

Psycho- social Program to Overcome Psychosocial Problems among Patients with Acne Vulgaris

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Abstract

Background: Acne vulgaris is still the most prevalent skin condition that doctors treat, with up to 80% of adolescents having acne. Acne vulgaris is one of the most diseases that generates higher amounts of psychic assessment, overall insecurity, feelings of inferiority, and psychic damage than any other. Study **aimed** to assess the effect of a psycho-social program on psycho-social problems among patients with acne vulgaris. A quasi-experimental **design** used in the study. The Dermatological Hospital's outpatient clinic in Benha City served as the study's **setting**. The target of this study consisted of 50 acne vulgaris patients. Data collected with three **instruments**: -A Semi-Structured Interview Questionnaire, a Social Phobia, and acne vulgaris Depression Checklist. The study **results** revealed that nearly half of the studied patients had no social phobia post-program and more than half of them had a moderate degree of depression post-program. There were statistically highly significant differences between the post-program levels of acne and total social phobia as well as total depression. The study **concluded** that the patients who participated in the psychosocial program were able to overcome psychosocial issues related to acne. According to study findings researchers **Recommended** raising public knowledge about phases of acne vulgaris and emotional stability's effects on mental health and other aspects of life via mass media.

Keywords: Acne, Psycho-social program, Psychosocial Problems.

Introduction

Acne vulgaris is the formation of comedones, papules, pustules, nodules, and/or cysts because of obstruction and inflammation of pilosebaceous units (hair follicles and their accompanying sebaceous gland). Acne develops on the face and upper trunk. It most often affects adolescents. Diagnosis is by examination. Treatment, based on severity, can involve a variety of topical and systemic agents directed at reducing sebum production, comedo formation, inflammation, and bacterial counts and at normalizing keratinization (Zaenglein & Sawardekar 2019).

Acne vulgaris is a very prevalent condition ranging from 50% to 80% depending on the population and study. The pathogenesis of acne vulgaris is well acknowledged to involve numerous elements. There are potential hereditary and environmental causes. Severe kinds of acne have a familial tendency that suggests a genetic component. Although it normally appears around puberty, acne can sometimes appear late in adults, in the thirties and forties. Before there is a spontaneous remission, several years pass. The condition has a generally fair prognosis, but because it is chronic, relapses may happen even while

receiving treatment or it may cease on its own (McPhee et al., 2019).

Acne is thought to be influenced by several variables; in first-degree relatives, the heritability of acne is about 80%. Acne is mostly assumed to be caused by genetic factors related to family history. Furthermore, medications, diets, infections, lifestyle factors including smoking, stress, proper cleanliness, and skin care, as well as clothing and perspiration, can all contribute to acne. Acne can be brought on or worsened by diseases as polycystic ovarian syndrome (Yang et al., 2020).

Furthermore, acne can have a substantial psychological impact even though it doesn't directly affect the body. According to several theories, people with moderate-to-severe acne have low self-esteem, a negative body image, social anxiety, and activity restriction. Acne patients also exhibit elevated levels of anxiety, rage, despair, and frustration as part of the emotional impact. Acne can impact a teen's social, professional, and academic success because it can lead to psychological anguish (Hazarika & Archana, 2016)

Adolescent acne is a frequent condition that seems to have a significant effect on mental health. In managing acne, nurses should understand the significance of fundamental psychosomatic care in addition to early medical and psychosocial intervention. Psycho-social education is a very important concept that considered a well-established form of treatment and rehabilitation for patient with Acne. It is defined as the use of methods, techniques and educational programs to facilitate remission or reduce effects of the illness. Psycho-social educational sessions provide knowledge that is being related to individual course of illness, healing and in effect they engage patients on cognitive and emotional levels (Kravvas & Al-Niimi, 2017).

The nurse must inform the client and family about acne, offer psychological support, and let patients know that perspiration, heat, and humidity can make acne worse. Give the client instructions to wash his face twice a day with gentle soap and lukewarm water, being careful not to scrub. Teach the client to avoid squeezing blackheads, to wash their hair every day and don't let hair across their face, avoid rubbing or propping their hands on their face, and to use cosmetics sparingly as some can aggravate their acne and remove them at bedtime. On the other side, since these things support healthy skin, the nurse should counsel the teenager on the value of a balanced diet, enough fluids, exercise, and rest. Inform them that in order to see benefits, they must adhere to the treatment plan for four to six weeks (Lawton, 2018).

