

ACNE'S
HIDDEN
TRUTH

Burden Summary Report

Scarring

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Executive summary

Until recently, acne scarring was typically considered a consequence of severe acne and today, this remains a common misconception among patients with acne. We now understand that acne scars can develop from all lesions, regardless of acne severity.¹ In fact, almost half of patients with acne will experience acne scarring at some point in their lives.¹ Despite this, few studies have assessed the impact of acne scarring on quality of life (QoL).^{2,3} In an attempt to better understand the true impact of acne scars on patients' lives, Galderma initiated an international survey involving 723 adults with acne scars and 474 physicians.⁴



Key findings

The burden survey confirmed that despite having seen a doctor for their acne, most patients are unaware of their risk of scarring, and are surprised when acne scars appear.⁴ The belief that acne scars will naturally disappear highlights the urgent need for improved education and communication about scar prevention.⁴

Feelings of low self-esteem, general discomfort, anger and embarrassment were common in patients with acne scars, and nearly a third experienced a very large impact on their quality of life, regardless of scar severity.⁴ One of the key concerns with acne scars is that they are clearly visible to other patients. Most respondents reported feeling worried about what others think of them and nearly a third were verbally or physically bullied.⁴ Even though their acne lesions had cleared, the lingering acne scars

left a sense of defeat and helplessness, and a reminder of their past.⁴

Almost half of the patients in the survey also reported adjusting their daily lives due to their acne scars, such as avoiding having their photograph taken, exposing themselves to the sun, and participating in social events.⁴ Notably, in order to address the impact of their acne scars, many patients reported investing a significant amount of time and money on both hygiene habits and treatment products.⁴

Conclusions

Ultimately, open and mutual discussions about the risk of acne scarring, including questions about family history, and early and effective treatment may help prevent acne scarring and alleviate the burden on daily life.⁴

Asking a simple question about family history of acne could help identify if someone is at increased risk of acne scarring. Physicians must continue to initiate discussions on acne scarring, treat early, and support patients with acne by

providing advice and written information about scarring risk. Equally, it's important that patients with acne ask their physician about their risk so they can be proactive about scar prevention.

Why was the burden of acne scarring survey conducted?

Acne vulgaris is an inflammatory skin condition that affects more than 80% of adolescents and young adults.⁵⁻⁷ Importantly, almost half (43%) of all patients affected by acne will experience scarring as a result.¹ Despite this, few studies have attempted to assess the quality of life (QoL) impact of acne scarring, and those that have, utilised tools that lack the sensitivity and specificity to evaluate acne scarring.^{2,3} Furthermore, the existing literature tends to report scarring according to clinical judgement, despite the discrepancies often noted between a patient's perception of their acne and their dermatologist's assessment.⁸⁻¹⁰

The QoL impairment associated with facial acne scars is similar to other inflammatory dermatological facial conditions, including psoriasis or rosacea.² If nothing changes, acne scarring will have a high impact on the QoL of 16 million patients in the USA alone, and 37 million patients in Europe.^{*4}

A close-up photograph of a person's face, focusing on the cheek and chin area. The skin shows several small, raised, and slightly red acne scars. The person's eye is closed, and their hair is visible at the top. The image is partially obscured by a white circular graphic element.

43%

of all patients affected
by acne will experience
scarring as a result³

*Based on population from January 2020.⁴

An international survey involving 723 patients was conducted to assess the long-term impact of acne scars on QoL using validated assessment tools^{4,11}

Patients from six countries participated: US, Canada, Brazil, Germany, France and Italy⁴

Quantitative phase⁴

Online questionnaire completed by:

723 patients

aged 18–55 years with acne scars who have not had active acne for at least two years

474 physicians

with at least 3 years of medical practice experience

Qualitative phase⁴

30 patients

(5 per country) aged 18–45 years who had visible, atrophic facial acne scars without active acne during the last two years, participated in 60-minute telephone interviews

**Although acne
scarring is
prevalent,
patients are
often unaware
of the risk**

“The acne scars were already there [when the acne was active], but you don’t really realize that this may be a problem”

- 24-year-old man, Germany⁴

“I saw people with scars but I thought they picked their faces or they had more serious acne”

- 24-year-old man, USA⁴

In general, the survey participants reported not being fully aware of their scarring risks.⁴ For some, the first acne scars were a surprise – they were not expecting them and didn’t know what they were.⁴

