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Original Research

The effect of melasma on self-esteem: A pilot study^{☆,☆☆}

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ABSTRACT

Melasma is a common disorder of hyperpigmentation characterized by tan or brown macules and patches affecting sun-exposed areas, particularly the face. Melasma has been shown to have a significant impact on the quality of life and self-esteem of those affected. We interviewed six patients who were diagnosed with moderate-to-severe melasma with regard to the effect of their disorder on their self-esteem. All patients reported a significant negative effect on their quality of life and self-esteem. With successful therapy using a triple combination of cream and oral tranexamic acid to treat their melasma, all reported a marked improvement in self-esteem. Physicians who treat patients with melasma should be aware of its profound psychosocial effects and the improvement that successful melasma treatment can have on self-esteem.

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Introduction

Background

Melasma is a common disorder of hyperpigmentation characterized by tan or brown macules and patches that mainly affect sun-exposed areas. Melasma can affect men and women of all ethnicities and skin types but is especially prevalent in women with Fitzpatrick skin types III to V who are exposed to ultraviolet (UV) light (Sheth and Pandya, 2011). Although there are many reports of melasma in Hispanic and Asian individuals, the disorder can affect any racial/ethnic group (Sheth and Pandya, 2011). The precise cause of melasma is unknown but factors such as UV light exposure, pregnancy, exogenous hormones, and genetics have been shown to have an important role in the pathogenesis of melasma (Lieu and Pandya, 2012; Sheth and Pandya, 2011). Melasma is notoriously difficult to treat and has a high rate of recurrence. Although asymptomatic, melasma is a disfiguring disease that negatively affects the quality of life (QoL) and self-esteem of affected individuals.

Disfiguring diseases such as melasma take a significant toll on the psychosocial well-being of affected individuals; however, very little has been published on how to improve their QoL and self-esteem. Multiple studies have assessed the QoL of patients with melasma using measures such as the Melasma Quality of Life (MelasQoL)

score but few have studied focus groups of patients to ascertain self-esteem and psychological stressors that are associated with the condition (Balkrishnan et al., 2003). We interviewed six patients diagnosed with melasma about the effect of their skin condition on QoL and self-esteem before and after treatment.

Quality of life assessments

Several different questionnaires have been used to assess the QoL of patients who are affected with melasma. In the 1990s, questionnaires such as the Skindex-16 (Chren et al., 1996, 2001) and Dermatology Life Quality Index (DLQI; Finlay and Khan, 1994) specific to dermatologic diseases but not disease-specific were used to measure the psychological effects of melasma on patients. Subsequently, in 2003, a disease-specific QoL questionnaire, MelasQoL, was developed for patients with melasma (Balkrishnan et al., 2003).

The MelasQoL has been shown to be more specific than the Skindex-16 and DLQI and has been translated and validated into multiple languages (e.g., Spanish, Portuguese, French, Turkish, Iranian, Turkish, Hindi; Aghaei et al., 2005; Balkrishnan et al., 2003; Dogramaci et al., 2009; Dominguez et al., 2006; Misery et al., 2010; Sarkar et al., 2016). The findings of the various studies in different languages are listed in Table 1. Contradictory findings with regard to the correlation between the QoL of patients and the severity of their melasma as measured by the melasma area and severity index indicate the effect of melasma on QoL is not solely dependent on disease severity but is multifactorial. Treatment may also affect QoL. In two studies (Dominguez et al., 2006; Misery et al., 2010), patients

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Table 1
Literature review of MelasQoL studies of different ethnicities

