

THE BURDEN OF ACNE SCARS: A QUALITATIVE STUDY ON PATIENT EXPERIENCE

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INTRODUCTION

Acne scarring (AS), a common and recognized sequelae of acne vulgaris (AV), is associated with negative psychological as well as physical impact. There are few qualitative studies on individual's experience of this condition. To this end, the burden of AS on individuals with acne needs to be identified to be addressed. This study reports the burden of AS from the patient perspective.

OBJECTIVES

The objective of this study was to understand the burden of AS and determine the need for early treatment as a prevention for AS.

MATERIAL AND METHODS

A common, semi-structured discussion guide formed the basis for exploratory, qualitative analysis using phenomenology principles with 60-minute in-depth-interviews. The study was conducted via telephone in 6 countries (USA, Germany, France, Italy, Canada, Brazil) involving 30 patients (subjects) in total who matched the following inclusion criteria:

Inclusion criteria:

- Subjects who suffered from visible atrophic acne scars on the face.
- Subjects had moderate to severe AS based on the self-assessment of Clinical Acne Related Scars (SCARS) definitions. The severity was self-assessed using the SCARS questionnaire.
- Subjects with no active acne lesion on the face for at least 2 years.
- Aged 18-45.
- Minimum of 50% of the sample had received a prescribed treatment (either by a GP or a dermatologist) for their acne. The other part never had any prescribed treatment (either by a GP or a dermatologist) for their acne.

The sample was equally distributed across the countries and shows a variety of profiles (Fig. 1)

