Quality of Life in Acne Vulgaris Patients

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ABSTRACT

Background: Acne vulgaris is the most common skin disease. While neither life threatening nor physically debilitating, acne can severely affect social and psychological functioning. The present study aims to study the overall impact of acne vulgaris on the patient’s quality of life. Patients and methods: A total of 150 patients with acne vulgaris and 50 healthy controls were evaluated. Acne patients were evaluated through Dermatology Life Quality Index (DLQI), Culture Free Self-Esteem Inventory-Adult version (CFSEI-AD) and Symptom Chick List-90-Revised (SCL-90.R). The controls were evaluated through SCL-90.R and CFSEI-AD. Results: The mean scores of Dermatology Life Quality Index (DLQI) in male acne patients were found to be higher than that of female patients in symptoms and feelings, daily activities, personal relationships and treatment and only significant for leisure (P = 0.005) and total score (P = 0.022). Culture Free Self-Esteem Inventory (CFSEI-AD) score of patients was significantly lower than that of the controls (P = 0.001). Acne patients have significant higher scores than controls in all items of the SCL-90-R. A significant positive correlation between the duration and severity of illness and DLQI scores (r = 0.421, P = 0.001) and SCL-90-R scores (r=0.337, P = 0.002). There was a significant negative correlation between duration and severity of acne and CFSEI-AD scores (r=-0.326, P = 0.001). Conclusion: Acne vulgaris affecting significantly QOL. Our results highlights the importance of recognizing psychiatric co-morbidity in acne patient. (Egypt J. Neurol. Psychiat. Neurosurg., 2007, 44(1): 301-312).

INTRODUCTION

Acne vulgaris is a chronic inflammatory disorder of the pilosebaceous unit. It is the most common skin disease, affecting nearly 85% of people at some time of their lives. Although acne primarily affects adolescents and young adults, individuals can experience acne in later adult life¹. While neither life threatening nor physically debilitating, acne can severely affect social and psychological functioning. To address this point directly, validated generic questionnaires were used to assess morbidity in acne patients and compare it with morbidity in patients with other chronic diseases².

Patients with acne often have anxiety, depression and lowered self-esteem³⁴ and report a poorer overall quality of life². It was also found that acne associated with problems with self-esteem/ self-confidence, body image, embarrassment/ social withdrawal, anger, preoccupation with acne, frustration/ confusion, limitations in lifestyle, and problems in the family relationships⁵. It was found that acne patients report greater levels of anxiety and depression than other dermatology patients⁶.

Many studies concluded that patients with acne experience functioning and emotional effects from their skin disease. Other studies have examined the relationship between acne and various psychological factors including depression, anxiety, emotions, self-concept and self-esteem. All these studies concluded that acne vulgaris significantly affects patient’s quality of life¹.
Aim of The Work

The aim of this study is to study the overall impact of acne vulgaris on the patient’s quality of life.

PATIENTS AND METHODS

This study was conducted in Assiut University Hospital, Assiut, Egypt. A total of 150 patients with acne vulgaris who attend the outpatient clinic of Dermatology. It includes also age and socio-demographic variables cross-matched 50 healthy volunteers as controls. Both sexes were included in the study. Informed consent was obtained from all the patients and controls. The institutional ethical committee approved the study design. All acne patients were evaluated through Dermatology Life Quality Index (DLQI), Symptom Chick List-90-Revised (SCL-90.R), Culture Free Self-Esteem Inventory-Adult version (CFSEI-AD) and acne severity was classified according to the classification of the American Academy of Dermatology. The controls were evaluated through SCL-90.R, and CFSEI-AD.

Classification of patients

Severity of acne in the patients was classified into mild, moderate and severe degree according to the classification of American Academy of Dermatology (Pochi et al., 1991):
1. Mild acne: is characterized by the presence of few papules and pustules mixed with comedones, but no nodules.
2. Moderate acne: patients have several to many papules and pustules, along with a few nodules.
3. Severe acne: patients have numerous or extensive papules and pustules, as well as many nodules. Moreover, the clinical diagnosis of severe acne should be based on the presence of any of the following criteria:
   a) Persistent or recurrent inflammatory nodules.
   b) Extensive papulo-pustular lesions.
   c) Ongoing scarring.
   d) Persistent purulent and/or serosanguinous discharge
   e) Presence of sinus tracks.

The patient who has face affection was called to have single-site affection, while that having affected face and other site was called to have multiple-site affection.

