



Q&A: Psychosocial Impact of Acne

This article presents an interview with Richard Fried, MD, PhD, is a board-certified dermatologist and clinical psychologist. He practices at Yardley Dermatology Associates in Yardley, PA. He is the author of *Your Guide to Clear Skin & Self Confidence*.

Stephanie Wasek, Special Projects Editor

Pediatricians face increasing pressure of evidence-based-medicine outcomes in terms of weight, developmental milestones, immunizations and more. It can be difficult, then to open the veritable Pandora's Box associated with acne.

However, says Richard Fried, MD, PhD, "Physicians are obliged to address acne because, one, it's the right

thing to do and, two, untreated or undertreated acne can have devastating psychological sequelae and devastating functional sequelae."

Given that implicit responsibility, this Q&A with Dr. Fried discusses how pediatricians show go about addressing acne issues in their patients.

What are some of the common psychosocial issues adolescents with acne deal with?

Adolescents are under more pressure than ever to achieve physical perfection, and they feel there's more attention on their skin and bodies. They're constantly bombarded with images of perfection; digital alteration is no longer enhances images, but rather creates unattainable images.

Adolescents with acne are more likely to suffer disorders of anxiety, disorders of depression, impaired self-image and impaired functional status, be it in the classroom, in athlet-

ics, in their social circles and in their families. Adolescence is a period of very high emotionality, high impulse and, often, poor consequential thinking. So the adolescent is always, to one degree or another, in some kind of turmoil — stress of academics, sports, family issues.

When the exceedingly visible burden of acne is added, it's always possible it'll be the proverbial straw that tips them over into some functional or emotional abyss that's really tough to get out of.

When a patient presents to his/her pediatrician with acne, should the pediatrician ask how the patient feels about his/her acne?

Yes, but with the understanding that the answer you get may well be disingenuous or an outright lie. Not because adolescents are bad people but that they might feel exposed and vulnerable. I suggest, when you ask these patients in particular about their acne, that you hold eye-contact 1 or 2 seconds longer than you're supposed to. This is where they might say, "Honestly, this is tough," or the eyes might start to fill up. That's when you pursue it (see 7 Questions to Ask Your Patients With Acne).

Another thing to keep in mind is that data clearly show that people with skin imperfections are overly discriminated against, not only by social peers, but by coaches and teachers. So pediatricians should ask and listen without making assumptions based on clinical severity. The correlation between how much acne the patient has and the psychological impact is sometimes nonexistent. I have seen kids with mild acne attempt suicide, and I see kids with nodular cystic hard acne who aren't happy about the situation, but aren't that psychologically burdened.

7 Questions to Ask Your Patients With Acne	
Here are 7 questions Richard Fried, MD, PhD, recommends you pursue when talking to patients with acne.	
1. I think acne can be a big deal, what are your thoughts?	It's important to let the patient know this is about him or her, and what he or she thinks.
2. How long have you had acne? What remedies have you tried thus far? What has worked, and what hasn't?	These answers can provide insight into the patient's mental state and whether they are frustrated by the time and effort he or she has spent dealing with acne.
3. Are you bugged by your breakouts, do your breakouts bother you?	Start getting an idea of their feelings and attitudes toward their acne.
4. Is acne keeping you from enjoying yourself in school/keeping you from going places/keeping you from participating in or trying out for a sports team or a play/keeping you from asking somebody out?	These are strong indicators that a patient could be headed for or is already experiencing depression related to acne.
5. Forgive me for asking this, but because of your acne or otherwise, do you have any thoughts of hurting yourself or anybody else?	"If the answer to that question is 'no,' if you believe the patient, that's great," says Dr. Fried. "If you don't or the answer is unclear — say you just get a shrug — you should follow up with a second question."
6. What would stop you from hurting yourself?	"If the answer is emphatically 'I am very religious, I would never ever hurt someone or hurt myself,' or 'You know, life is too great, I have friends, I have this,' it's probably OK," says Dr. Fried. "But if all you get is a blank stare or a shrug, this is a kid who is in real trouble," and needs to be treated for mental health in addition to acne.
7. Is clearing up your skin important to you? We have lots of solutions in our toolbox these days.	If the answer is yes, continue on to discuss treatment. If the answer is no, let the patient know he or she is the boss and that you're not going to give them something they don't want and aren't going to use.

Should you talk about acne with the parent in the room, or is it better to connect one on one with the patient?

For logistical reasons, first try with a parent in the room. But if you feel you're getting nowhere — shrugs and minimal verbal communication — ask the mom or dad, "Would it be OK if we spoke for 2 minutes alone?"

If the parent leaves the room, I think it's important to figuratively take off the white coat and have a conversation. I'll say, "Look, I'm not real smart, but the one thing I've learned is that there's only one boss in this room — it's not me, not your dad. It's you. And I just want to know, honestly, do you care? If you would rather have clear skin I'd be happy to help you; if you honestly don't care, fine, I totally respect that."

