Predictors of QOL in Adults with Acne: The Contribution of Perceived Stigma

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Introduction

Background: As dermatology patients complain that their psychological distress is extensive and often overlooked (Butler et al., 2011), it is concerning that there is a paucity of research investigating factors associated with acne-related quality of life (Clark-Carter et al., 2009).

Purpose of Study: To compile a preliminary list of risk factors for psychosocial distress as a result of having acne in adulthood, while specifically examining the role of perceived stigma – due to the high levels of stigmatization reported by individuals with visible differences (Borah & Rankin, 2003).

Research Question: What is the predictive capacity of perceived stigma, self-rated severity, location and previous history of acne, gender, age, relationship status and education for the quality of life of adult dermatology patients?

Methodology

Participants:
- (N=119, M/F: 38/81; mean age: M = 26.37, SD = 7.97)
- Six private dermatologists were asked to distribute questionnaires to their patients with acne
- Convenience sampling
- Inclusion criteria: current acne sufferers aged 18+
- Exclusion criteria: current diagnosis of mental illness

Measures:
- General Background Questionnaire
- Feelings of Stigmatization Questionnaire (FSQ; Ginsburg & Link, 1989): 32 items which measure feelings of perceived stigma in individuals with psoriasis and eczema
- Acne-specific Quality of Life Questionnaire (Acne-Qol; Botek et al., 2001): 19 items divided into three domains (self-perception, role social and role emotional) which measure QOL among individuals with facial acne

Procedure:
- Test Modification & Cultural Adaptation
- Reliability Analysis of culturally adapted FSQ (Chronbach’s α = .85) and Acne-QOL (Chronbach’s alpha ranged from .84 to .94)
- Data Collection & Analysis

Results

- Participants reported:
  - Moderate levels of perceived stigma (M=116.34, SD=19.58);
  - Good to very good self-perception ratings (M=20.34, SD=7.16);
  - Good to very good role-social ratings (M=17.67, SD=6.21);
  - Good to very good role-emotional ratings (M=19.63, SD=6.86).

Multiple Regression Analyses:
1. Variables Predicting Acne-QOL D.1: Self-Perception
- The eight independent variables explained 48.9% of the variance of self-perception, R² = .489, F (8,110) = 13.17, p < .001.
- Four of the independent variables contributed significantly to the prediction of self-perception: perceived stigma (b = .54, p < .001); self-rated severity of acne (b = -.25, p < .01); gender (b = -.19, p < .05); and age (b = .16, p < .05).

2. Variables Predicting Acne-QOL D.2: Role Social
- The eight independent variables explained 53.5% of the variance of role-social, R² = .535, F (8,110) = 15.80, p < .001.
- Three of the independent variables contributed significantly to the prediction of role-social: perceived stigma (b = .64, p < .001); self-rated severity of acne (b = -.24, p < .01); and history of acne (b = -.17, p < .05).

3. Variables Predicting Acne-QOL D.3: Role Emotional
- The eight independent variables explained 52.5% of the variance of role-emotional, R² = .525, F (8,110) = 15.17, p < .001.
- Three of the independent variables contributed significantly to the prediction of role-social: perceived stigma (b = .57, p < .001); self-rated severity of acne (b = -.30, p < .001); and gender (b = -.19, p < .05).

Conclusions

- This research study provides preliminary evidence that adults who feel stigmatized are at risk for experiencing a poor quality of life as a result of having acne;
- Potential risk factors of secondary importance may include one’s self-rated severity of acne, age, gender and previous history of acne;
- These risk factors can be clinically useful in providing red flags for dermatologists treating adults with acne.

References