Instruments

Dermatology life quality index (DLQI)

The Dermatology Life Quality Index questionnaire developed by Finlay and Khan\(^2\) is simple, practical and suitable for all dermatological disease. It consists of 10 items all of which are scored on a 4-point scale with 0 meaning “not at all” and 3 meaning “very much”. Score 1 mean a little while score 2 means a lot. The total score is calculated by summing the scores for each item and higher scores indicate greater impairment of quality of life.

Symptom Chick List 90 Revised (SCL-90-R) (El-Behairy, 2004)

The Symptom Chick List-90-Revised (SCL-90-R) developed by Derogatis et al.\(^8,9\) and translated into Arabic language by Elbehairy.\(^10\) Elbehairy establish the validity and reliability of the Arabic version and identify the cutoff point of each item of the SCL-90-R. The author proposed that the cut-off point equals the sum of one mean+SD, which also equals a T-score of 60 for each item. Patient with score equal to or more than the cutoff point is considered at high risk and need psychiatric intervention. The SCL-90-R is a 90-item self-report symptom inventory developed to reflect the psychological symptom pattern of psychiatric and medical patients. Each item of the “90” is rated on a 5-point scale of distress (0-4), ranging from non-at-all at one pole to “extremely” at the other pole. Psychological symptoms include: somatization, obsessive compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. Under usual circumstances, the
SCL-90-R requires between 12-15 minutes to complete.

**Culture Free Self-Esteem Inventories- Adult version (CFSEI –AD)**

The CFSEI-AD was standardized on adults aged 16 – 65 years who represent a wide sector of the population. The inventory has been used effectively with senior high school students and adults. The inventory can be administered to individuals or groups, and usually requires only 15 - 20 minutes for administration.

The CFSEI-AD contains 40 items and the following four subtests:
1. General self-esteem (16 items)
2. Social related self-esteem (8 items)
3. Personal self-esteem (8 items)
4. Lie subtest (items that indicate defensiveness) (8 items)

The items in the instrument are divided into two groups: those that indicate high self-esteem, and those that indicate low self-esteem. Responses are of the forced-choice variety. The individual checks each item either yes or no.

The self-esteem components of the CFSEI-AD are general, social and personal.

The CFSEI-AD has been successfully used to identify those who may be in need for psychiatric intervention. It is effective in identifying individuals who are generally dissatisfied with themselves, and in identifying people experiencing depression.

Scores for the CFSEI-AD are derived by summing the number of items checked which indicate high self-esteem, excluding the lie scale items. A separate score may be computed by adding the number of items checked correctly in the lie scale. Thus, the total possible score for CFSEI-AD is 32, and the highest lie score is 8.

**Statistical analysis**

Analysis of the data was performed by using the statistical packaged for social sciences (SPSS WIN VER 13.0, 2004). Descriptive variables were presented e.g. frequency, percentage, mean, and standard deviation. Correlations were examined by:
1. Mann-Whitney test was applied to compare between two groups.
2. Yates corrected Chi-square was used to compare discrete variables in different groups.
3. Spearman correlation coefficient was used to measure the shared variability between two continuous variables.

Significant level was considered when a P-value equal to or less than 0.05.

**RESULTS**

The patients group (150) consisted of 102 (68%) women and 48 (32%) men and the control group 27 (54%) women and 23 (46%) men.

The mean ages of the patients and controls were 20.1 ± 3.1 and 23.2 ± 2.4 years, and the difference was not significant. As regards the residence, 54.6% of the patients were found to live in rural areas, 41.3% were students, 36% were not working, 14.6% were manual workers and 8% were employee. There was no significant difference between the patients and controls regarding any of these variables.

We found that 74% of patients have single site affection and 26% have multiple site affection. According to the American Academy of Dermatology Classification, we found that 27.3% of the patients were of the mild form, 44% of the moderate form and 28.7% of the severe form. As regards the duration, we found 59.3% of patients have a duration of more than one year while, 40.7% have one year duration or less (Table 1).

The mean scores of Dermatology Life Quality Index (DLQI) in male acne patients were found to be higher than that of female patients in symptoms and feelings, daily activities, personal relationships and treatment. However, it was only significant for leisure (P=0.005) and total score (P=0.022) (Table 2).
The mean ± SD Culture Free Self-Esteem Inventory (CFSEI-AD) score of patients was found 15.6±6.3 and significantly lower than that of the controls 20.3±4.9 (P=0.001). Also, it was found that the patients have significant lower general score and personal score than the controls (P=0.01 and P=0.001 respectively). We found that the male patients have a significantly lower general 6.9±3.5 (P=0.05) and total scores 14.3±6.9 (P=0.05) (Table 3).

