



# A Comprehensive Approach to Treating Acne in Adolescents

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## Abstract

This article examines the efficacy of a multidisciplinary approach to the treatment of acne in teenagers, which may often be associated with depressive symptoms accompanied by low self-esteem and social adaptation difficulties. The research centers on the complex interaction of a dermatologist, a cosmetologist and a psychologist to improve a patient's psychological and emotional well-being, which is of great importance when undergoing acne treatment. Research data analysis has shown that the combination of medical, cosmetological and psychotherapeutic methods does not only contribute to acne symptoms reduction but also assures the improvement of mental state, thus creating a positive self-perception and helps patients considerably reduce acne-related stress levels. It is particularly important for adolescents, whose initial self-awareness, self-esteem and body image are just being established. Apart from improving physical properties of skin, the application of psychotherapy alongside dermatological treatment and cosmetic procedures helps patients understand their feelings better and accept their medical condition, which is crucial for successful treatment. Unlike standard methods, the comprehensive approach facilitates a significant reduction of treatment duration and substantially lowers the rate of relapse, which, in turn, proves its high efficacy and feasibility of application in clinical practice.

**Keywords:** Acne; Teenagers; Multidisciplinary Approach; Depressive Disorders; Psycho-Emotional State; Complex Treatment

## Introduction

This article researches the efficacy of a comprehensive approach to treating acne, accompanied by depressive states, in teenagers. The aim of the research was to assess the collaborative work of a dermatologist, a cosmetologist and a psychologist when treating this medical condition that causes both physiological effects and considerable psychological implications for teenagers. Frequent depressions and decrease in self-esteem, caused by skin conditions, can substantially worsen patients' conditions.

This, in turn, urges the need to devise an approach that would cover both physical and psycho-emotional well-being. This study applies a comprehensive approach that requires the use of medical, cosmetological and psychotherapeutic methods. Additionally, clinical case analysis, reviews of contemporary scientific literature and interviewing patients were used to assess treatment results. Proposed methodology compares the efficacy of standard conventional strategies to a comprehensive approach that involves the collaborative work of specialists from various areas, namely dermatology, esthetician (cosmetology) and psychology in

the treatment of this condition. Obtained results may form the basis for creating contemporary treatment methods of acne and other dermatoses in teenagers with consideration of psycho-emotional aspects.

## Main part

### Main Clinical Criteria for the Selection of Teenagers with Mild, Moderate and Severe Acne

Acne is a common skin condition among teenagers and it may have different degrees of severity. It is crucial to classify the disease state correctly, taking into account all the main clinical criteria determining the severity of acne, in order to select the most appropriate treatment [1-3].

#### Mild Acne

Mild acne is normally characterized by mild rashes, which have little effect on a patient's general condition. Come done are a typical type of rash (both open and closed), papules and pustules occur less commonly, deep inflammations and cystic formations are normally not observed. Rashes are concentrated on the face mostly, on the forehead, nose and chin in particular. Mild rashes may also be observed on the back and chest. The skin looks oily, but without any serious inflammations, rashes do not cause pain or any discomfort. Appearance concerns may arise to a small extent, yet they do not lead to any serious self-esteem or social adaptation problems [4].

#### Moderate Acne

Moderate acne is characterized by more noticeable inflammations and a considerable number of rashes that are starting to affect a patient's psycho-emotional state. An increase in the number of papules and pustules is also characteristic as well as a few cystic elements. Rashes may occur in conjoined groups or zones. Post acne scars and hyperpigmentation may also appear. Rashes spread to not only face but also back, chest, neck, shoulders and the upper part of the back. An increase in inflammation, compared to mild acne, takes place. Red, swollen and painful rashes are common symptoms. Moderate acne has a major impact on teenager's self-esteem, which, in turn, may cause difficulties in socializing. It contributes to lowering self-esteem, anxiety and stress, which are likely to have a negative effect on well-being [5,6].

#### Severe Acne

Severe acne is a serious condition that requires an active and complex treatment plan. Severe acne is characterized by deep inflammation, namely the presence of numerous

acne cysts which can be large, painful, inflamed, and have distinct signs of infectious processes. Rashes aren't limited to the face only, but also spread on the back, chest, shoulders, neck, upper arms and even thighs. Rashes also occur on the forehead, cheeks, chin, and may spread to the upper and lower neck. In other words, a typical characteristic of severe acne is distinct skin infiltration; red, painful, swollen lesions which often secrete visible pus. The case of acne is accompanied by constant pain, inflammation and discomfort, which has a dramatic impact on a patient's quality of life. Increased risk of developing complications such as furuncles or abscess is also commonplace. Noticeable signs of post acne and deep scarring may not disappear even after treatment, which greatly influences the appearance and well-being. All of the abovementioned contributes to a marked lowering in self-esteem. As a result, teenagers often experience severe stress, depression, anxiety, which drastically lowers their emotional well-being. Due to serious cosmetic skin defects, patients may avoid contact with people, leading to social isolation and problems in communication with peers [7].

