Burden Summary Report

Combined Facial and Truncal Acne
Contents

Executive summary 3
Introducing the burden of combined facial and truncal acne survey 6
Reporting of combined facial and truncal acne in consultations 9
Quality of life and emotional burden 11
Impact on daily life 17
Potential impact on clinical practice 20
Appendix – Survey methodology 23
Executive Summary

Please see appendix for further details on the methodology
Half of all patients with facial acne vulgaris also have truncal acne, yet most studies have focused on facial acne alone, with a historical lack of understanding of truncal acne and its impact on patients’ daily lives.\textsuperscript{1,2} Galderma felt it was time to take action so an international survey involving over 1,200 patients with facial acne only or combined facial and truncal acne and 474 physicians was conducted to better understand the additional burden that truncal acne poses on patients with facial acne.\textsuperscript{3}

Please see appendix for further details on the methodology.
Key findings

The burden survey confirmed that truncal acne can often be overlooked in consultations due to under-reporting. Half of patients are embarrassed to talk about their acne with their physicians, while some do not show their body to physicians during consultations as they assume that nothing can be done. Despite this, ~80% are eager to understand more about it, demonstrating a need for change.

Three-quarters of patients with both facial and truncal acne reported their acne to be serious, and were almost twice as likely to report a significantly greater impact on their quality of life as those with facial acne alone. Those with combined facial and truncal acne also faced a significant emotional burden, with most feeling ashamed and worried about what others think of them, and nearly a third feeling embarrassed and ugly. Many patients also experienced a detrimental impact on a number of aspects of their daily life, such as feeling prohibited from doing things they enjoy like swimming and having their photograph taken, participating in social events and having intimate relationships.

Conclusions

Ultimately, open and honest conversations where both facial and truncal acne are given equal importance in consultations and treatment decisions, will help alleviate the burden on patients’ lives.

It’s essential that patients with both facial and truncal acne talk to their physician about their truncal acne so that it doesn’t go unnoticed or untreated. Similarly, physicians must continue to ask their patients about both the face and trunk. Even if patients don’t mention their truncal acne during a consultation, they are still interested in receiving treatment. So it’s important to start a dialogue and communicate the different treatment options available for both facial and truncal acne.
Why was the burden survey conducted in patients with combined facial and truncal acne?
Acne vulgaris is one of the most prevalent inflammatory skin diseases in the world, affecting 85% of young adults aged 12–25 years old. It poses a considerable burden on quality of life (QoL), with multiple studies showing an association to emotional distress, lack of self-esteem, and social phobia. The psychosocial impact of facial acne is estimated to be similar to chronic diseases such as asthma, diabetes, epilepsy and arthritis. Importantly, acne can continue into adulthood and so the burden of acne can persist for many years.

Despite the prevalence of combined facial and truncal acne, many QoL studies have focused on facial acne alone. Indeed, there has been a historical lack of information and understanding of truncal acne and what it means for patients in addition to facial acne. Therefore, this survey was conducted to improve our understanding of the combined burden of facial and truncal acne.

~50% of all patients with acne also have acne on their trunk (chest and/or back)
An international survey involving 1,232 patients and 474 physicians was conducted to evaluate the additional burden of truncal acne on patients with facial acne.\textsuperscript{3}

Patients from six countries participated: US, Canada, Brazil, Germany, France and Italy\textsuperscript{3}

Quantitative phase\textsuperscript{3}
Online questionnaire completed by:

1,232

patients aged 13–40 years with facial acne only (n=583) or combined facial and truncal acne (n=649)

474

physicians with at least 3 years of medical practice experience

Qualitative phase\textsuperscript{3}

30

patients (5 per country) aged 13–40 years with moderate to severe facial and truncal acne participated in 60-minute telephone interviews

Please see appendix for further details on the methodology
Although truncal acne is common and can be distressing, it can often be overlooked in consultations.

