Editorial

Acne in the Age of Social Media: Recognising the Psychosocial Burden on the Young Generation

Allied Medical Research Journal
Vol:4 No.4: 01-02
© The Author (s) 2026

Uzma Dost Muhammad Rajar
Department of Dermatology, Isra University, Hyderabad, Pakistan

Acne vulgaris is one of the most common conditions seen in dermatology clinics, and for most people it arrives at the worst possible time in life. It usually begins around puberty, when androgen-driven sebum production, abnormal keratinization of the follicle, colonisation by *Cutibacterium acnes* and local inflammation come together in the pilosebaceous unit. Most adolescents will have some degree of acne, and a considerable number, particularly women, continue to struggle with it well into their twenties and thirties.

Because acne rarely threatens life, families, schools and even some health professionals have long treated it as a cosmetic nuisance that will settle on its own. That view no longer holds. Over the past two decades, a growing body of evidence has shown that acne carries a psychological and social weight that is often far out of proportion to its clinical severity. For the young generation, who live much of their lives in front of cameras and screens, this burden has become heavier than ever.

Adolescence is the period in which identity takes shape, and the face sits at the centre of how young people see themselves and how they believe others see them. Visible lesions on the face, chest or back can wear down self-esteem at exactly the age when peer acceptance matters most. In clinical practice we regularly meet students who avoid group photographs, give up sports because of truncal lesions, or stop speaking up in class so that no one looks at their skin for too long. Studies from many countries have linked acne with anxiety, depressive symptoms, social withdrawal, poor body image and, in some patients, suicidal thoughts.

Email: uzmarajar1@gmail.com

What is striking is that the level of distress does not always follow the grade of acne. A young woman with a few papules on her cheeks may suffer more than a young man with extensive nodular disease, which is why severity scores on their own should never decide how seriously we take a patient's complaint.

Social media has changed the setting in which acne is experienced. Today's teenagers compare themselves many times a day with filtered and edited faces that no real skin can match. Teasing that once stayed in the classroom now follows them online through comments and shared images. Alongside this, platforms are flooded with skincare advice from influencers who have no medical training. Harsh scrubs, home remedies, toothpaste, lemon juice and expensive product routines are promoted as quick cures. In Pakistan the problem is made worse by the easy over-the-counter availability of potent topical corticosteroids and fairness creams of uncertain composition. Many young patients reach the dermatologist only after months of misuse, with steroid-induced acneiform eruptions or rosacea-like changes layered over their original acne. Every month lost in this way raises the risk of permanent damage.

That damage often outlasts the disease. Post-inflammatory hyperpigmentation is particularly common and slow to fade in the darker skin types of South Asian patients, and many find the marks more distressing than the active lesions. Atrophic and hypertrophic scars carry the emotional impact of acne into adult life, affecting confidence at job interviews, in social settings and in relationships. In our society, where appearance still weighs heavily in marriage decisions, young women in particular face added family and social pressure. Myths that blame acne on poor hygiene, “heat” in

This article is distributed under the terms of the Creative Commons Attribution-Non Commercial 4.0 International License (CC BY-NC 4.0), which permits others to share, copy, redistribute, and adapt the work for non-commercial purposes, provided the original author(s) and source are credited appropriately. Further details are available on the official AMRJ Open Access policy page: https://ojs.amrj.net/index.php/1/14.

the body, impure blood or bad diet add guilt and stigma to what is a common, treatable inflammatory disorder.

The overall effect on quality of life is substantial. Research using validated instruments has shown that the impairment reported by people with acne can be comparable to that seen in several chronic systemic illnesses. Reduced concentration, missed school or university days and lower participation in social and extracurricular activities are frequently described. For a generation already facing academic competition, economic uncertainty and rising rates of mental health problems, acne is not a trivial addition to the load.

These realities call for a change in how acne is managed. Dermatologists and primary care physicians should ask every young patient how their skin is affecting their mood, studies, sleep and social life, not only how many lesions they have. Short validated tools such as the Cardiff Acne Disability Index or the Dermatology Life Quality Index take a few minutes and can bring hidden distress to the surface. Early and adequate treatment remains the best way to prevent both scarring and psychological harm. Topical retinoids, benzoyl peroxide, judicious use of oral antibiotics with attention to antimicrobial stewardship, hormonal therapy in suitable women and isotretinoin for severe or scarring disease should be offered without unnecessary delay. Mood should be monitored during treatment, and patients who show signs of significant anxiety, depression or self-harm risk deserve prompt referral to psychologists or psychiatrists. A collaborative approach between dermatology and mental health services is no longer optional for this age group.

The responsibility does not rest with clinicians alone. Parents and teachers need accurate information so that acne is treated as a medical condition rather than a matter of vanity or poor hygiene. School and university health programmes and student counselling services can provide early support. Regulators must take firmer action on the unrestricted sale of steroid-containing and unlabelled skin creams. Media platforms and content creators also share a duty to avoid spreading unverified treatments and unrealistic beauty standards. Teledermatology offers a practical way to reach young people in smaller towns and rural areas who have little access to specialist care.

There is also a clear research gap. Local data on the psychosocial burden of acne among Pakistani adolescents and young adults remain limited, and much of what we know comes from Western populations with different cultural expectations and skin types. Well-designed community and school-based studies are needed to measure this burden, identify those at greatest risk and test culturally suitable interventions.

Acne may be temporary for many, but the marks it leaves on confidence and mental health can last for years if they are ignored. Treating acne effectively means treating the young person behind the skin. If clinicians, families, educators and policymakers work together with empathy and evidence, we can make sure that a common skin condition does not quietly shape the lives and futures of our young generation.