Significance of study:

Acne is a very common skin condition that affects 28.9 to 91.3% of people worldwide. During puberty, acne is more common in boys than in girls. Studies conducted in Egypt indicate that the prevalence of acne is 34.7%, with a higher prevalence and impact in women. The disease affects twenty to forty percent of persons and can persist until adulthood (Tayel et al., 2020).

Acne can have a very negative impact on a person's life. Acne can be particularly distressing for teenagers since it often causes serious physical and psychological side effects, such as depression, anxiety, bad body image

and affect sexuality. Acne sufferers are more likely than the general population to suffer from psychological problems like anxiety and hopelessness that have a detrimental impact on their lives. Additionally, it may result in social dysfunction, including decreased career chances and social contact avoidance with peers and people of the opposite sex. Acne sufferers had depression rates that were two to three times higher than those of the general population, and they also had a higher propensity to consider suicide (Hazarika & Archana, 2016) (Jagtiani et al., 2017).

Aim of the study:

The aim of the study was to assess the effect of psycho-social program on psycho-social problems among patients with acne vulgaris.

It will be achieved through:

1. Assessing the psychosocial problems among patients with acne vulgaris.
2. Developing and implementing the psycho-social program for patients with acne vulgaris.
3. Evaluating the effect of the psycho-social program to overcome psychosocial problems among patients with acne vulgaris.

Research Hypothesis:

Patients with acne vulgaris will be able to overcome psychosocial issues with the help of the psycho-social program.

Subject and methods:

Research design:

A quasi-experimental design used in this research.

Setting:

The Dermatological Hospital's outpatient clinic in Benha City, which is next to the psychiatric and chest hospitals, is where the study was conducted. It has three entrances: the first is where consultation tickets and the pharmacy are purchased, and the second leads to three clinics, numbered 3, 4, 5, and physical therapy. The third leads to two clinics, which are designated 1, 2. It is the most specialist dermatology hospital in the Qalubia Governorate. The primary determinant was the

sheer volume of patients who choose to get treated at this clinic.

Subjects:

Sample size:

Fifty acne vulgaris patients from the Dermatological Hospital's outpatient clinic in Benha City are the study's target participants.

Sampling type

In this study, purposive sampling was employed. Patients that met the requirements for inclusion were of both sexes (male and female), had a medical diagnosis of acne vulgaris, and were willing to take part in the study. Any neurological condition, mental retardation, or cognitive disorders are excluded.

Tools of Data Collection:

The data was collected using the following instruments. The researcher translated all the tools into Arabic, retranslated them into English, and tested their translation.

Tool (1): A Structured Interview Questionnaire

This tool was developed by the researcher in Arabic language to assess all related socio-demographic and clinical data of the studied sample, including three parts as the following:-

Part 1: Socio-Demographic characteristics of the study sample as (age, sex, level of education, marital status, occupation, family income and family members).

Part 2: Clinical data: which include: age of first appearance of acne vulgaris, family history, number of visits to dermatologist, response to treatment and seasonal variation).

Part 3: Acne history: which include: causes, types, degree, places and complications of acne

Tool (2): Social Phobia Inventory (SPIN):- Social Phobia Inventory (SPIN). It was designed by **Conner et al., (2000)** to measure social phobia disorder (fear-avoidance- physiological arousal). It consisted of 17 items. Rating 0-4 where 0 indicate not at all, 1 little bit, 2 somewhat, 3 very much, 4 extremely. Scoring system

of social phobia range from 0-68 where none= less than 20, mild= 21-30, moderate =31-40, sever= 41-50, very sever =51 or more.

Tool (3): Acne vulgaris Depression Checklist

(ADCL): Acne vulgaris Depression Checklist (ADCL) was adopted by **David (1989)**. It was designed to measure depression of patient with acne, it consists of 25 items. It was divided to four-subscale:- (Thoughts and feeling, activities and personal relationship, physical symptoms and suicidal urges). All subscales were rated from 0-4 where 0 indicate not at all, 1 sometimes, 2 moderately, 3 a lot, 4 extremely. Scoring system range from 0-100 where 0-5 no depression, 6-10 normal but unhappy, 11-25 mild depression, 26-50 moderate depression, 51-75 severe depression, 76-100 extreme depression.

