

# PATIENT PERSPECTIVE ON BURDEN OF TRUNCAL ACNE AND IMPACT ON QUALITY OF LIFE



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**Conflict 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 is an employee of Galderma. Perrine Le Calvé, Xavier Guillaume and Angelina Tsankova are employees of Kantar, Health Division, who received funding from Galderma to conduct the study. Brigitte Dréno has acted as an investigator and a consultant for Galderma.

## INTRODUCTION

Acne is a chronic skin disorder which generally presents in adolescence but can continue into adulthood and negatively affects physical and psychosocial well-being. While facial acne and its associated burden on quality of life (QoL) has been well studied, there is little information on the combined burden of facial and truncal acne (TA), even though up to 52% of acne patients also have acne at their trunk.

## OBJECTIVES

The objective of this study was to describe the combined facial and truncal acne population and evaluate the additional burden associated with truncal acne.

## MATERIALS AND METHODS

A quantitative study conducted among general population involving a total of 1232 subjects aged 13-40 years old. Two groups of respondents, those with facial acne only (FA group) and those with combined facial and truncal acne (CA group), were recruited via an online panel and asked to fill in a 30-minute questionnaire. The study was inclusive of respondents who had a physician diagnosis of acne and self-reported moderate to very severe disease in the past 12 months (self-evaluated by a series of photoscales). A multivariate analysis was used to estimate the extent to which different respondent characteristics contributed to a higher burden according to the DLQI (Dermatology Life Quality Index).

## RESULTS

Of 1232 subjects, 583 were in the FA and 649 in the CA group. Overall, 56% were male and 44% were female, average age was 18.6 years old (median, age 16 yo) with no significant difference between the FA and CA groups. Most subjects (85%) were currently employed and more than half lived in urban areas.

In both FA and CA groups, more than 2/3 self-reported having moderate facial acne in the past 12 months. CA group subjects were significantly more likely to have severe facial acne (28% vs 19%,  $p \leq 0.05$ ).

The majority of subjects within the CA group (93%) self-reported having back acne and 41% declared having chest acne. While most subjects reported moderate acne severity for both locations, significantly more subjects had severe back acne than those with severe chest acne (30% vs 8%,  $p \leq 0.05$ ).

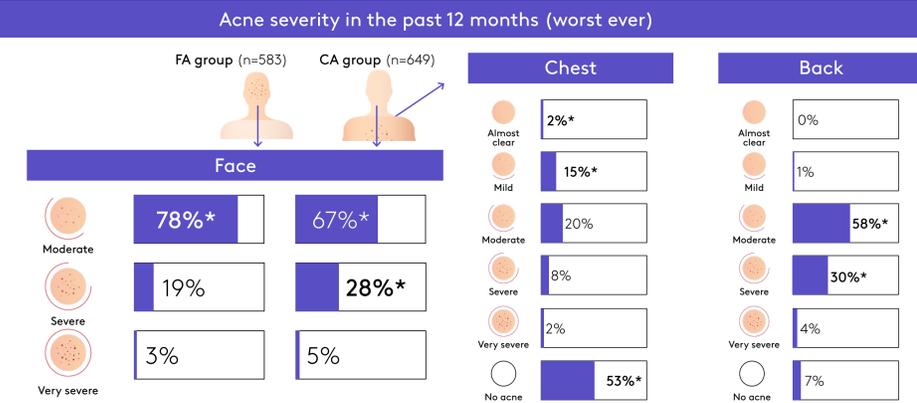


Figure 1 Acne severity  
\* $p < 0.05$  significance level versus the opposite subject group

### Burden associated with Truncal acne

The average score for the impact of subjects' acne on QoL over the last week (on a 10-point Likert scale) was significantly higher for the CA group (7.1) vs the FA group (6.5,  $p \leq 0.05$ ).

The average DLQI score for the CA group was also significantly higher (13.9  $\pm$  8.1 vs 11.6  $\pm$  8.0,  $p \leq 0.05$ ). CA subjects were significantly more likely than FA subjects to experience a very large/extremely large impact on their QoL.

The average number of visits to the physician's office (regardless of physician's specialty) in the past year was higher for the CA group (5.2 vs 4.0).

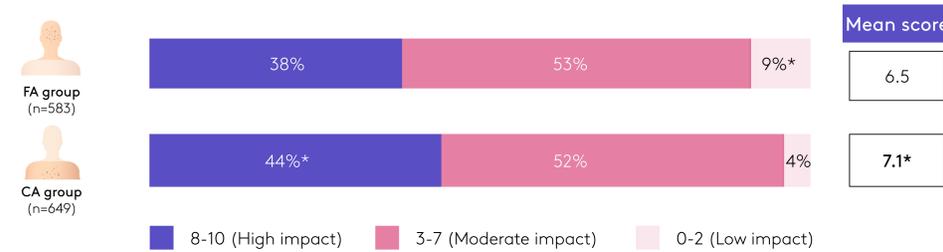


Figure 2 Impact of acne on QoL (assessment on a 10-point scale)  
\* $p < 0.05$  significance level versus the opposite subject group