As regard SCL-90-R scores of the studied population, it was found that acne patients have higher scores than that of the controls in all items of the SCL-90-R and these differences were statistically significant in obsession (P=0.01), sensitivity (P=0.001), depression (P=0.001), anxiety (P=0.01), paranoid ideation (P=0.02) and psychoticism (P=0.03). Acne male patients were found significantly more obsessive than the females (P=0.001) (Table 4).

Rates of patients at high risk and need psychiatric intervention were found to be significantly higher than the controls in all items of SCL-90-R. We found that female acne patients are at high risk than males when evaluating somatization 35.3% (P=0.01), obsession 23.5% (P=0.05), depression 23.5% (P = 0.02), anxiety 25.5% (P=0.03), phobia 29.4% (P=0.01), paranoid ideation 28.4% (P=0.02) and psychoticism 29.4% (P = 0.03), while males were found to be at high risk than females when evaluating sensitivity 27.1% (P=0.05) and hostility 37.5% (P=0.01).

The severe group of acne patients reported higher scores in all items of DLQI and SCL-90-R than the mild and moderate groups with statistically significant positive correlation. Regarding CFSEI-AD, the severe group reported the lowest scores at all its items with statistically significant negative correlation (Fig. 1).

We found that there is a significant positive correlation between the duration of illness and DLQI scores as shown in figure (2) (r=0.421, P=0.001). Also, a statistically significant positive correlation between duration of acne and SCL-90-R scores was found as shown in figure (4) (r=0.337, P=0.002).

There was a statistically significant negative correlation between duration of acne and CFSEI-AD scores as shown in figure (3) (r = -0.326, P=0.001).

There was no significant difference between patients with single site and multiple sites of affection when we evaluated the scores of DLQI and CFSEI-AD. On the other hand, when we evaluated the scores of SCL-90-R, we found that patients with poly-site affection were affected more than the other group in the items of somatization (P.: 0.05), obsession (P.: 0.05) and hostility (P.: 0.03) (Fig. 5).

### Table 1. Clinical features of acne patients.

<table>
<thead>
<tr>
<th>Clinical features</th>
<th>Total acne patients (No.150)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
</tr>
<tr>
<td><strong>Site</strong></td>
<td></td>
</tr>
<tr>
<td>Single site (face)</td>
<td>111</td>
</tr>
<tr>
<td>Multiple sites (face + trunk)</td>
<td>39</td>
</tr>
<tr>
<td><strong>Severity</strong></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>41</td>
</tr>
<tr>
<td>Moderate</td>
<td>66</td>
</tr>
<tr>
<td>Severe</td>
<td>43</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td></td>
</tr>
<tr>
<td>One year</td>
<td>61</td>
</tr>
<tr>
<td>More than one year</td>
<td>89</td>
</tr>
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</table>
Table 2. Dermatology Life Quality Index (DLQI) scores in male and female patients.

<table>
<thead>
<tr>
<th>Items of DLQI scores</th>
<th>Male (No. 48)</th>
<th>Female (No. 102)</th>
<th>P.value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean ± SD</td>
<td>Mean ± SD</td>
<td></td>
</tr>
<tr>
<td>Symptoms and feelings</td>
<td>3.8 ± 1.8</td>
<td>3.3 ± 1.9</td>
<td>0.094</td>
</tr>
<tr>
<td>Daily activities</td>
<td>3.6 ± 2.1</td>
<td>3.1 ± 2.2</td>
<td>0.095</td>
</tr>
<tr>
<td>Leisure</td>
<td>2.8 ± 1.9</td>
<td>1.9 ± 2.1</td>
<td>0.005</td>
</tr>
<tr>
<td>Work and study</td>
<td>0.8 ± 1.2</td>
<td>0.8 ± 1.2</td>
<td>0.573</td>
</tr>
<tr>
<td>Personal relationships</td>
<td>3.2 ± 2.6</td>
<td>2.4 ± 2.4</td>
<td>0.103</td>
</tr>
<tr>
<td>Treatment</td>
<td>0.6 ± 0.9</td>
<td>0.5 ± 0.9</td>
<td>0.192</td>
</tr>
<tr>
<td>Total</td>
<td>15.0 ± 7.5</td>
<td>11.9 ± 7.7</td>
<td>0.022</td>
</tr>
</tbody>
</table>

Table 3. Culture Free Self-Esteem Inventory of adult (CFSEI-AD) scores of patients and controls.