What I find is that adolescents are often non communicative or passive-aggressive because mom or dad has told them they have to start taking better care of their skin, so it's in adolescents' minds that admitting they want clearer skin means yet another authority figure is going to lecture them on hygiene and diet. Therefore, it's very important to empower them to feel they're calling the shots.

If I see scarring, I'll be a little more assertive. Even if they say they don't care, I'll say, "I respect that, but today is May 18. I just want to make sure that, if you're looking in the mirror and seeing the scars on May 25, you're not going to say, 'I wish I'd have jumped on that.' I see some scarring here; we can take better control of this pretty easily."

What signs should the pediatrician watch out for that might indicate severe psychosocial problems/depression?

There are the general signs anyone should look for:

- change in functional status in school,
- grades that have dropped,
- difficulty or unwillingness to go to school,
- change in peer group,
- radical change in hair or clothing style,
- signs of drug or alcohol abuse,
- signs of cutting or burning,
- significant attitude change,
- volatile anger or aggressiveness,
- total apathy,
- reclusiveness,
- verbalizing thoughts or statements about aggressive actions against others or themselves,

- becoming preoccupied with more violent video games and programming, and
- markedly decreased efforts at self-care and -hygiene.

Other signs include the so-called blunted effect — lack of animation, lots of "uh-huhs" and body posture that's slumped forward. These are the kinds of things obviously are usually gotten more rapidly and accurately from a parent.

Talking about potential depression should be done right in front of the adolescent unless the parent asks to talk separately. I think any question is fair game when it begins with, "I am concerned. I sense a real feeling of unhappiness — am I correct?" The acne may be an innocent bystander; you may be dealing with a depressed kid who happens to have acne.

Do you have any advice for how to best let the patient know that having acne isn't his/her fault? (ie, if the parent is telling the patient that it's because the child doesn't eat well or doesn't wash face well?)

We sometimes need to get across to parents that acne is a big deal; too many look at it as nothing more than a rite of passage and a bit of a character-builder. But acne is a very difficult burden for many people to carry. If a young person says to me, "I just want to be able to go to school without feeling so self-conscious, not knowing what it's going to look like day to day," I stress to parents that that's a reasonable attitude.

I also stress the facts about acne — it happens because the cells that line the pores in the skin get thick and sticky because of hormones; those lining cells get thick and sticky enough that they clog; they trap some bacteria; the immune system releases inflammatory chemicals; and a pimple forms. I tell them we don't know why their pore cells do that, but that we do know that it's not because you don't



wash enough or eat well enough. Then I assure them that we'll work to give them the tools to help those cells behave.

How important is it to discuss treatment expectation? Do patients often think treatment will work overnight?

It's important to talk about this after discussing the whys, and make the burden to fix the acne a shared one. I let them know I can give them the tools, but they have to use them properly and be patient, because it can take a week or two or longer to get pore cells back in line.

You have to stress that the process isn't like the slick commercials you see on television. Some of these medications take 3 to 6 weeks to start to really clear the skin, because pimples you have today formed 2 to 3 weeks ago. It's not a magic wand, we can't guarantee overnight success — but I can guarantee we will give a patient good skin.

You should also define nuisance side effects as signs of efficacy. Many products can be drying and a little irritating, and may cause flakiness of the skin. You have to warn them about that and explain usage. With some of the harsher products, I might advise that they start off using them every other night and maybe mix with a moisturizer. But I also say, "If you get a little bit irritated, it's the skin letting you know the medicine is doing its job, getting down into that pore where it needs to." And if skin is permanently red or itchy, they should stop use, and we'll try something else.

It's important to remind them that, every time they touch that medicine to their skin, they're fixing the problem, decreasing the inflammation in the skin, and making the skin more likely to heal and more quickly. Remind patients that if they feel frustrated and want to rub or pick, that picking at the skin will only make the immune system attack the area more. I tell them to instead press on the pimple, even until it hurts, then move the hand away; this helps them be conscious of what they're doing.

Another coping mechanism is to use concealer makeup. I'd say 50% of boys these days and most girls ask about ways to conceal until their skin clears up. Every major cosmetic company has blemish concealers, and they're all good. Most are moisturizers with a bit of tint, and don't interfere with the ability of acne products to do their jobs.

Adolescents — particularly, I find, adolescent males — have attention spans of about 12 seconds. And their

Any final thoughts?

Adolescents don't care much about what their ears, noses and throats look like — but they care a whole lot what their skin looks like. Discussing acne makes



attention to skin care regimens are no different. As a group, females are more accustomed to skin care regimens, but you can't take that for granted, and it's not necessarily true in the younger adolescent ages. I find prescribing combination products makes treatment compliance more likely.

Adolescents live in a world where nobody takes their opinions seriously. So instead of dismissing them if they say things aren't working (after a reasonable amount of treatment time), say, "Let's change therapies." You have to let them feel heard if you want them to believe that your sense of urgency matches theirs when it comes to healing their skin.

you appear more caring, more in touch with what's important in the patient's world. This is the stuff that matters to patients. ■