Burden Summary Report

Scarring

GALDERMA
EST. 1981
# Contents

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Please see appendix for further details on the methodology.
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. In fact, almost half of patients with acne will experience acne scarring at some point in their lives. Despite this, few studies have assessed the impact of acne scarring on quality of life (QoL). 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.
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. The belief that acne scars will naturally disappear highlights the urgent need for improved education and communication about scar prevention.

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. 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. Even though their acne lesions had cleared, the lingering acne scars left a sense of defeat and helplessness, and a reminder of their past.

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. 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.

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.

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.

Please see appendix for further details on the methodology
Why was the burden of acne scarring survey conducted?

Please see appendix for further details on the methodology.
Acne vulgaris is an inflammatory skin condition that affects more than 80% of adolescents and young adults.\textsuperscript{5-7} Importantly, almost half (43%) of all patients affected by acne will experience scarring as a result.\textsuperscript{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.\textsuperscript{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.\textsuperscript{8-10}

The QoL impairment associated with facial acne scars is similar to other inflammatory dermatological facial conditions, including psoriasis or rosacea.\textsuperscript{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.\textsuperscript{14}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure.png}
\caption{43\% of all patients affected by acne will experience scarring as a result\textsuperscript{3}}
\end{figure}
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 Italy\(^4\)

**Quantitative phase**\(^4\)

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 phase**\(^4\)

- **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

Please see appendix for further details on the methodology
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, Germany\textsuperscript{4}

“I saw people with scars but I thought they picked their faces or they had more serious acne”
- 24-year-old man, USA\textsuperscript{4}

In general, the survey participants reported not being fully aware of their scarring risks.\textsuperscript{4} For some, the first acne scars were a surprise – they were not expecting them and didn’t know what they were.\textsuperscript{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.\textsuperscript{4,12}

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

57\% mildly aware
16\% not aware
27\% aware

Please see appendix for further details on the methodology
The survey also revealed many misconceptions about acne scars, for example, that they only occur in severe cases of acne.\textsuperscript{4}

Other misconceptions about acne scarring included believing that they will ‘disappear’ once acne clears, and that they only occur if acne is picked.\textsuperscript{4}

Almost 90% of participants with acne scars reported mild or moderate acne as the worst facial acne they have ever experienced.\textsuperscript{11}
Acne scars can cause significant distress and add to the emotional roller-coaster of acne.

Please see appendix for further details on the methodology.
“When he kissed me, he must see my scars, it must not be beautiful, I had no confidence in myself”

- 27-year-old woman, France

“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, Brazil

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

<table>
<thead>
<tr>
<th>Feeling</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling upset</td>
<td>50%</td>
</tr>
<tr>
<td>Feeling bothered</td>
<td>63%</td>
</tr>
<tr>
<td>Self conscious</td>
<td>68%</td>
</tr>
<tr>
<td>Feeling sad</td>
<td>68%</td>
</tr>
<tr>
<td>Feeling worried</td>
<td>75%</td>
</tr>
<tr>
<td>Feeling annoyed</td>
<td>75%</td>
</tr>
<tr>
<td>Feeling less attractive</td>
<td>77%</td>
</tr>
</tbody>
</table>

Whilst active acne is understandably distressing, the permanency of unexpected scarring also poses a burden and reminds patients of their past acne. 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.
27% of patients who have acne scars experience a very large impact on their QoL, regardless of their scar severity.†

<table>
<thead>
<tr>
<th>Severity of scars</th>
<th>Total (n=723)</th>
<th>Mild (n=208)</th>
<th>Moderate (n=384)</th>
<th>Severe or very severe (n=131)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very large impact (score 11–20)</td>
<td>41%</td>
<td>47%</td>
<td>42%</td>
<td>30%</td>
</tr>
<tr>
<td>Moderate impact (score 6–10)</td>
<td>31%</td>
<td>29%</td>
<td>32%</td>
<td>34%</td>
</tr>
<tr>
<td>Small impact (score 2–5)</td>
<td>25%</td>
<td>24%</td>
<td>23%</td>
<td>33%</td>
</tr>
<tr>
<td>Extremely large impact (score 21–30)</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

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.†

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

37% of patients with scars are bullied (verbally and/or physically) because of them.
Almost half of the patients affected by acne scars adjust their daily lives because of them:

- 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.

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. Patients with acne scars may also avoid certain activities, according to the survey (N=723).
To address the impact of acne scars, patients invest time and money on hygiene habits and treatment products.  

82% with DLQI scores >10+ routinely use cosmetic camouflage (N=723)  

64% spend too much time thinking about their scars (N=723)  

82% of patients with high scar burden report spending 2.5x more money per month treating/hiding acne scars than those with low scar burden.  

+Dermatology Life Quality Index (DLQI) score >10 indicates someone’s skin condition is causing a ‘very’ or ‘extremely’ large effect on their life.  

Please see appendix for further details on the methodology.
Potential impact on clinical practice

Please see appendix for further details on the methodology
Proactively assessing scarring risk, including family history of acne, regardless of acne severity, and tailoring treatment accordingly, is necessary to prevent acne scarring.

The vast majority of physicians surveyed understood the impact acne scars can have, agreed that preventing them is essential and reported adapting their acne management strategies according to scarring risk:

- **80–90%** appreciate that acne scars have a moderate-to-severe impact on QoL
- **91%** acknowledged that it is important to treat acne quickly to prevent scarring
- **99%** reported adapting their management of acne based on their risk of scarring

Please see appendix for further details on the methodology.
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

Please see appendix for further details on the methodology.
Appendix: Survey methodology
Quantitative phase: Inclusion criteria

Patients
- 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
- USA: 200
- Canada: 100
- Brazil: 100
- Germany: 123
- France: 100
- Italy: 100

48% Male
52% Female
35 Average age in years (median: 34)

Past acne worst severity

Dermatologists
(and GPs in Canada)4
- ≥3 years of medical practice and maximum 35 years
- ≥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
- USA: 101
- Canada: 66
- Brazil: 88
- Germany: 81
- France: 54
- Italy: 84
Qualitative phase: Inclusion criteria

- 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

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Last experienced facial acne lesions 2–5 years ago</th>
<th>Last experienced facial acne lesions &lt;5 years ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>18</td>
<td>23</td>
<td>7</td>
</tr>
<tr>
<td>18–24 years olds</td>
<td>25–45 years old</td>
<td>Last experienced facial acne lesions 2–5 years ago</td>
<td>Last experienced facial acne lesions &lt;5 years ago</td>
</tr>
<tr>
<td>9</td>
<td>21</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td>Prescribed acne treatment</td>
<td>Not prescribed acne treatment</td>
<td>Last experienced facial acne lesions 2–5 years ago</td>
<td>Last experienced facial acne lesions &lt;5 years ago</td>
</tr>
</tbody>
</table>

Type of treatment for acne scars

<table>
<thead>
<tr>
<th>None</th>
<th>Retinoid Acid</th>
<th>Laser treatment</th>
<th>Dermabrasion</th>
<th>Alternative treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
<td>8</td>
<td>4</td>
</tr>
</tbody>
</table>

Scar severity based on the SCARS questionnaire

<table>
<thead>
<tr>
<th>Moderate</th>
<th>Moderate-severe</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>
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2. Dreno, B, *et al.* European Academy of Dermatology and Venereology (EADV) 28th October-1st November 2020; Vienna, Austria. P0051;
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