<table>
<thead>
<tr>
<th></th>
<th>Total sample (No. 200)</th>
<th>Patients with acne (No. 150)</th>
<th>Patients (No. 150)</th>
<th>Control (No. 50)</th>
<th>P. value</th>
<th>Male (No. 48)</th>
<th>Female (No. 102)</th>
<th>P. value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean ± SD</td>
<td>Mean ± SD</td>
<td>Mean ± SD</td>
<td>Mean ± SD</td>
<td></td>
<td>Mean ± SD</td>
<td>Mean ± SD</td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>7.8 ± 3.4</td>
<td>10.2 ± 2.4</td>
<td>6.9 ± 3.5</td>
<td>8.3 ± 3.3</td>
<td>0.01</td>
<td>0.01</td>
<td>0.05</td>
<td>0.33</td>
</tr>
<tr>
<td>Social</td>
<td>4.8 ± 2.1</td>
<td>5.9 ± 1.4</td>
<td>4.8 ± 2.4</td>
<td>4.9 ± 1.9</td>
<td>0.13</td>
<td>0.13</td>
<td>0.33</td>
<td>0.12</td>
</tr>
<tr>
<td>Personal</td>
<td>2.8 ± 2.1</td>
<td>4.2 ± 2.2</td>
<td>2.7 ± 2.2</td>
<td>2.9 ± 1.9</td>
<td>0.001</td>
<td></td>
<td>0.12</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15.6 ± 6.3</td>
<td>20.3 ± 4.9</td>
<td>14.3 ± 6.9</td>
<td>16.2 ± 5.8</td>
<td>0.001</td>
<td></td>
<td>0.05</td>
<td></td>
</tr>
</tbody>
</table>

Table 4. SCL-90-R scores of the studied population.

<table>
<thead>
<tr>
<th></th>
<th>Total sample (No. 200)</th>
<th>Patients with acne (No. 150)</th>
<th>Patients (No. 150)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean ± SD</td>
<td>Mean ± SD</td>
<td>P. Value</td>
</tr>
<tr>
<td>Somatization</td>
<td>51.5 ± 13.9</td>
<td>49.4 ± 7.7</td>
<td>0.22</td>
</tr>
<tr>
<td>Obsession</td>
<td>44.9 ± 14.4</td>
<td>37.2 ± 9.5</td>
<td>0.01</td>
</tr>
<tr>
<td>Sensitivity</td>
<td>51.8 ± 12.1</td>
<td>42.8 ± 8.5</td>
<td>0.001</td>
</tr>
<tr>
<td>Depression</td>
<td>50.2 ± 12.7</td>
<td>43.8 ± 7.5</td>
<td>0.001</td>
</tr>
<tr>
<td>Anxiety</td>
<td>48.3 ± 13.9</td>
<td>40.6 ± 8.9</td>
<td>0.01</td>
</tr>
<tr>
<td>Hostility</td>
<td>52.9 ± 15.1</td>
<td>52.6 ± 12.5</td>
<td>0.33</td>
</tr>
<tr>
<td>Phobia</td>
<td>52.4 ± 12.4</td>
<td>50.0 ± 9.8</td>
<td>0.44</td>
</tr>
<tr>
<td>Paranoid ideation</td>
<td>49.8 ± 13.7</td>
<td>45.7 ± 8.9</td>
<td>0.02</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>50.1 ± 14.0</td>
<td>45.0 ± 8.9</td>
<td>0.03</td>
</tr>
</tbody>
</table>
Fig. (1): Comparison of severity of the studied acne patients as regards DLQI, CFSEI-AD and SCL-90-R.

Fig. (2): Correlation between duration of acne vulgaris and DLQI scores in the studied patients.
Fig. (3): Correlation between duration of acne vulgaris and CFSEI-AD scores in the studied patients.

Fig. (4): Correlation between duration of acne vulgaris and SCL-90-R scores.
DISCUSSION

Acne has been related to psychiatric morbidity for many years. Emotional stress can exacerbate acne, and patients with acne develop psychiatric problems as a consequence of their condition. The present study has shown the negative effects of acne vulgaris on patients’ quality of life and self-esteem. Also, illustrates the psychiatric disorders that might be associated with acne vulgaris such as, somatization, obsession, sensitivity, depression, anxiety, hostility, phobia, paranoid ideation and psychoticism.