Validity of the tools

They were tested for content validity by a jury of five experts in the field of psychiatric Health Nursing specialty to ascertain relevance and completeness. The tools proved to be valid.

Reliability of the tools

Reliability was applied by the researchers for testing the internal consistency of the tools, by administration of the same tools to the same subjects under similar conditions on one occasion. Answers from repeated testing were compared (Test-re-test reliability). The tools revealed (Cronbach's alpha = 0.90) for Social Phobia Inventory and (Cronbach's alpha=0.91) for acne vulgaris Depression Checklist.

Methods

Administrative approval:

To interview the patients, the director of the dermatology hospital received an official letter from the Dean of Benha University's Faculty of Nursing. The subjects gave their oral agreement to participate in the study, and all authorized personnel involved were informed of the study's title, purpose, and necessary instruments. A thorough explanation of the study's goal will be examined.

Ethical considerations:

The patients with acne vulgaris were briefed about the purpose of the study, encouraged and given fully informed oral consent to participate. It was emphasized that all data collected was strictly confidential and the data would be used for scientific purposes only and the patient has full right to withdraw from the study at any time.

Pilot study:

A pilot study was conducted on 10% of the sample to test by the designed assessment tool and its applicability on the sample, and to estimate the time needed to fill in the sheets, and to identify obstacles or problems in data collection and accordingly necessary modifications were done. The modifications included a rewording of some phrases in the instruments to be clear and easy for participants to understand. Participants who were shared in the pilot study were excluded from the main study sample.

Fieldwork:

- The study was carried out in four months from the beginning of September 2020 till end of December 2020, and it's conducted through four phases as follow:

1- The assessment phase:

- Comfortable, private place was chosen for the interviewers. The aim and the nature of the study were explained to the studied sample and assured that their personal data will be treated confidentiality and will be used only for research purpose, and then it was possible to carry out the study with minimum resistance.
- The researchers met each patient individually after introducing themselves and explained to them the purpose of the study to seek participants' cooperation significance, content of the study. Subjects were interviewed where pre-assessment was done using: A Structured Interview Questionnaire, Social Phobia Inventory and Acne vulgaris Depression Checklist. This phase took one month.
- The interview lasted 25 to 30 minutes, two days a week (Sundays and Mondays), from 9 AM to 12 BM, with six to seven patients per day, and took around a month.

- Determining the study subject's needs as a starting point for the program was the goal of this phase.

2-The planning (Designing the program):

Based on the results obtained from the assessment tools and review of literature the program content was developed by the researchers in the form of a booklet. Each theoretical and practical session of the program contains a set of general and specific objectives.

General objective of the program: After conduction of Psycho-social program, patient with acne vulgaris should be able to overcome psychosocial problems.

Specific objectives of the program:

At the end of Psycho-social program the patient with acne vulgaris will acquire knowledge and practical skills about:

- Overview about acne and how it occurs, symptoms, causes, types, complications of acne, the effect of skin disease on the psychological state. Overview about social phobia and depression.
- Practical skills through applying steps such as ways to treat and prevent acne (Applying appropriate skin care and preventive steps to reduce acne vulgaris).
- Practical skills through applying practical ways to control social phobia and interact better with other people. Applying skills to improve the psychological state of acne patients such as positive thinking, healthy food and exercises to improve emotional state.
- Practical skills through applying meditation exercise to reduce negative emotions and practice deep breathing exercise.

3- Implementation phase:

- The program consisted of eight sessions: the first session was program introduction, two theoretical and four practical sessions, and a final session where patients may review the program's material and obtain a summary of all the sessions, and it included the post test. The subjects were divided into 5 groups; each of them consisted of 10 patients with acne vulgaris. Each group attends 8 sessions. The groups (1,2,3 & 4) attended two sessions/two groups in/week from 9 Am to 11 Am. Group 5 attended two sessions/week from 9 Am to 10 Am. Each session lasted (60 minutes) and

sessions were conducted on Sundays and Mondays.

- Small group discussions, brainstorming sessions, lectures, role-playing, example-giving, demonstration and re-demonstration, and the use of images as media were the instructional strategies employed. Each session concluded with a summary, comments, and additional explanations for any unclear points. At work, pamphlets were given out as instructional materials.