Please see appendix for further details on the methodology.
Despite being prevalent, truncal acne can be under-reported, and thus left undiagnosed and under-treated\textsuperscript{1,3}

One in four patients with both facial and truncal acne does not voluntarily mention their truncal acne during consultations.\textsuperscript{1}

Half of patients are embarrassed to talk about their facial and truncal acne with their physicians, while some do not show their body to physicians during consultations as they assume that nothing can be done.\textsuperscript{3}

Many patients reported feeling that they weren’t in control of their acne and ~80% were eager to understand more about it (n=649)\textsuperscript{3}

The back is the most commonly affected area on the trunk.\textsuperscript{3,11,15}

Prevalence of acne on the face and trunk (n=649)\textsuperscript{3}

\begin{itemize}
  \item 93\% back
  \item 56\% shoulders
  \item 46\% chest
\end{itemize}

Please see appendix for further details on the methodology
In addition to facial acne, truncal acne poses a significant burden on patients’ lives.
Truncal acne can be uncomfortable and three-quarters of patients consider their facial and truncal acne to be serious.

Significantly more patients with both facial and truncal acne consider their acne to be serious versus those with facial acne alone (75% vs 65%).

75% consider their facial and truncal acne to be serious.

65% consider their facial acne to be serious.

Please see appendix for further details on the methodology.
Although truncal acne can be easier to conceal with clothing, the combination of facial and truncal acne has a significantly greater impact on QoL than facial acne alone. It is widely acknowledged that facial acne has a large impact on quality of life (QoL). However, the survey revealed that patients with combined facial and truncal acne are almost twice as likely to report a ‘very large’ or ‘extremely large’ impact on QoL than those with facial acne alone.

### Impact of acne on quality of life

<table>
<thead>
<tr>
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<th>Facial group (n=583)</th>
<th>Combined (Facial and Truncal) group (n=649)</th>
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<tbody>
<tr>
<td><strong>Patients with both facial and truncal acne are 1.7 times more likely to have a “very large” or “extremely large” impact on quality of life than those with facial acne alone.</strong></td>
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**DLQI odds ratio [95% CI]:** 1.61 [1.02–2.54]; p=0.042  
**cDLQI odds ratio [95% CI]:** 1.86 [1.10–3.14]; p=0.028

Please see appendix for further details on the methodology.
Combined facial and truncal acne causes a significant emotional burden, leaving most patients ashamed and worried about what others think of them$^3$

“I attended a conference and they opened the floor to questions. I didn’t want all those eyes on me so I held back”

- 36-year-old woman, Canada$^3$

“The face is a normal region for acne and when they see acne in other parts of your body, then tend to think something like: “Look, what a bizarre thing!”

- 36-year-old woman, Brazil$^3$
Feelings associated with combined facial and truncal acne (n=649):³

Nearly a third of patients with both facial and truncal acne reported feeling embarrassed and ugly. Indeed, patients with both facial and truncal acne were significantly more likely to think of themselves as ugly than those with facial acne alone. Two-thirds of patients felt isolated due to their combined facial and truncal acne.³

**Facial group (n=583)**

- Embarrassed: 28%
- Ugly: 24%

**Combined (Facial and Truncal) group (n=649)**

- Embarrassed: 30%
- Ugly: 29%*  

*p<0.05

Please see appendix for further details on the methodology.
Unlike facial acne, which is considered ‘normal’, truncal acne gives the impression of a lack of hygiene and neglect, spreading like an infection.³

65% of patients with both facial and truncal acne feel that others think that their truncal acne is due to a lack of hygiene.³

73% of patients with truncal acne feel ashamed and fear judgement from others.³

~60% of patients have been bullied and/or verbally or physically abused because of their facial and truncal acne.³

~50% teenagers experience unfair treatment at school and negative effects on their school performance due to facial and truncal acne.³

Please see appendix for further details on the methodology
Combined facial and truncal acne has a detrimental impact on a number of aspects of daily life.
“Because I’m so self-conscious I don’t get into relationships with men. I’m hesitant to meet new people or go out with friends without all my makeup.”

- 25-year-old woman, Canada

“(The acne on my back)... it’s just a mental game... it MIGHT be there and visible to others... so it messes with me mentally”

- 37-year-old man, US
Patients with truncal acne feel prohibited from doing things they enjoy and avoid certain activities and social events/interactions\(^3\)

More patients with both facial and truncal acne reported that acne holds them back more from doing things they enjoy than those with facial acne alone (74% vs 56%).\(^3\)

These include activities such as having their photograph taken, video chatting, and doing physical exercise or sport.\(^3\) 47% of patients with truncal acne avoid going to the swimming pool/beach/sauna\(^3\)