In the present study, acne vulgaris patients had high scores of DLQI with more impairment of their quality of life; male patients reported statistically significant higher total scores than female patients. Also, the study illustrated that DLQI scores were markedly affected with severity of acne vulgaris as the severe acne group reported higher scores in most items of DLQI. Also, there was statistically significant positive correlation between DLQI scores and duration of acne lesions.

Our results are consistent with prior studies showing association between acne and poorer QOL. Lasek and Chren reported poorer skin-related QOL among acne patients compared with persons without acne. Klassen et al. found high DLQI scores among acne vulgaris patients with positive correlation with acne severity but they observed that female patients had higher DLQI scores than male patients. Also, Mallon et al. reported substantial but highly variable quality of life impairment with a mean±SD score of 7.5±5.48. However, they found that DLQI scores were insignificantly worse for women (8.6±6.3) than men (6.8±4.8; P: 0.09). In addition, they found no correlation between DLQI scores and acne severity and duration. Comparable results reported by Yazici et al., who found high DLQI scores among acne patients than controls. But, they found that there was no statistically significant difference between male and female patients as regards DLQI scores and did not find significant correlation between acne severity and DLQI scores. Also, Ilgen and Derya found no significant relationships between acne severity and AQOLS/DLQI scores. However, they found no significant relationships between acne severity and AQOLS/DLQI scores. Again, Walker and Lewis used the DLQI and the Cardiff Acne

Fig. (5): Effect of site on the scores of DLQI, CFSEI-AD and SCL-90-R.
Disability Index (CADI) to measure the quality of life in adolescents with acne vulgaris. They found that acne patients reported high scores of both scales with marked impairment of their quality of life particularly their daily activities, social withdrawal, leisure and personal relationships. But, they found no statistically significant differences between male and female patients as regards either DLQI or CADI scores with no correlation with acne severity.

It appears that there is no difference a cross studies as regard the impairment of QOL but there is inconsistency as regard this impairment and its relation to duration, severity of the illness and gender of patients. Kellette and Gawkrodger suggested that women suffering from chronic acne more likely to be psychologically disturbed by skin disease than their male counterparts. However, despite the marked gender differences in terms of psychological distress in their patient group, they found that the male patients consistently scored total acne severity at a high rate than the female group. In our sample male patients suffering more than the females might be due to in our culture females tend to cover their face according to religious background and tend to be more housebound and don’t exposed to social embarrassment like men who expose to more social situation than females.

There is some debate over how quality of life correlates with clinical assessment of acne, if at all. Studies using specific measures have shown relatively weak correlations between acne severity and quality of life. However, some of these may be spurious if questionnaires have been compiled by selecting questions that correlate with clinical grade, or if they contain questions which are explicitly about symptoms of skin disease rather than quality of life. Instruments whose questions are independent of skin disease severity (such as the UKSIP and SF-36) have shown no correlation between acne severity and well-being or disability. If there is no strong relation between disease severity and quality of life, the extent to which a given level of disfigurement leads to disability or handicap will depend on the patient’s particular environment (personal, social and occupational). Also a population of hospital acne patients may be represent only the most severe and unusual in that those who are inordinately bothered by minor acne, a situation that would confuse detection of underlying correlation between quality of life and severity in the community.

In this work, we found that acne vulgaris patients had lower self-esteem than controls particularly of the general, personal and total self-esteem scores. Moreover, the results showed that CFSEI-AD scores were of negative correlation with acne severity as the severe acne patients had lower self-esteem than the mild and moderate acne patients. Also, acne patients with duration of illness more than one year were reported lower scores than patients with one year duration. Regarding sex difference, male patients had significant lower self-esteem than female patients particularly of the general and total self-esteem scores.

The results of the present study are similar to that reported by Krowchuk et al., who used Piers – Harris Self-concept Scale to measure the self-esteem among acne vulgaris patients. They found that acne vulgaris patients had lower self-esteem with marked embarrassment and social inhibition than controls with statistically significant positive correlation with acne severity and duration. But, they did not find significant differences between male and female patients regarding self-esteem affection. Also they did not observe significant correlations between acne severity, duration and self-esteem scores. Also, our findings were similar to those of Mallon et al., who used the Rosenberg’s measure of self-esteem, a version of the General Health Questionnaire 28 (GHQ-28) and the Short Form 36 (SF-36). They found that acne vulgaris patients had significant lower self-esteem than controls. In contrast to our results, they found that women had significantly lower scores than men with no correlations among acne severity, duration and self-esteem scores.
The tendency of more affection of self-esteem in males than females might be related to social and personal factors as higher percentage of female patients were not working (52%) versus 2.1% of male patients. Moreover, 57.8% of female patients were from rural areas in comparison to 47.9 % of male patients. These factors decrease the possibility of exposure of females to social embarrassment and this might reflect the non critical nature of their society.