4- Evaluating phase: The post-test was carried out at the end of the program to evaluate the effect of Psycho-social program to overcome psychosocial problems among patients with acne vulgaris by using the same instruments as pre-test.

Statistical analysis:

The collected data were organized, coded, computerized, tabulated and analyzed by using the statistical package for social science (SPSS), version (20). Data analysis was accomplished using number, percentage distribution for qualitative variables, mean and standard deviation for quantitative variables, and correlation coefficient was used to determine statistically significant relations significant $p < 0.05$.

Results

Table 1: This table demonstrates that over half of the sample under study (56.0%) is under the age of 18, with a mean age of 16.40 ± 2.06 years. More than three fifths of them were female, had intermediate education, and were unmarried (64.0%, 62.0%, and 64.0%, respectively). Moreover, more than two thirds (72.0%) have enough income and more than half (52.0%) of them their family numbers from 3-4 persons.

Table (2): This table shows that fewer than half (40.0%) of the investigated sample age at which acne first appeared were between the ages of 12 and less than 15 with a mean age of 15.4 ± 2.08 years. Nearly two thirds (64%) of the samples under study had a positive history of acne, less than half (42.0%) visit a dermatologist twice in a month and the majority (66%) respond to therapy. Moreover, less than half (40.0%) wait two weeks for a reaction to show and Acne is more common in the summer in almost three-

quarters of the samples (72.0%) that were examined.

Table (3): According to this table, cosmetic agents account for more than half (52.0%) of the causes of acne in the sample under study and nearly two thirds (60.0%) had black acne. Only 12.0% of the sample under study had moderate acne, while the majority (88.0%) had mild acne.

Table (4): This table shows that only 4.0% of the visible acne sites are on the face, neck, and shoulders, while nearly a quarter (24.0%) are on the face. According to the invisible site of acne, less than one-fourth (20.0%) of the sample under study had acne on the chest, and only 4.0% had it on the upper shoulder.

Table (5): This table shows that the complications associated with acne among the studied sample are injuries and infection (12.0% and 16.0% respectively).

Figure (1): This figure shows that nearly half (48.0%) of the studied patients have no social phobia and only (8.0%) have severe phobia post program.

Figure (2): According to this figure, (16.0%) of the sample under study had moderate levels of depression prior to the program, while (60.0%) of the sample had moderate levels of depression following the program. Additionally, (40.0%) of the sample under study had severe depression prior to the program, and less than one-third (20.0%) had severe depression after the program.

Table (6): This table reveals that there are highly statistically significant differences between total social phobia and Acne degree post program.

Table (7): This table illustrates that there are statistically significant differences between total depression and Acne degree post program.

Table (8): This table shows that there is positive correlation between total social phobia and total depression pre and post program.

Figure (3): This figure shows that there is positive correlation between total social phobia and total depression pre-program.

Figure (4): This figure reveals that there is positive correlation between total social phobia and total depression post- program.

Table (1): The frequency distribution of the sample under study with respect to socio demographic attributes

Socio-demographic characteristics	No	%
Age		
<18	28	56.0
18+	22	44.0
Mean \pm SD	16.40 \pm 2.06	
Sex		
Male	18	36.0
Female	32	64.0
Level of education		
Read and write	14	28.0
Intermediate education	32	64.0
Higher education	4	8.0
Marital status		
Single	31	62.0
Married	19	38.0
Occupation		
Working	18	36.0
Not Working	32	64.0
Family income		
Enough	36	72.0
Not enough	14	28.0
Family Number		
from 3-4 persons	26	52.0
from 5-6 persons	24	48.0
Total	50	100.0

Table (2): Frequency distributions of studied sample regarding Clinical data.