39% of patients with truncal acne avoid wearing clothes or participating in activities that reveal their acne\(^3\)

The significant impact of truncal acne on daily life is undeniable. Some patients with both facial and truncal acne reported avoiding both social interactions and intimacy due to low self-esteem. Nearly a third of patients said they avoided going out with people and dating or having romantic relationships because of their acne.\(^3\)

Please see appendix for further details on the methodology
Open communication and equal consideration of both facial and truncal acne in consultations

Please see appendix for further details on the methodology
“At the first [appointment] I felt intimidated to show all the acne areas on my body but it went just fine. The doctor was reassuring…”

- 16-year-old girl, France³

“I went for help and she didn’t get into any detail. I wanted to hear what would help.”

- 31-year-old woman, US³
Even if patients don’t mention their truncal acne during a consultation, they are still interested in receiving treatment, highlighting the importance of discussing truncal acne with everyone with facial acne and communicating the different treatment options available for both facial and truncal acne.\textsuperscript{1,3}

>75\% of patients with truncal acne are interested in receiving treatment for it\textsuperscript{1}

\textbf{\~85\%} of patients would consider even a small improvement in their facial or truncal acne to be worthwhile\textsuperscript{3}

Although there are no specific guidelines for the management of truncal acne, effective evidence-based treatments with manageable tolerability and side effects are still needed.\textsuperscript{3,16}

Ultimately, open and honest conversations between physicians and patients, where both facial and truncal acne are addressed with equal importance, are critical to provide patients with much needed reassurance and hope that their truncal acne can be treated.\textsuperscript{3}

\textbf{Asking a simple question about truncal acne will ensure it doesn’t go unnoticed nor untreated, and may help reduce the burden on daily life.}

Please see appendix for further details on the methodology
Appendix: Survey methodology
### Qualitative phase

**Survey methodology**  
One-hour in-depth interviews conducted via telephone (TDIs)

**Sample**  
5 patients per country, 30 patients

**Scope**  
USA, Germany, France, Canada, Italy, Brazil

**Target**  
Inclusion criteria:
- Patients aged 13–40 years old who currently suffer from moderate to severe facial acne combined AND moderate to severe truncal acne
- Patients with active acne lesions, defined as comedones, inflammatory papules/pustules and possible nodules
- Patients who have consulted an HCP within the last 12 months and are currently using prescription-only products

### Quantitative phase

**Survey methodology**  
Online questionnaire; recruitment via general population panels

**Sample**  
Facial acne (n=583)/combined facial and truncal acne (n=649); total: 1,232

**Scope**  
USA, Germany, France, Canada, Italy, Brazil

**Target**  
Inclusion criteria (patient arm):
- Patients aged 13–40 years old who currently suffer from mild to very severe facial acne or combined facial and truncal acne
- Patients with worst severity of moderate to very severe acne within the last 12 months
- Patients who have consulted an HCP and have been treated within the last 12 months

Inclusion criteria (physician arm):
- At least 3 years of medical practice with at least 50% of time spent in direct patient care
- At least 40 (US/Canada) or 20 (Brazil and EU) patients with acne seen in the last month
- Personally initiating therapies for acne
As part of the qualitative phase of the survey, one-hour telephone interviews were held with five patients from each of the six countries involved. A total of 17 women and 13 men aged 13–40 years with active facial acne combined with truncal acne were involved in the in-depth interviews. Five-point assessment scales were used to determine treatment satisfaction and impact of facial and truncal acne on overall QoL and other predefined areas.

The quantitative phase of the survey included a total of 649 patients with combined facial and truncal acne and 583 patients with facial acne alone.

The online respondent panel was aged 18 years and older and had agreed to respond to health surveys for themselves or their child. As the survey was conducted in Brazil, Canada, US, and three European countries, a quota sampling method based on location was used to ensure respondents were representative of acne populations in their regions. A weighting adjustment was applied if deviations were observed between the sample and expected age and sex distribution of acne populations in these regions. Participants took part in the online international survey by self-grading the severity of their acne at different anatomical regions and completing the dermatology life quality index (DLQI).
References

3. Burden survey, combined facial and truncal acne qualitative and quantitative report, March 2020, Kantar on behalf of Galderma;
4. Tan J, et al. J Am Acad Dermatol 2020 <draft manuscript; to be updated on publication>;

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