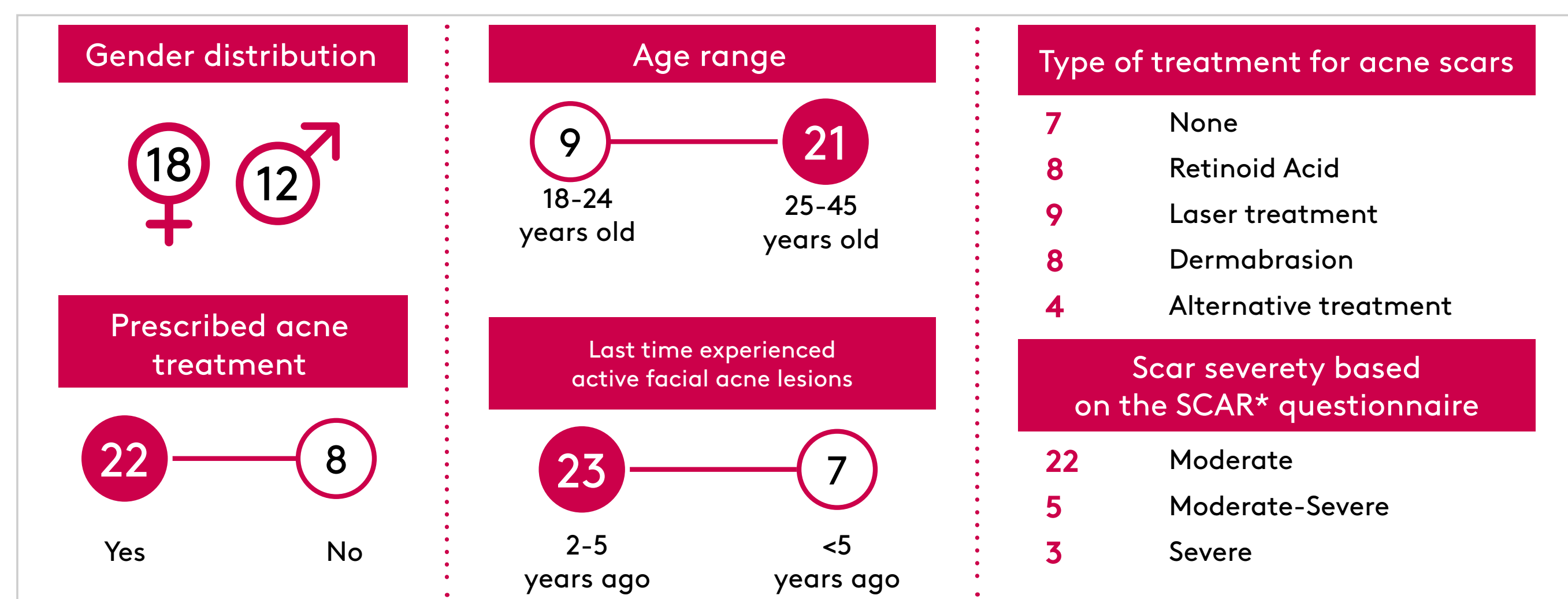


Figure 1 Sample distribution

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

Different enabling techniques were used to collect experiences and emotions including a reflexive exercise ("Letter to My Disease") to allow subjects to address their AS in a letter. 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, a content-analysis grid and the analysis was based on grounded theory. Data were analyzed according to psycho-social processes, based on how participants responded to different contexts. Findings were supported by verbatim quotes, which were reported, in the final stage, to summarize the view of the majority while including the less prevalent views as a contrast. All views are expressed in their natural wording.

RESULTS

► Awareness of the scarring risk

- Subjects were not fully aware of AS risk when they had acne (57% considered themselves only 'mildly aware', 16% not aware).
- Younger subjects were least aware about the AS risk and still hoped the scars would disappear (Fig 2).
- Subjects were frustrated by lack of timely information and active scar prevention options from healthcare providers (HCPs).
- Scar management is not satisfactory. Subjects are confused by the messages conveyed by HCPs, which may recommend waiting for the active acne clearance to propose solutions and state that it is late when the scars are fully visible.
- The options offered such as laser, peeling or dermabrasion treatments are perceived as painful, risky (with no guarantee of success), expensive and/or not enough efficacious (for the topical treatments).
- Personal search for information about solutions prevails.

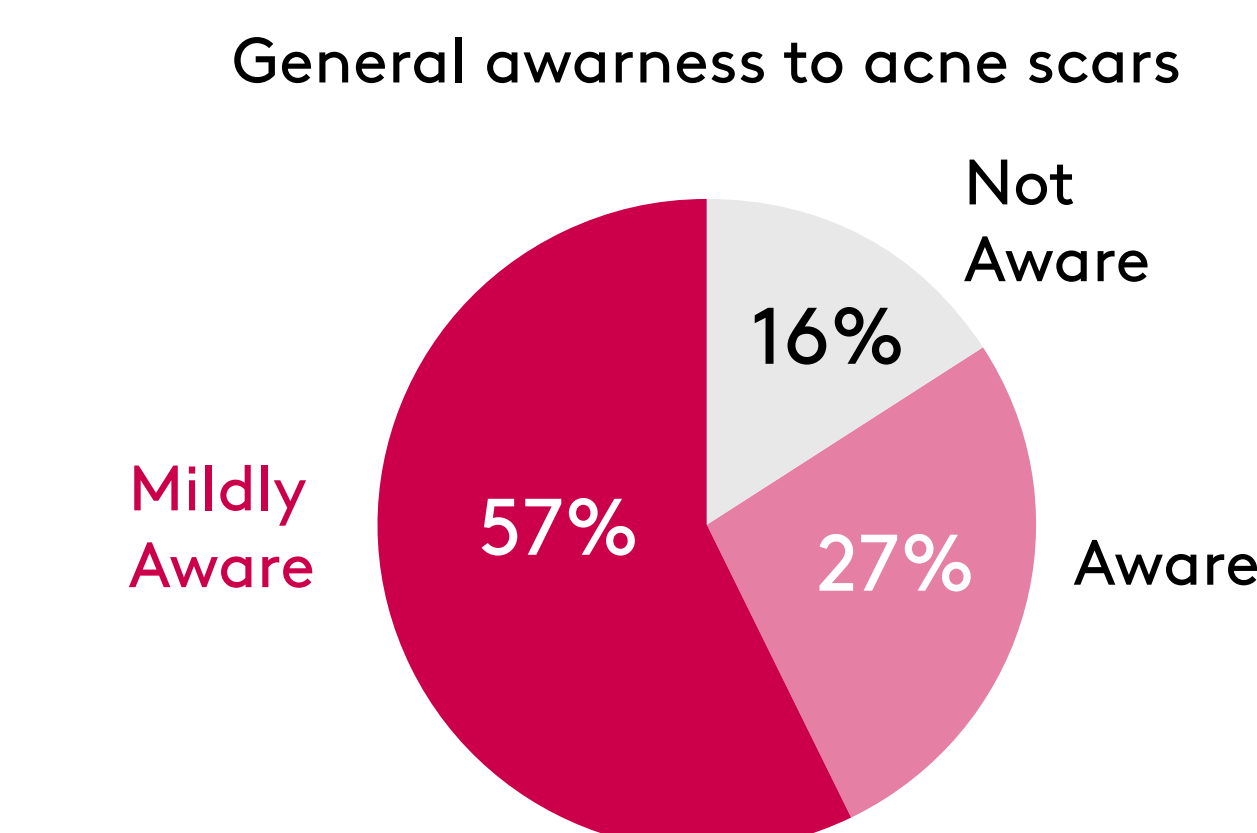


Figure 2 General awareness of acne scars. n=30. How aware were you at the time about the possibility of acne scars?