In our sample the finding that acne patients had higher scores than the controls in all items of the SCL-90-R and significant differences were observed regarding obsession, sensitivity, depression, anxiety, paranoid ideation and psychoticism. Also, positive correlation was reported among acne severity, duration and SCL-90-R scores.

These findings coincide with those of Gupta and Gupta22, who used the Carroll Rating Scale for depression (CRSD) on psoriatic and acne patients. Yazici et al.14 found that the HAD scores of acne vulgaris patients were significantly higher than those of the controls, But, they did not find significant correlation between the HAD scores and acne severity or duration. Rubinow et al.23 reported that the dermatology patients scored significantly higher than the normal subjects on all five Hopkins Symptoms Checklist factors (somatization, obsessive-compulsive disorder, interpersonal sensitivity, depression and anxiety).

The acne patients in our study were mainly adolescents and young adults and our findings may indicative of the fact that in this age group, which is typically more vulnerable to the development of depressive disease, the cosmetic impact of even relatively mild to moderate acne can result in a significant emotional burden for the patient. On the other hand, Klassen et al.13 found that patients with worse clinical acne grades reported more problems with pain and discomfort but not with anxiety and depression using the Euro Qol scale. In addition, Aktan et al.24 used the Hospital Anxiety and Depression scale (HAD) on adolescent acne vulgaris patients and reported that acne patients had higher scores of anxiety and depression than the control group but the differences were not statistically significant. However, they found no correlation between acne severity and HAD scores.

Moreover, the results of the present study showed that acne vulgaris patients were at risk for psychiatric disorders and need actual intervention more than the controls for all items of SCL-90-R. As regards sex difference, female patients were at risk for and need psychiatric intervention than the males as regard somatization, obsession, depression, anxiety, phobia, paranoid ideation and psychoticism while the males were found to be at risk and need for psychiatric intervention than the females when in sensitivity and hostility. These results were also reported by Kellet and Gawkrodger17 and Aktan et al.25, who found that female acne patients had higher anxiety and depression scores than males. On the other hand, Gupta and Gupta22 reported no significant difference between, men and women regarding CRSD scores for depression. Also Yazici et al.14 found no significant difference between male and female acne patients regarding anxiety and depression using HAD scale.

Conclusion

The present study show that acne vulgaris affecting significantly QOL. Impairment of quality of life of the patient is positively correlated with duration and severity of acne. Acne appears to affect QOL of male patient more than female patients. Also, our results highlights the importance of recognizing psychiatric co-morbidity in acne patient.

REFERENCES

المُلخص العربي

إن مرض حب الشباب من الأمراض الواسعة الانتشار. وغالباً ما يعتبر من الأمراض البسيطة، ولكنه يؤثر على الحالة النفسية ونوعية الحياة لدى المرضى. وقد تم تصميم هذا العمل لدراسة تأثير مرض حب الشباب على نوعية حياة المريض.

وقد اشتملت الدراسة على 150 مريض حب الشباب و50 من الأصحاء كمجموعة ضابطة. وقد تم تقييم المرضى بواسطة اختيار تقييم نوعية الحياة للمرضى المصابين بأمراض جلدية واختيار تقييم اللهجة بالنفس واختبار قائمة الأعراض النفسية.

وتشير النتائج إلى:

* إن مرض حب الشباب يستحيل ملاحظة في نوعية حياة المريض وقد اللهجة بالنفس واضطراب الحالة النفسية.

- قد سجل المرضى الذكور المصابون بحب الشباب ارتفاعاً عن المرضى الإناث في درجات التأثير على وقت الفراع والمجموعة الكلي.

- وقد سجل المرضى الذكور درجات منخفضة من حيث اللهجة بالنفس العامة والكلية عن المرضى الإناث.

وتشمل النتائج أن إجراء تأثيراً سلبياً على نوعية الحياة للمريض ولن ينصح لأي أهمية التعرف على الأعراض النفسية المصاحبة له.