family and by subjects themselves and were considered a normal step of the puberty process. Some subjects believed that acne would disappear quickly.
- All subjects tried to treat their acne on their own at first.
- For a large majority, TA appeared later, after the first signs of FA.
- The development of truncal acne gave subjects the feeling that their acne was "spreading"* and out of control.
- Some even implied that TA was a consequence of not treating FA at first.
- The development of TA was also considered less "normal"*, as subjects were less aware that this could happen.
- Worry about TA triggered the first medical appointment for approximately 30-40% of the participants.

Management and treatment

- For ~50% of respondents, the patient initiated the discussion toward truncal acne.
- There were 3 common scenarios:
  1. TA was chiefly what had triggered their visit.
  2. The doctor neither asked nor looked for TA (Canada and US only).
  3. TA had not yet appeared when they first consulted and the patient brought it up during the initial visit.
- Treatment satisfaction was slightly lower for TA vs FA (average score of 3.13 vs 3.40, on a 5-point Likert scale) because of:
  1. the increased difficulty of treatment application to the trunk versus the face.
  2. the lower commitment to treating the area considering they can hide it more easily than acne on the face.

Facial and truncal differences in burden of acne

- FA was nearly unanimously a source of greater burden than TA.
- Since TA can be hidden by clothing, its impact on social interactions was much lower.
- This was even more so for younger participants, who were not yet impacted by TA on intimate life.
- Hygiene habits were ranked as most impacted for both FA and TA; self-esteem ranked second for TA while it ranked third for FA, close after social life (average score: 3.73 and 3.77 respectively; Fig 1).
- A specific impact of TA is physical pain (~30% – spontaneous mention).
- Even if respondents expressed relief in covering their TA with clothing, TA continued to weigh on their self-esteem (average score 3.17) (Fig 1) and intimate lives:
  1. TA generated a mental burden.
  2. It might trigger more negative reactions from peers / other people.
  3. Truncal lesions were often more painful and more prone to infections.
  4. It required an additional cleaning routine – although reported routines were simpler than facial, and some respondents admitted neglecting it (especially during winter when nobody will see their body acne. This statement was more reported by teenagers than adults).
  5. It seemed to cause more lifestyle changes (e.g. eating habits) (Fig 2).

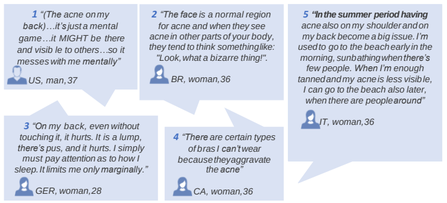
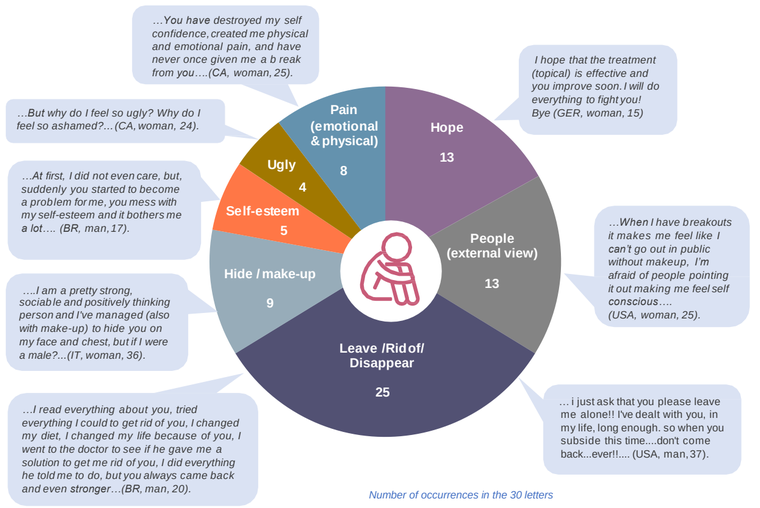


Figure 2: Verbatim

- Similar findings were captured in the "Letter to My Disease" exercise, where the semantic field of 'leave/disappear/get rid of'* accounts for the most occurrences (25), followed by the field of self-deprecation (including' self-esteem'*, 'ugly'* and 'hide'* combined 18), and fear of external judgment (people*) and 'hope'* (both 13).(Fig. 3)



Number of occurrences in the 30 letters

Figure 3: Letter to My Disease - personifying exercise

CONCLUSION

- The impact of FA and TA was greater than that of FA alone.
- TA reflected negatively on those affected due to perceptions of neglect and poor hygiene.
- TA can also:
  - Be painful
  - Require more lifestyle changes and adaptive behaviors
  - Be difficult to treat
  - Impact intimate life
  - Induce anxiety
  - Contributes to self-deprecation and self-consciousness
- Raising awareness of TA could improve its clinical management and the QoL of affected patients.

Conflicts of interest:

Jerry Tan has acted as a consultant for and/or received grants/honoraria from Bausch, Galderma, Pfizer, Almirall, Boots/Walgreens, Botanix, Cipher, Galderma, Novan, Novartis, Promius, Sun, Vichy. Rajeev Chavda and J.P. York are employee of Galderma. Marjorie Leclerc is employee of Kantar, Health Division, who received funding from Galderma to conduct the study. Brigitte Dreno has acted as an investigator and a consultant for Galderma.

Note:

* Verbatim

** **Mild** – Few pimples or comedones (whiteheads and blackheads) that present sporadically or remain in a localized area.

Moderate – Many inflammatory acne lesions (pimples and pustules) and comedones (whiteheads and blackheads). One small nodule may be present. More than half of the face / body area is involved. It is always present in some form or another. It is always present in some form or another.

Severe – Entire face / body area is involved. Numerous inflammatory acne lesions (pimples and pustules) and comedones (whiteheads and blackheads). A few nodules may or may not be present.

References:

1. Management of truncal acne vulgaris: current perspectives on treatment. Del Rosso JQ. Cutis. 2006 May;77(5):285-9.