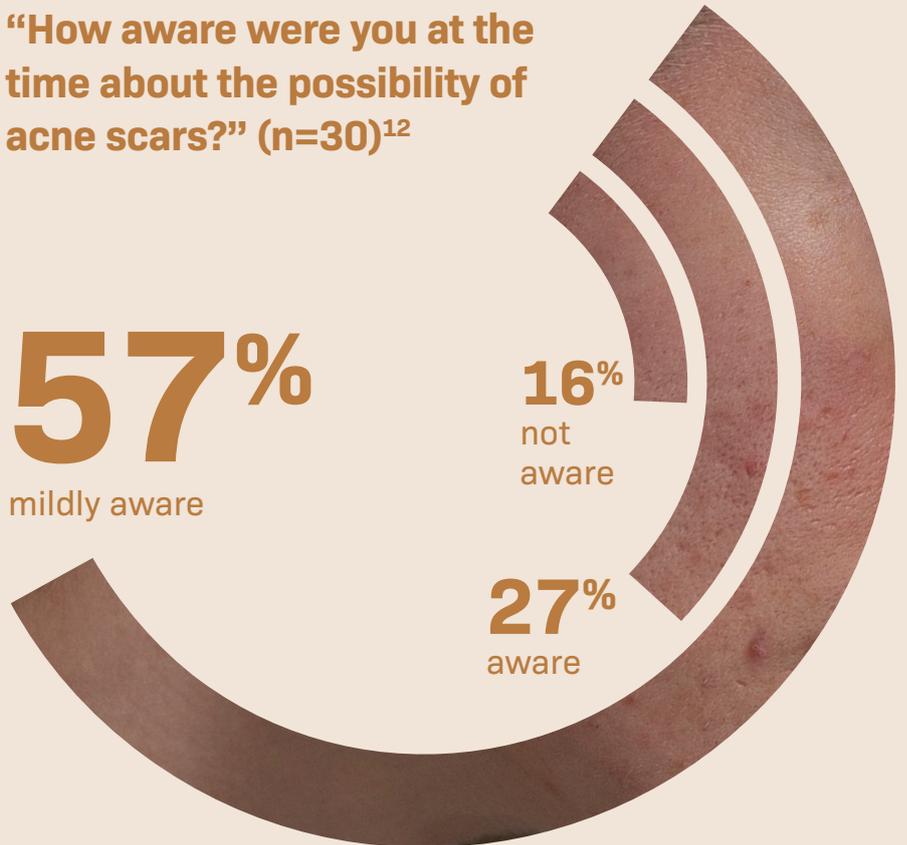
Awareness of acne scarring risk and acceptance of their permanence varied by age, with younger patients tending to have lower levels of awareness and acceptance than older patients.^{4,12}

“How aware were you at the time about the possibility of acne scars?” (n=30)¹²

57%
mildly aware

16%
not aware

27%
aware





Almost **90%**

of participants with acne scars reported mild or moderate acne as the worst facial acne they have ever experienced¹¹

Worst ever facial acne severity	Proportion of patients (N=724)
Mild	55.6%
Moderate	32.0%
Severe	10.3%
Very Severe	2.1%

The survey also revealed many misconceptions about acne scars, for example, that they only occur in severe cases of acne.⁴

Other misconceptions about acne scarring included believing that they will 'disappear' once acne clears, and that they only occur if acne is picked.⁴

Acne scars can cause significant distress and add to the emotional roller-coaster of acne

“When he kissed me, he must see my scars, it must not be beautiful, I had no confidence in myself”

- 27-year-old woman, France⁴

“I was too ashamed to leave, to socialize with other people. Because my face was not clean, it was ugly, different”

- 32-year-old man, Brazil⁴

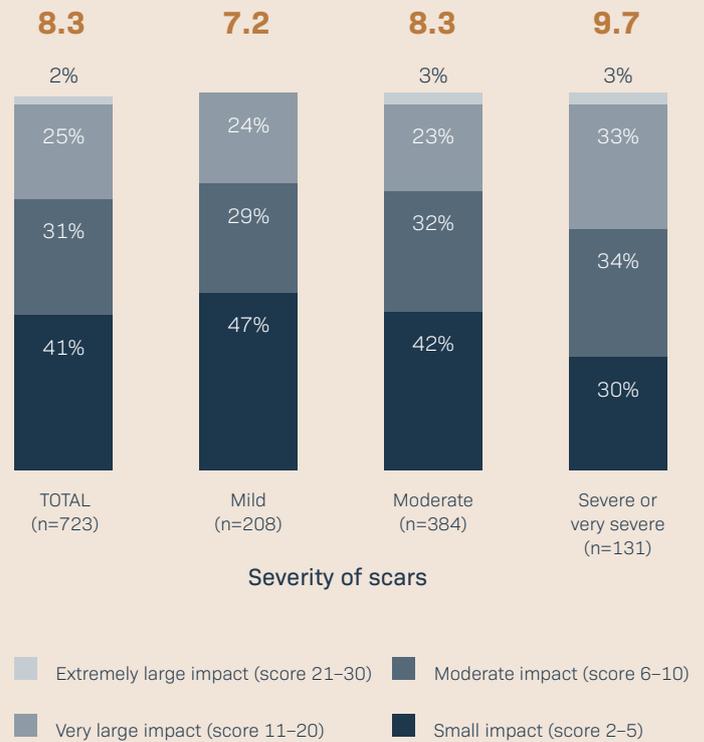
Whilst active acne is understandably distressing, the permanency of unexpected scarring also poses a burden and reminds patients of their past acne.^{4,12} During the detailed interviews, patients mainly reported their self-esteem being negatively impacted by acne scars, but feelings of general discomfort, anger, defeat and embarrassment were also common.¹²

