

Acne: Advocating for holistic support

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Abstract

As health practitioners, having a holistic approach to patients is critical. Patients are a complex interplay of physical, emotional, and social well-being. Limiting treatments to only some of these domains will inevitably yield suboptimal health and reduced quality of life. Thus, it is imperative that we advocate for acne-prone individuals so that they can receive the well-rounded care they deserve.

Introduction

For many people, acne is like an unwanted gift. The surprise associated with discovering new acne is similar, but more unpleasant. Acne is a fairly common phenomenon in the general population, especially among adolescents. However, despite its prevalence, it is associated with negative societal perspectives. The embarrassment and shame tied to acne could inevitably increase its burden on the bearer.

In this commentary, we explore the stigma associated with acne and its implications. Acne occurring in the general population is discussed, including adolescents and beyond. The multifaceted impacts of acne and the need for more holistic therapies will be the focus of the commentary.

A History of Stigma

The stigma associated with acne has a longstanding history that has stood the test of time. In 1951, a paper claimed that individuals affected by acne were more prone to becoming social outcasts due to societal ridicule and avoidance. Acne carried the stereotype of living an “immoral life,” and acted as barriers to enjoying the basic privileges of people with clear complexions¹.

More than 60 years later, the negative connotations still hold today. A 2013 study by Timms² divided 143 subjects into two groups. One group was shown photos of people with acne, while the other was shown clear-skinned people. Individuals affected by acne were perceived to be less mature, less attractive, and less likely to be befriended by the study participants.

In 2017, an anti-acne drug advertisement featured a famous actress tearing up as she described her experiences with bullying in school due to acne. She went on to mention how happy she became after discovering the drug and becoming clear-skinned. This advertisement was banned, as it made implications that teenagers with acne who do not use anti-acne medications are more at risk of being targeted for bullying¹.

The negative perception of acne is fairly obvious,

and becoming more easily accessible with advancements in media technology. For instance, simply turning on the television could fill an evening of relaxation with a sense of insecurity and social inadequacy. These social repercussions could also translate to real-life difficulties in social interactions and even in seeking employment³⁻⁵.

The Role of Family History

Heredity is a major contributing factor to alopecia. A study on androgenic alopecia found that men with fathers who experienced hair loss faced a 2.5 times greater likelihood of reporting hair loss than those whose fathers did not experience hair loss⁷. Other studies have confirmed the association between the patient's hair loss and positive family history for first-degree relatives⁸. Approximately 80% of androgenic alopecia is accounted for by family history¹. Similarly, 20% of patients with alopecia areata have a positive family history⁹.

The experience of growing up in a household where balding is commonplace is one that is all too familiar for patients suffering from alopecia. Male androgenic alopecia has an autosomal dominant heredity and affects 30-50% of men by the age of 50¹. Most males from my maternal and paternal family tree began losing their hair in their teens and twenties. Awaiting a similar fate as them is a source of anxiety for me. The distress that many patients face once the process of hair loss begins is understandable and requires empathy from healthcare professionals.

Not Limited to Adolescence

While acne has been linked with adolescence, the prevalence of adult acne is increasing⁶. Analogous to adolescent acne, adult acne commonly affects the face and can lead to scarring or pigmentation^{7,8}. With an increasing presence and potential complications, adult acne also warrants attention from the medical community.

Psychological Consequences

With such negative societal views towards acne, it is not surprising that the condition is associated with mental health implications. In adolescents, acne is linked to depression, anxiety, and attention deficit hyperactivity disorder. Among adults, depression, anxiety, psychosis, and obsessive-compulsive disorders are associated with psychiatric comorbidities. These disorders may be due to the sense of insecurity, fear of public shaming, and social withdrawal experienced by acne-prone individuals. The psychiatric impacts may be greater in adults, with up to 40% experiencing psychiatric comorbidities⁹.

Is Pharmacologic Therapy Enough?

Historically, healthcare providers have turned to pharmacologic options to control acne severity, excoriations, and flares. While doing so, the psychological and social aspects of acne have often been overlooked. Nevertheless, acne requires a well-rounded approach that extends beyond the skin alone. For instance, severe forms of acne share a similar social, emotional and psychological burden as other chronic conditions including asthma and diabetes^{10,11}. Recent studies have also shown that acne-prone individuals are at higher risks of experiencing conflicts with family members and peers¹². Considering the multifaceted consequences of acne, more holistic approaches are warranted for its treatments.

Various efforts have been made to deliver holistic approaches to care for other conditions. Already, there are centers for atopic dermatitis patients where whole families can participate in educational programs. These are run under a multidisciplinary team consisting of dermatologists, psychologists, nurse practitioners, and nutritionists catering to the different needs of each patient. In addition to the formal services offered, families can also interact with one another while sharing their experiences and tips. These programs are present in Europe, Asia, and the United States, and have been met with positive feedback by participants¹³⁻¹⁴.

In 2018, the first acne educational program for high school students was launched by the Acne and Rosacea Society of Canada, under the name “Skin Confident.”¹⁵ Aimed at students in grades 10 and 11, this consists of a free online 1-hour presentation discussing the biology behind acne, and recommendations towards managing skin care and self-esteem¹⁵. Similar programs could target acne-prone individuals in other age groups, including younger students and adults. In addition, efforts should be made to implement offline sessions hosted by healthcare providers, and to include family members, caregivers, and individuals living or working

with individuals experiencing acne. To our knowledge, “Skin Confident” is unique in its place of Canadian educational programs dedicated to acne.

In the interim, more widespread use of psychological treatments should be advocated for acne. These include cognitive-behavioral, interpersonal, and group therapies to address the psychological burden accompanied by acne. A 2019 systematic review found cognitive behavioral therapies to be effective for moderate-to-severe psoriasis, and similar treatment modalities should be further explored for acne¹⁶.

Moreover, the stigma directed towards acne can be targeted through public health educational programs. These should be aimed at altering the societal perception towards acne so that the stigma will be lessened. The cumulative effects of reduced social repercussions and improved overall well-being of acne-prone individuals will be synergistic.

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