► Psychological impact

- The permanency of unexpected scars poses a relevant burden to patients
- Coping mechanisms included use of camouflage cosmetics, various skincare regimens of uncertain efficacy, and scar correction procedures.
- On a 5-point Likert scale, self-esteem was ranked the highest, followed by impact on hygiene and expenses (Fig 3).

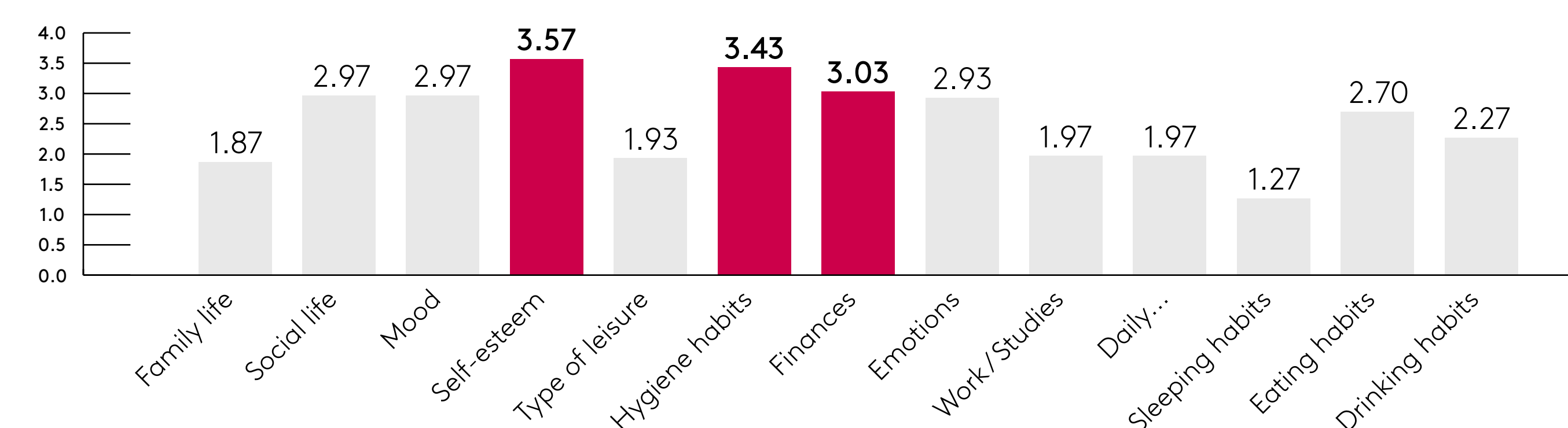


Figure 3 Areas impacted by acne scars. N=30. Please indicated how much of these areas are impacted by your acne scars, using a 5-point scale where 1 means «not at all impacted» and 5 means «extremely impacted».

- The main emotions associated with scars were: discomfort, anger, defeat, and embarrassment. Recurrent themes in the interviews and "Letter to my Disease" exercise were: 'Self-conscious', 'shame', 'difficult', and 'disappear/get rid of' (Fig 4).
- Scars impact patients' social activities of daily living
- The lack of control on the scar is also adding to the patient's feeling of helplessness.

- In most countries studied (Brazil, USA, Canada, France), subjects expressed that dealing with acne scars is a long and self-learning process to resignation. It involves guilt of being responsible for the scars, in mistreating or not treating their skin and frustration as little support is found from HCPs.