Clinical data	N	%
Age of first appearance of acne		
Less than 12	15	30.0
12 to less 15	20	40.0
15 to less 17	10	20.0
17 to 18	5	10.0
Mean \pm SD	15.4\pm2.08	
Family history of acne		
Yes	32	64.0
No	18	36.0
Numbers visit to dermatologist in month		
one visit	16	32.0
two visits	21	42.0
Three visits	5	10.0
More than three visits	8	16.0
Mean \pm SD	2.02\pm1.33	
Response to treatment		
Yes	33	66.0
No	17	34.0
How long did it take for the appearance of response		
After two weeks	20	40.0
After one month	15	30.0
After two months	10	20.0
More than two months	5	10.0
In any seasonal acne increase in appearance		
In Winter	8	16.0
In spring	4	8.0
In Summer	36	72.0
In Autumn	2	4.0

Table (3): Frequency distributions of studied sample regarding Acne History

Acne History	No	%
Cause of Acne		
Cosmetic agents	26	52.0
Food	18	36.0
Menstruation	6	12.0
Types of the Acne		
Black acne	30	60.0
White acne	8	16.0
Red acne	8	16.0
Abscesses	4	8.0
Degree of Acne		
Mild degree	44	88.0
Moderate degree	6	12.0
Total	50	100.0

Table (4): Frequency distributions of studied sample according to Places of the Acne.

Places of the Acne.	No	%
Visible places		
Face	12	24.0
Neck	6	12.0
Shoulder	8	16.0
Face, Neck and shoulder	2	4.0
Invisible places		
The chest	10	20.0
Upper shoulder	2	4.0
The thighs	4	8.0
Chest and thighs	6	12.0

Table (5): Frequency distributions of studied sample regarding complication

Complication	No	%
Injuries associated with acne		
Yes	6	12.0
No	44	88.0
An infection of the pimples		
Yes	8	16.0
No	42	84.0
Total	50	100.0

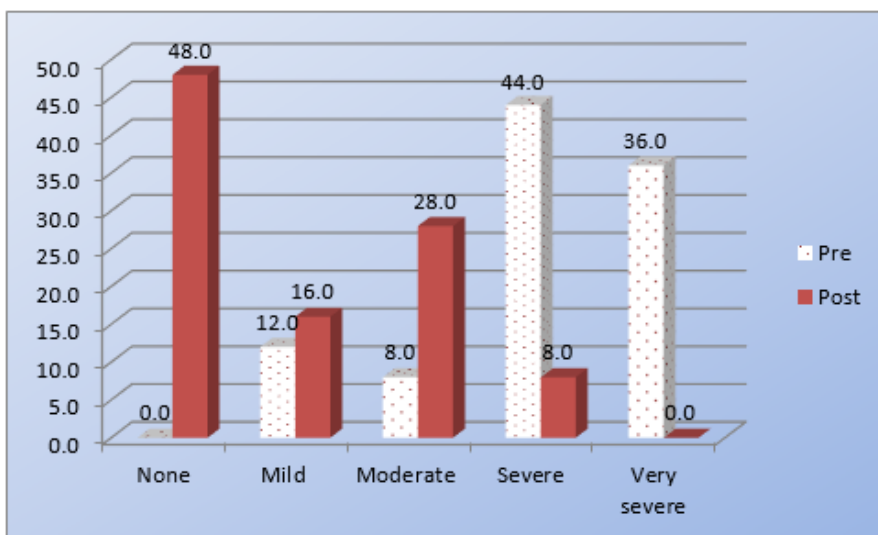


Figure (1): Frequency distribution of studied sample regarding social phobia pre and post program

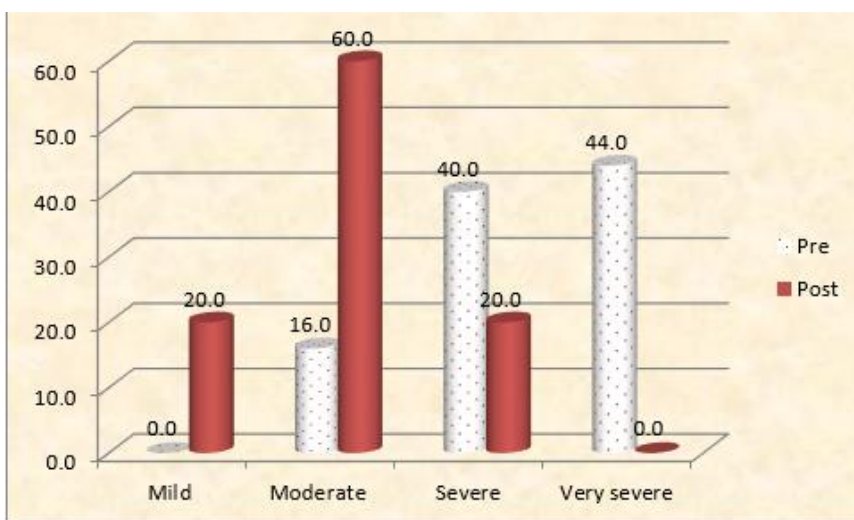


Figure (2): Frequency distribution of studied sample regarding depression pre and post program

Table (6): Relation between total social phobia and degree of Acne pre and post program.