Emotional distress associated with acne scars, as per Facial Acne Scar QoL (FASQoL; N=723)²

Feeling upset	50%
Feeling bothered	63%
Self conscious	68%
Feeling sad	68%
Feeling worried	75%
Feeling annoyed	75%
Feeling less attractive	77%

27% of patients who have acne scars experience a very large impact on their QoL, regardless of their scar severity^{†4}

Mean Dermatology Life Quality Index (DLQI) score (N=723)⁴



The QoL impact of acne scars was influenced by their visibility – patients reported experiencing particularly high burden if their acne scars were on their temples, cheeks and/or jawline.⁴

[†]Assessed using the DLQI; 21% of patients felt their scars had a high or very impact on their QoL when assessed using FASQoL scale.⁴

Patients are often concerned by the visibility of their acne scars, and worry about what others think of them

Many patients reported experiencing stigma due to their acne scars.⁴ This occurred in both educational and work settings – 35% reported receiving unfair treatment whilst in full-time education, and 22% have experienced this at work (e.g. being unfairly dismissed, passed over for a job or denied a promotion).⁴

37%

of patients with scars are bullied (verbally and/or physically) because of them⁴



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Almost half of the patients affected by acne scars adjust their daily lives because of them⁴

48.1% of participants reported that acne scars had a negative impact on their social and leisure activities and 41.7% said they affected work performance.² Patients with acne scars may also avoid certain activities, according to the survey (N=723):⁴

38%

avoid having their photo taken

31%

avoid exposing themselves to the sun

25%

avoid going out in the public without make-up

21%

avoid eating/drinking certain food and beverages

14%

avoid going out with people/doing social activities

12%

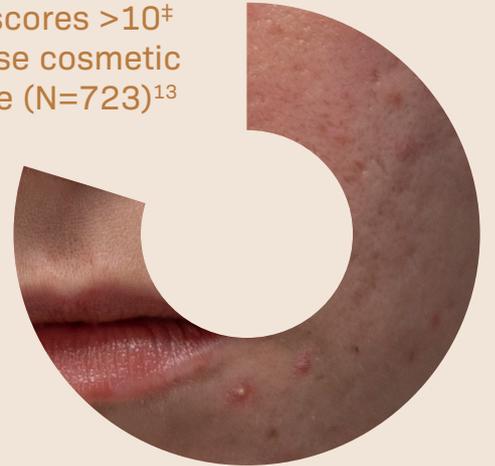
avoid romantic/intimate relationships

In addition to these changes, some patients reported avoiding joining or staying on social media, or participating in extracurricular activities at school or university.⁴

To address the impact of acne scars, patients invest time and money on hygiene habits and treatment products⁴

82%

with DLQI scores >10[†] routinely use cosmetic camouflage (N=723)¹³



64%

spend too much time thinking about their scars (N=723)⁴



Patients with high scar burden report spending

2.5x

more money per month treating/hiding acne scars than those with low scar burden⁴

[†]Dermatology Life Quality Index (DLQI) score >10 indicates someone's skin condition is causing a 'very' or 'extremely' large effect on their life.¹⁴

Potential impact on clinical practice

The report revealed discordance between patients' memory of being told about their risk of acne scarring and physicians' recall of communicating this risk.⁴

50%

of patients report being told about their risk of scarring

80%

of physicians recall informing their patients about their risk of scarring

Most patients with acne scars reported that they wish they had been clearly told about them at an early stage and given advice to enable them to be proactive about scar prevention.^{4,12} Supporting discussions with written information may help to improve patient recall.¹⁵

Early and effective treatment is necessary in all acne severities to reduce the risk of scarring.^{2,16}

Treatment goals for patients with acne should include the resolution of existing lesions and the prevention of new lesions and acne scars.^{17,18}

The majority of patients who developed acne scars had a family history of acne (84%).⁴ Asking a simple question about family history could help identify if someone is at increased risk of acne scarring.⁴