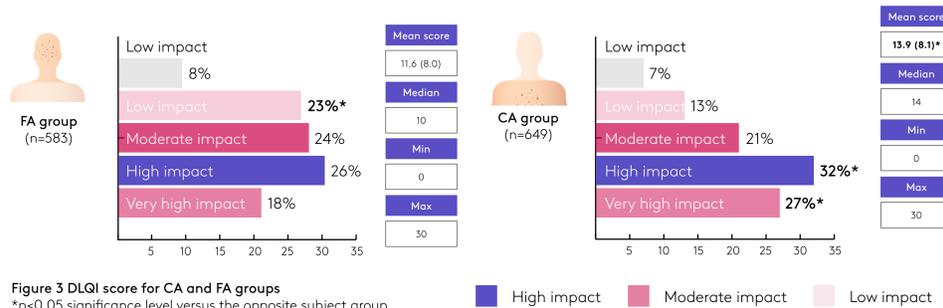


Figure 3 DLQI score for CA and FA groups  
\* $p < 0.05$  significance level versus the opposite subject group

### Lifestyle adaptations

More subjects from the CA group reported a high level of adjustment of daily activities due to acne, even more so when it came to facial acne (38% vs 25%,  $p \leq 0.05$ ).

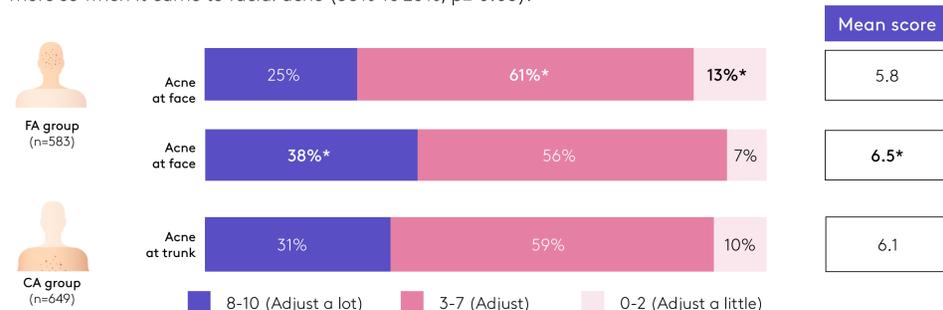


Figure 4 Degree of adjustment of daily activities because of acne (assessment on a 10-point scale)  
\* $p < 0.05$  significance level versus the opposite subject group

### Regression model

In multivariate analysis on all subjects, FA severity was the factor that had the largest impact on QoL with severe acne increasing the odds ratio (OR) of a high DLQI score by 6.98 ( $p \leq 0.01$ ) and moderate facial acne by 2.47 ( $p \leq 0.01$ ). The presence of truncal acne (TA) increased the OR of a high DLQI score by 1.57 ( $p \leq 0.01$ ).

Results from the multivariate analysis conducted on the CA group only showed that severe TA is the factor with most impact on subjects' QoL increasing OR of a high DLQI score by 4.56 ( $p \leq 0.01$ ).

### Dependent variable to be explained: DLQI (No/Small/Moderate effect vs. Very/extremely large effect)

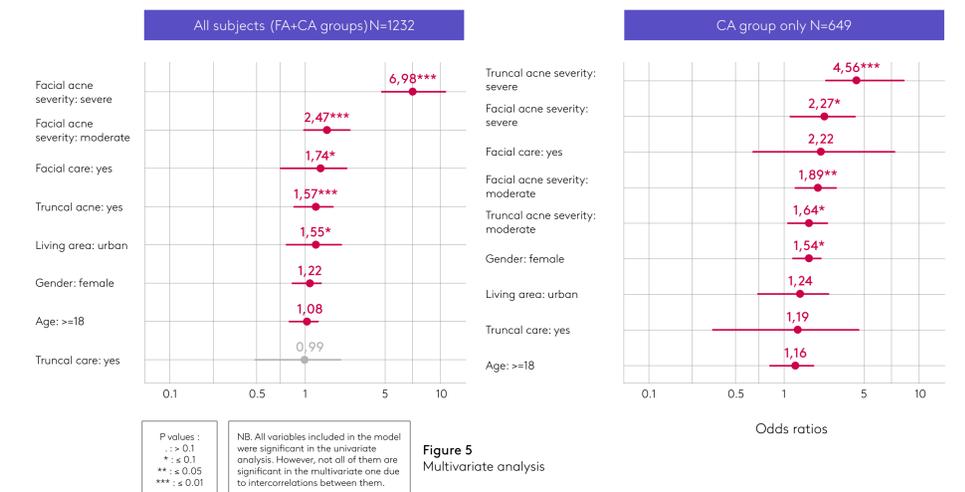


Figure 5 Multivariate analysis

## CONCLUSION

The presence of TA is associated with additional burden on QoL, a higher level of adjustment of daily activities and an increased number of visits to the physician's office.