Complication	No	%
Injuries associated with acne		
Yes	6	12.0
No	44	88.0
An infection of the pimples		
Yes	8	16.0
No	42	84.0
Total	50	100.0

Table (7): Relation between total depression and degree of Acne pre and post program.

Total depression	Acne degree							
	Pre				Post			
	Mild degree		Moderate degree		Mild degree		Moderate degree	
	No	%	No	%	No	%	No	%
Mild	0	0.0	0	0.0	8	18.2	2	33.3
Moderate	8	18.2	0	0.0	30	68.2	0	0.0
Severe	18	40.9	2	33.3	6	13.6	4	66.7
Very severe	18	40.9	4	66.7	0	0.0	0	0.0
	$X^2 = 1.96$		p-value = 0.37		$X^2 = 12.1$		p-value = 0.002*	

Table (8): Correlation between total social phobia and total depression pre and post program

Total Depression	Social phobia			
	Pre		Post	
	R	p-value	r	p-value
	0.78	0.000**	0.92	0.000**

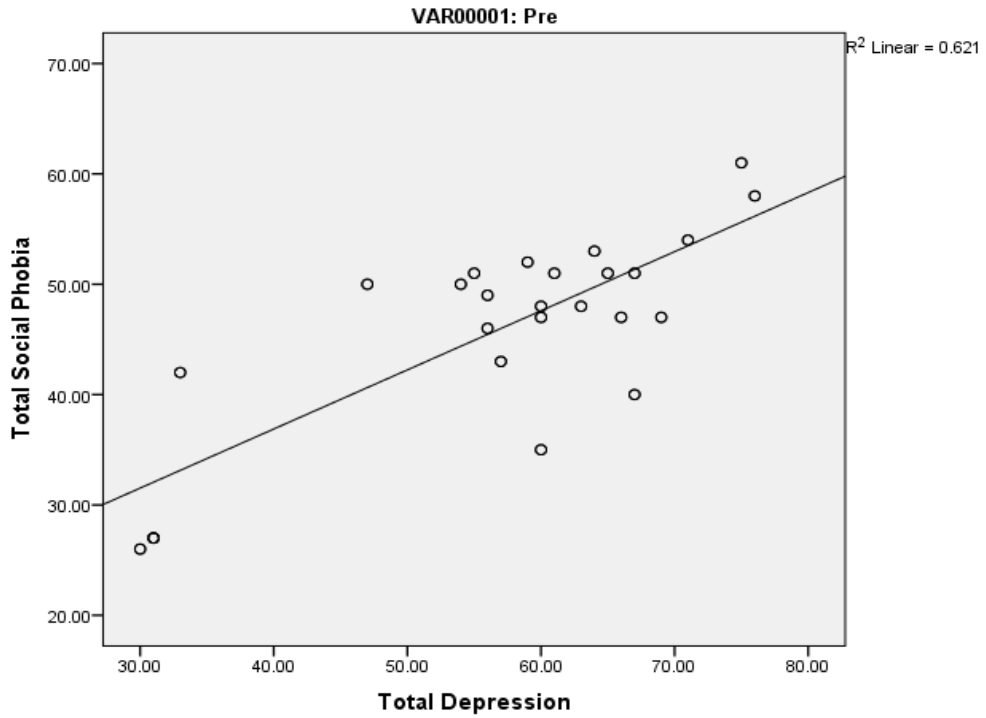


Figure (3): Correlation between total social phobia and depression pre the program