Authors	Language	Sample size	MelasQoL score (mean)	Most affected domains	Correlation to disease severity	Correlation to prior treatments	Correlation to age groups	Correlation to level of education	Correlation to psychological function
Balkrishnan et al. (2003)	English	102	36	Social life, recreation and leisure, emotional well-being	Moderate ($p = 0.30$)	Not mentioned	↑ MelasQoL in 20-40 year olds vs. 31-40 and >41 years of age groups ($p < 0.05$) Not mentioned	Not mentioned	↑ MelasQoL in patients with history of psychiatric disease vs. control ($p < 0.001$) ↑ MelasQoL scores in patients with history of psychiatric disease vs. control ($p < 0.05$) Not mentioned
Cestari et al. (2006), Freitag et al. (2008)	Brazilian Portuguese	85	37.5	Emotional well-being	No correlation	Not mentioned	Not mentioned	↑ MelasQoL (<8 years of formal education), $p < 0.05$ ↑ MelasQoL (<7th grade education) $p < 0.05$	Not mentioned
Dominguez et al. (2006)	Spanish	99	42	Social life, emotional well-being, physical health, money matters	Moderate ($p = 0.233$)	↑ Sp-MelasQoL ($p < 0.05$)	Not mentioned	Not mentioned	Not mentioned
Misery et al. (2010)	French	28	20.9	Family relationships, social life	Not mentioned	↑ MelasQoL	↑ MelasQoL in >45 year olds vs. <45 year olds Not mentioned	Not mentioned	Not mentioned
Dogramaci et al. (2009)	Turkish	114	29.9	Appearance of the skin, frustration, feeling unattractive to others, having a restricted sense of freedom	Statistically significant ($p < 0.05$)	Not mentioned	Not mentioned	Not mentioned	↑ MelasQoL in poor functioning in psychological life domain patients ($p < 0.05$)
Aghaei et al. (2005)	Persian	147	52.83	Social life, recreation and leisure, emotional well-being	Statistically significant ($p < 0.05$)	Not mentioned	Not mentioned	Not mentioned	Not mentioned
Sarkar et al. (2016)	Hindi	100	37.19	Physical health, social life and emotional well-being	High ($p = 0.809$)	Not mentioned	↑ Hi- MelasQoL in older age groups	Not mentioned	Not mentioned

MelasQoL, melasma quality of life

who were previously treated unsuccessfully for melasma had significantly worse MelasQoL scores than untreated patients. In addition, a lower level of education (< 8 years of formal education) and poor psychological functioning have been found to be correlated with a lower MelasQoL score (Dominguez et al., 2006; Misery et al., 2010; Sarkar et al., 2016).

Contradictory findings with regard to the age group most affected psychologically by melasma have been reported (Balkrishnan et al., 2003; Misery et al., 2010; Sarkar et al., 2016). Two studies using a triple combination cream that consists of hydroquinone, tretinoin, and topical steroid to treat melasma have shown a significant improvement in QoL (Balkrishnan et al., 2004; Cestari et al., 2006). Although several studies have measured the effect of melasma on women's QoL using the MelasQoL, there is little research with regard to the effect of melasma on self-esteem.

Methods

Procedure

This study used an inductive qualitative approach to understand the effect of melasma on self-esteem using semi-structured interviews as the means to collect data. This method has been used to gather information about the psychosocial impact of other skin diseases (Hayes, 2000). Four interviews were conducted face-to-face and two by telephone. Our inclusion criteria were women age 18 or older with a history of moderate or severe melasma who presented to the UT Southwestern Pigmentary Disorders Clinic for follow-up of their melasma. Treatment regimen was not an exclusion criterion in this study because all the women were seen by the same provider and were treated with a similar regimen for their melasma. Figures 1 and 2 show a patient with severe melasma who improved after treatment with oral tranexamic acid 325 mg twice daily, triple combination cream that contained 6% hydroquinone, 0.0125% tretinoin, and 0.1% dexamethasone once daily, and sunscreen lotion.

In total, four women with a history of moderate melasma and two women with severe melasma were interviewed. Demographic information is listed in Table 2. Interviews were transcribed verbatim and results were reviewed and analyzed to detect themes. Interview questions were open ended and pertained to the impact of melasma on daily activity, interaction with others, relationships, self-esteem, and self-reflection. The interview questions are listed in Table 3. In addition, questions were asked to analyze the impact of culture and



Fig. 1. Patient with severe melasma on the forehead before treatment

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