Appendix: Survey methodology

Quantitative phase: Inclusion criteria

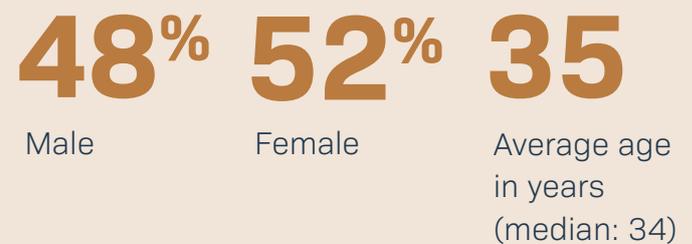
Patients⁴

- Aged 18–55 years
- History of (at least mild) facial acne
- Currently have acne scars
- No active acne for ≥ 2 years

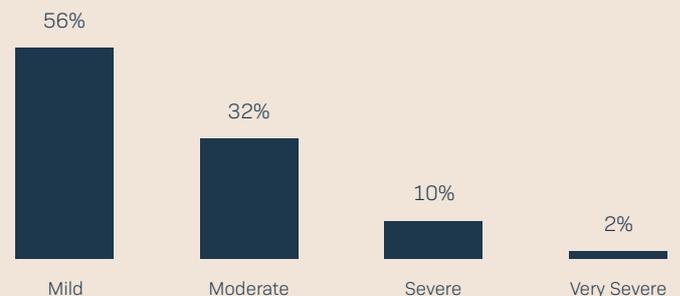
Data were weighted firstly by gender, age and regions within each country, then according to the proportion of each country population and prevalence found in the survey's results.

Sample description^{4,13}

USA	200
Canada	100
Brazil	100
Germany	123
France	100
Italy	100



Past acne worst severity



Dermatologists (and GPs in Canada)⁴

- ≥ 3 years of medical practice and maximum 35 years
- $\geq 50\%$ of time spent in direct patient care
- ≥ 40 acne patients seen in the past month (US/Canada); ≥ 20 acne patients seen in the past month (Brazil and EU3)
- Personally initiating therapies for acne

Sample description^{4,13}

USA	101
Canada	66
Brazil	88
Germany	81
France	54
Italy	84

Qualitative phase: Inclusion criteria⁴

- Aged 18–45 years
- Visible, atrophic facial acne scars
- Moderate-to-severe score on the self-assessment of clinical acne-related scars (SCARS) questionnaire
- No active facial acne lesions for ≥ 2 years
- At least 50% of the sample must have been prescribed a treatment for their acne at least once, the other half must never have been prescribed a treatment for their acne

Sample description^{12,13}



Type of treatment for acne scars

None	7
Retinoid Acid	8
Laser treatment	9
Dermabrasion	8
Alternative treatment	4

Scar severity based on the SCARS questionnaire

Moderate	22
Moderate-severe	5
Severe	3

ACNE'S HIDDEN TRUTH

References

1. Tan J, *et al.* *J Drugs Dermatol* 2017;16:97–102;
2. Dreno, B, *et al.* European Academy of Dermatology and Venereology (EADV) 28th October-1st November 2020; Vienna, Austria. P0051;
3. Ilgen E and Derya A. *J Dermatol* 2005;32:705–10;
4. Burden survey, acne scars qualitative and quantitative report, March 2020, Kantar on behalf of Galderma;
5. Lynn DD, *et al.* *Adolesc Health Med Ther* 2016;7:13–25;
6. Thiboutot D, *et al.* *J Am Acad Dermatol* 2009;60:S1–50;
7. Gollnick H, *et al.* *J Am Acad Dermatol* 2003;49:S1–37;
8. Layton AM, *et al.* *Clin Exp Dermatol* 1994;19:303–8;
9. Poli F, *et al.* *J Eur Acad Dermatol Venereol* 2001;15:541–5;
10. Goodman GJ. *Am J Clin Dermatol* 2000;1:3–17;
11. Tan J, *et al.* *Journal* date; issue:pages <to be updated on publication>
12. Tan J, *et al.* European Academy of Dermatology and Venereology (EADV) 28th October-1st November 2020; Vienna, Austria. P0052;
13. Tan J, *et al.* European Academy of Dermatology and Venereology (EADV) 28th October-1st November 2020; Vienna, Austria. Abstract no. 2086.
14. British Association of Dermatologists (BAD). Dermatology Life Quality Index (DLQI). Available at: <https://www.bad.org.uk/shared/get-file.ashx?id=1653&itemtype=document>. Accessed December 2020;
15. Kessels RPC. *J R Soc Med* 2003;96:219–22;
16. Chuah SY & Goh CL. *J Cutan Aesthet Surg* 2015;8:153–58;
17. Titus S & Hodge J. *Am Fam Physician* 2012;86:734–40;
18. Leyden J, *et al.* *Dermatol Ther (Heidelb)* 2017;7:293–304.

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