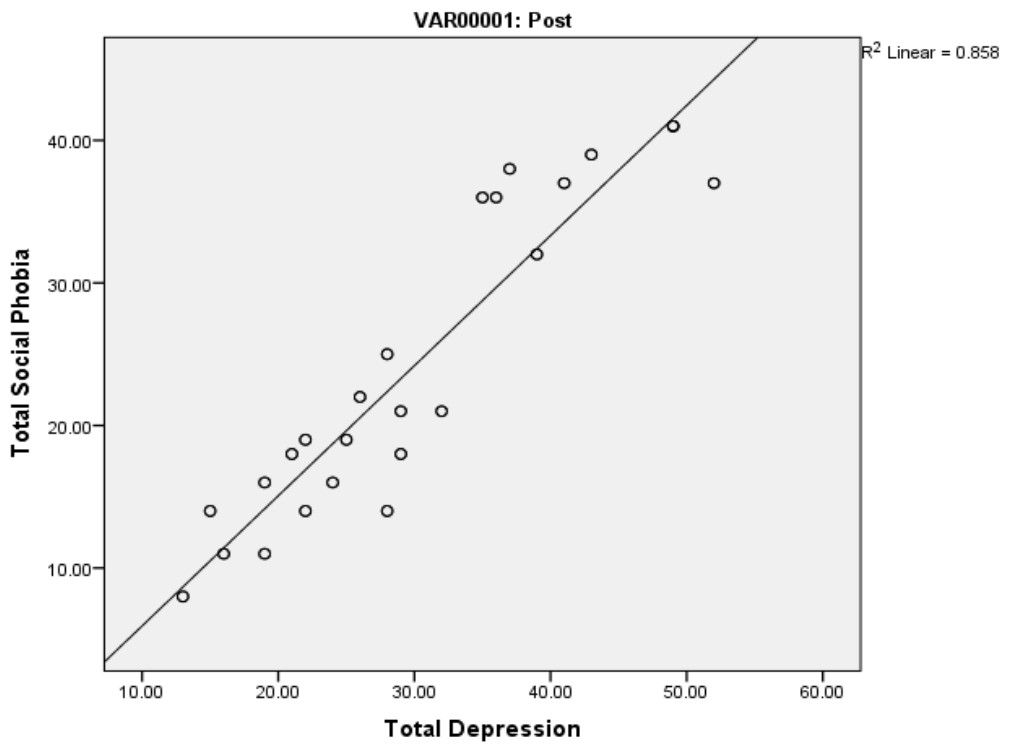


Figure (4): Correlation between total social phobia and depression post the program

Discussion

Acne is a common skin condition, affecting almost 10% of people around the world. It's most common in adolescents and young adults, but it can affect people of all ages. Living with acne can feel like a real burden. It can affect every aspect of your mental health, from low self-esteem, stress, and anxiety to depression and social withdrawal. And, if you're struggling with acne, you'll know that any stress can make acne worse. So, it's not surprising that many people can feel stuck, especially when they have hard-to-treat acne **Samuels, (2020) & Natsuaki & Yates (2021)**. Therefore, the current study conducted with a view to develop psycho educational program to overcome psychosocial problems among patients with acne vulgaris.

The study's results indicate that over half of the analyzed samples are less than 18 years old with a mean age of 16.40 ± 2.06 years. This could be attributed to hormonal changes that occur early in life, throughout adolescence or early adulthood. This conclusion is consistent with **Noorbala et al., (2016)** observation that the majority of the group under study is between the ages of 15 and 18, with a mean age of 16.5 years.

The majority of the patients in the current study were female. This could be because women are more interested in their bodies and skin care. These findings were comparable to **Coban et al., (2017)** found that two-thirds of the sample they studied was women. This finding contrasted with the findings of **Simic et al., (2017)** who observed that more than half of the studied group was male.

According to the study's findings, the majority of the sample is unmarried, unemployed, and has intermediate education. This may be because the majority of them were still in school, dependent on their family, and undergraduates. Moreover, according to the current study, two-thirds of the sample under investigation had a positive family history of acne. This could indicate that acne has an inherited predisposition because it involves the cytochrome P450-1A1 gene (CYP1A1) and the steroid 21-hydroxylase (P-450-c21). This finding was consistent with that of **Hosthota, et al., (2016)**, who found that over half of the

study group had first-degree relatives of acne sufferers and that more than half of them had a positive family history of acne.