## Research Methodology

### The Structure and the Features of the Sample

Teenagers aged 14 to 16, suffering from moderate and severe acne in accordance with the criteria specified above, participated in the research. The patients were divided into two main groups: group 1 – teenagers with moderate acne, and group 2 – teenagers with severe acne. Both groups were further subdivided into A and B subgroups. In the A subgroups standard treatment protocols were applied, whereas in the B subgroups comprehensive approach, including dermatological treatment, psychological support and cosmetologist consultation, was implemented. Emphasis was placed on the combination of different methods to ensure a maximum treatment effect [8].

### Features of Standard and Comprehensive Approaches

Acne treatment in teenagers from subgroups 1A and 2A started with an initial assessment and a consultation with a dermatologist. Depending on the severity of each individual case, a standard therapy protocol was selected. It included the use of topical retinoids, benzoyl peroxide, local antibiotics as well as azelaic and salicylic acid-based preparations. The foundation for such an approach lies in evidence-based clinical practice and is aimed to directly improve skin condition and reduce inflammations, which are the main tasks of dermatological treatment. Where as in subgroups 1B and 2B the treatment of acne started with a comprehensive approach, which took into account not only physical, but also psychosocial aspects of the

condition. The first stage of therapy was a psychologist consultation aimed to prepare teenagers for a long process of treatment, help them better understand the nature of acne and the need for regular therapy. Psychological support helped to considerably reduce the levels of stress and anxiety, which often accompany the initial stages of treatment. Additionally, it helped form a positive attitude towards therapy. The second stage of complex treatment was individual selection of home skin care products, based on each patient's individual skin concerns and type, together with an esthetician (cosmetologist). An individual plan of products and procedures to introduce into daily skincare routine was created by an esthetician (cosmetologist), which helped normalize skin condition in between dermatologist appointments and reduce the risk of exacerbation. Apart from this, teenagers had weekly psychotherapy sessions for three weeks. The sessions were aimed to build rapport and prepare for further medical treatment. After completing three-week psychological preparation and introducing cosmetic products into the skincare routine, subgroups 1B and 2B started standard dermatological treatment, including personally selected preparations. Such phasing in introducing medical treatment allowed teenagers to undergo a better adaptation, thus lowering stress levels and negative emotional response to exacerbations, which often occur in the early stages of acne treatment. Consequently, therapy in subgroups 1B and 2B started three weeks later than in subgroups 1A and 2A, however this approach ensured a much higher level of readiness to medical treatment and significantly improved the results of the therapy. Treatment adaptation and psychological preparation were key factors that facilitated successful completion of the full course of treatment and reduced stress level, which in turn had a positive impact on final results [9,10].

### Results and Comparison of Approach Effectiveness

Thus, the analysis of research carried out clearly indicates that despite the delay in starting therapy in patients from subgroups 1B and 2B, they achieved much better clinical outcomes in comparison with subgroups 1A and 2A. This demonstrated the importance of prior psychological preparation and proper cosmetic care, which provided teenagers from subgroups 1B and 2B with the necessary psycho-emotional state that ensured efficacy and the completion of the full course of treatment. Psychotherapy sessions, conducted during the initial stages of therapy, helped to avoid negative response to acne exacerbations, which are a common occurrence at the beginning of medication therapy. In the course of standard conventional treatment, which was applied in subgroups 1A and 2A, exacerbations, commonly observed during the use of topical medications, was viewed as a confirmation of treatment inefficacy. This