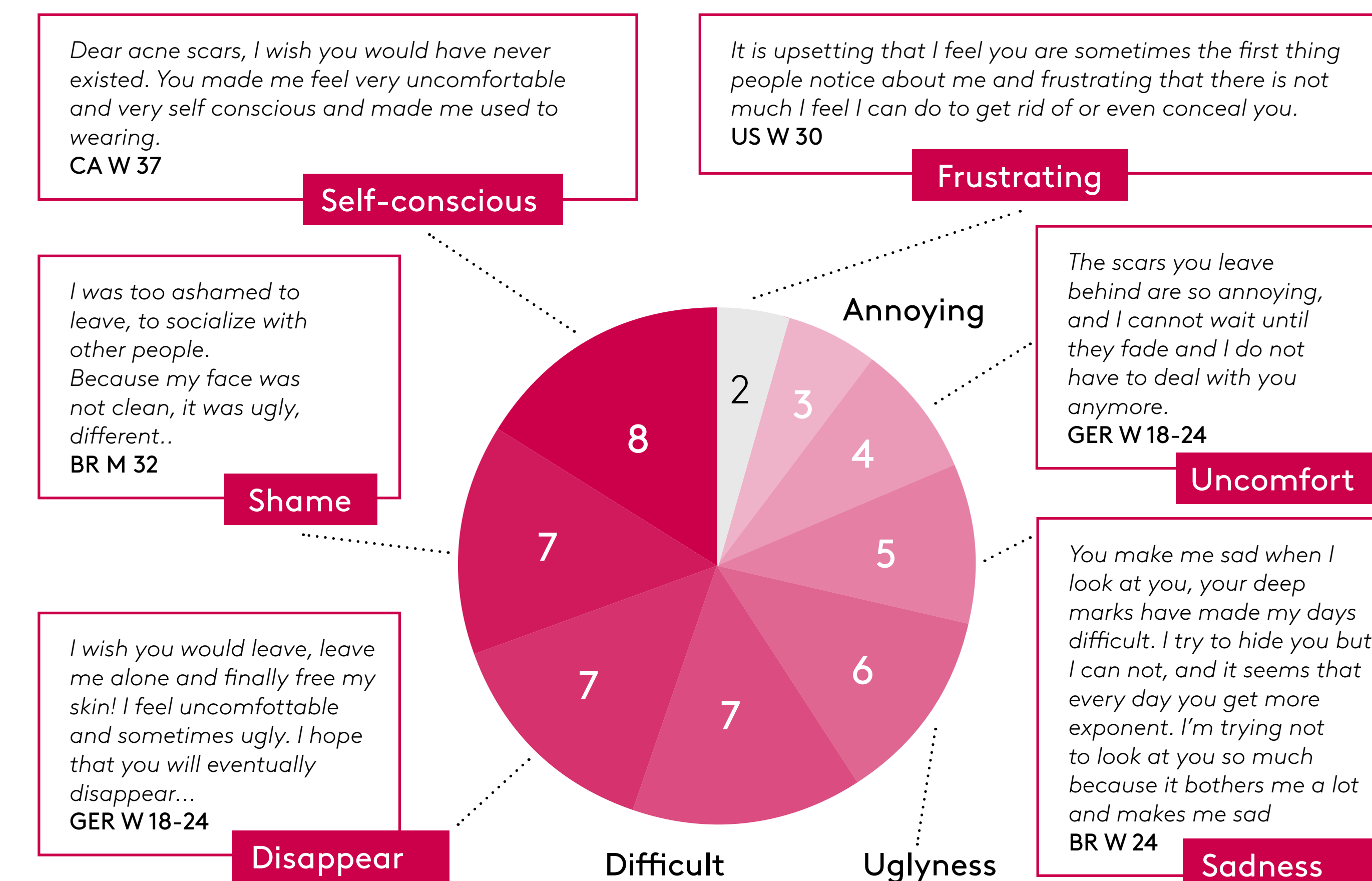


Figure 4 Letter to my disease - Personifying exercise. n=30. Numbers of occurrences in the letters.

► Unmet needs and expectations

- Subjects' unmet needs and expectations revolve around having early awareness and timely and effective management of both acne and scarring.
- Most subjects would have wanted HCPs to have told them or be clearer about the long-term consequences of acne and its prevention.
- If a minority think that nothing could have been done to prevent scarring, the majority feels that acting sooner, 'pre-treating' the scars could have helped.

CONCLUSION

Persistence of AS is an ongoing psychological and emotional burden. For most, addressing AS is a solitary, self-learning path, and subjects sought AS prevention as part of overall acne management. Raising awareness of AS, including the importance of timely acne treatment, could reduce the burden of AS. Providing educational tools to HCPs could also help them facilitate an earlier discussion with patients.

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 and J.P. York are employee of Galderma. Marjorie Leclerc is an 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.