According to the results of the current study, less than half of the sample visited a dermatologist twice a month, and the majority responded well to treatment. This could be because acne has a negative impact on the face, which causes frequent trips to the dermatologist. Additionally, nearly three-quarters of the samples under study exhibit a rise in acne throughout the summer. This may be because patients perspire more in the summer, which increases the risk of complications. Perspiration can clog pores by bonding with dirt, oil, and other impurities which increased the risk of bacterial infections. Summertime also brings with it the potential of sunburn, which will surely damage skin and produce inflammation. This could be because heat causes the skin to create more sebum. This result is in line with that of **Abo El-fetoh et al., (2016)**, who discovered that over half of the sample they tested had more noticeable acne throughout the summer.

According to the current study, cosmetic agents are responsible for over fifty percent of the sample's acne cases. This could be because cosmetic agents include chemicals that are harmful to the skin. This result is in line with that of **Yang, et al., (2020)**, who discovered that cosmetics from the most important factors made acne worse.

The current study's findings showed that around 25% of the sample under investigation had noticeable acne on their faces. This could be because the face is more exposed to dust and sunlight and has more sensitive visible skin than the rest of the body. This conclusion aligned with that of **Hosthota, et al., (2016)**, who found that papules were the most common type of lesion and that the face was the most affected location. This is comparable to earlier research by **Durai and Nair, (2015)** who stated since the face has a significant impact on body image, patients may visit dermatologists more frequently if they have facial lesions because they may find them unacceptable.

The study's key conclusion was that almost half of the patients had no social phobia after the program was put into place. This indicates the effectiveness of the program content such as application of sessions about how to control social phobia and training the patients on deep breathing exercise which lead to increase sociality of the patients and decrease fear from society. Assist in making patients more gregarious and less socially afraid. Furthermore, the results of this study showed that over half of the samples under investigation experienced moderate levels of depression after the program was put into place. This can be because of the researched samples' reaction to using useful strategies that enhance acne sufferers' psychological well-being and use exercise to lessen their negative feelings. This outcome is in line with **Do et al., (2009)** findings showing a substantial drop in scores from before to after the assessment.

Furthermore, the results of this study showed that over half of the samples under investigation experienced moderate levels of depression after the program was put into place. This can be because of the researched samples' reaction to using useful strategies that enhance acne sufferers' psychological well-being and use exercise to lessen their negative feelings.

Additionally, the current study's findings showed that there were highly statistically significant differences between the severity of acne following the program and overall social phobia. This could be because even though acne vulgaris cannot cause serious morbidity or physical disability, it had significant psychological and social repercussions. Significant physical and psychological morbidity was frequently caused by acne. Acne was more than just a cosmetic annoyance; it can cause anxiety, despair, and other psychological issues that had an impact on patients' lives that was like that of serious or incapacitating illnesses. This conclusion was confirmed by **Sood et al., (2020)**, who discovered a substantial positive association between the severity of acne and psychosocial problems.

The current study demonstrated that the degree of acne and overall depression after the program differed statistically significantly. Where the levels of depression were higher according to the severity of the degree of acne. This might be

due to increasing severity of acne degree leading to more impaired body image leading to psychological distress among patients with acne such as depression. As a result of program interventions and psychological support such as reassurance and relaxation techniques lead to decrease level of depression among patients with acne. This finding was supported by **Sood et al., (2020)**, who discovered a substantial positive association between the severity of acne and depression. Furthermore, this conclusion was confirmed by **Dunn et al., (2011)**, who discovered a substantial positive association between the severity of acne and depression. There was a substantial correlation between the subjective severity rating and depression, social ties, and general self-image.

The results of this study demonstrated a favorable relationship between overall depression before and after the training and total social phobia. This means that while depression rose before the program, social integration resulted from the development of skills through social engagement, additional exposure and habituation with the expectation of future coping, and greater self-efficacy and confidence.

Conclusion

- Based on the results of the current study, it can be concluded that the findings supported and validated the research hypothesis that the psychosocial program helped patients with acne vulgaris overcome their psychological issues.

Recommendations

- Increase public knowledge of acne vulgaris stages and the impact of emotional stability on mental health and all facets of life through the media.
- Involving the family might also assist the patient in overcoming any difficulties. Adolescents with acne should have their looks accepted by their families rather than criticized.

Further study:

Assess the impact of a psycho-social program on psychosocial issues in patients with acne vulgaris using a larger sample size, longer follow-up, and a range of ages.

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