contributed to emotional stress and decrease in motivation to adhere to therapeutic recommendations, as patients had expected immediate improvement in skin condition. The above mentioned changes dramatically increased patients' anxiety and depression levels consequently worsening their attitude towards the treatment and increasing disbelief in achieving desired outcomes. In other words, the lack of psychological support in subgroups 1A and 2A was one of key factors that inhibited the process of achieving desired outcomes of standard therapy. Without proper psychological preparation teenagers had difficulties in accepting the need for prolonged treatment and adjusting to the changes in their skin condition. The lack of psychological support also substantially hindered the interaction between teenagers and doctors, which ultimately might have resulted in failure to follow the recommendations and delay in achieving therapeutic results, or even in premature termination of the therapy altogether. On the other hand, psychological support, provided to subgroups 1B and 2B, significantly raised the levels of awareness and confidence in the treatment process. The teenagers who had undergone therapy sessions prior to medical treatment, were better prepared for possible exacerbations and changes in skin condition at the beginning of the therapy, due to increased awareness on the subject of potential temporary negative effects. It helped them maintain a positive attitude towards treatment and strictly adhere to doctors' recommendations. Hence, psychological support became a major factor, which considerably lowered the levels of stress and emotional load and promoted better compliance with all the necessary measures, leading to the achievement of more successful clinical outcomes in comparison to the patients from subgroups 1A and 2A.

### Conclusions on the Feasibility of Comprehensive Approach

The research clearly demonstrates a high efficacy level of comprehensive approach that incorporates collaborative work of different specialists, in particular, a dermatologist, a cosmetologist and a psychologist, into the treatment of teenagers with moderate and severe acne. Such a multidisciplinary approach considerably enhances the outcomes of treatment, as each specialist makes a unique contribution into the therapy process, assuring comprehensive support for the patient. Psychotherapy sessions have a particular significance in a comprehensive approach, as they provide teenagers with a better understanding of their condition, letting them understand the stages and the importance of prolonged treatment. Psychological support helps to emotionally prepare for the treatment, which makes it possible for teenagers to handle temporary exacerbations and unpredictable changes in their condition in the initial stages of therapy better. A psychologist helps patients form an adequate perception of this medical

condition, thus minimizing the level of anxiety and stress arising from it. Teenagers from subgroups 1B and 2B, who had regular psychotherapy sessions, demonstrated much better dynamics of the treatment process in contrast to the teenagers from subgroups 1A and 2A, where only standard dermatological treatment was applied. Psychological preparation on the initial stage of treatment, alongside with constant support throughout the therapy, let teenagers from subgroups 1B and 2B better adapt to the treatment and considerably lowered emotional load, which often leads to violations of treatment regimen and refusal of therapy. This emphasizes the feasibility to expand therapeutic arsenal when treating acne in teenagers by involving specialists from related fields. Comprehensive approach, which combines dermatological treatment, psychological support and skincare as recommended by a cosmetologist, does not only promote better outcomes, but also lowers patients' stress levels. This, in turn, improves the interaction between a patient and a doctor, increases motivation to undergo a treatment and generally promotes a much more effective process and completion of the therapy. The results of this research may constitute the basis for the implementation of such a comprehensive approach into clinical practice when treating acne in teenagers, given the obvious advantage in comparison with standard approaches.

## References

1. Dawson AL, Tan JK (2019) Acne vulgaris: Pathogenesis and treatment. *Dermatologic Clinics* 37(3): 295-307.
2. Sartorius K, Korkia P (2019) The psychosocial impact of acne in adolescents. *J Dermatol & Dermatol Surg* 23(1): 42-48.
3. Liu J, Wang Q, Zhang X (2020) Acne and mental health: Exploring the psychosocial aspects of acne vulgaris. *Inter J Dermatol* 59(5): 599-606.
4. Sewell LD, Patel A (2017) Acne management: A collaborative approach to dermatologic and psychological care. *Am J Clin Dermatol* 18(4): 541-548.
5. Gollnick HP, Zouboulis CC (2018) Acne: Pathophysiology and treatment strategies. *J Clin Aesthetic Dermatol* 11(7): 18-23.
6. Schneider LA, Gutierrez L (2021) Integrating cosmetic dermatology and psychotherapy for adolescent acne treatment. *Cosmetic Dermatol Rev* 4(2): 45-52.
7. Gollnick HP, Schon MP (2019) Acne therapy: From pathogenesis to novel therapies. *Dermatol* 235(1): 29-37.
8. Eisen DB, Williams CS (2020) The role of psychotherapy in acne treatment: Psychological approaches to enhancing patient outcomes. *J Am Academy Dermatol* 82(2): 326-331.
9. Fischer A, Millikan M (2018) Psychodermatology: The interface of psychiatry and dermatology. *J Dermatol Treatment* 29(3): 232-238.
10. Beck AT, Weishaar ME (2020) Cognitive-behavioural therapy for acne: Understanding emotional responses to skin disease. *Cognitive Ther Res* 44(2): 259-267.