

A corrective cosmetic make-up significantly improves quality of life, as well as dryness and tautness of skin for subjects with acne, melasma, rosacea or other facial concerns that would benefit from corrective make-up

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Introduction

Facial blemishes including acne, angioma, rosacea, hyperpigmentation, vitiligo and other skin disorders may cause psychological impairment.¹ Several studies demonstrated that corrective makeup or cosmetic camouflage results in the improvement of QOL in subjects with pigmentary disorders. However, these studies were often conducted in small populations.²⁻⁷

The tested highly corrective cosmetic products (Dermablend[®], Vichy Laboratoires; either 3D formulation for acne containing eperuline and salicylic acid, or Fluid and stick for other conditions from Vichy Laboratoires, France, hereafter 'CC') does not affect the structure of the physiological function of the skin, is non-comedogenic, highly photoprotective and safe.⁸

Aim of the study

- *Primary*: Improvement of QOL in subjects with facial blemishes due to skin disorders, after a period of 4 weeks using the Skindex-16⁹
- *Secondary*: subject and investigator satisfaction, cosmetic acceptability, skin quality and tolerance of the CC

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Methodology

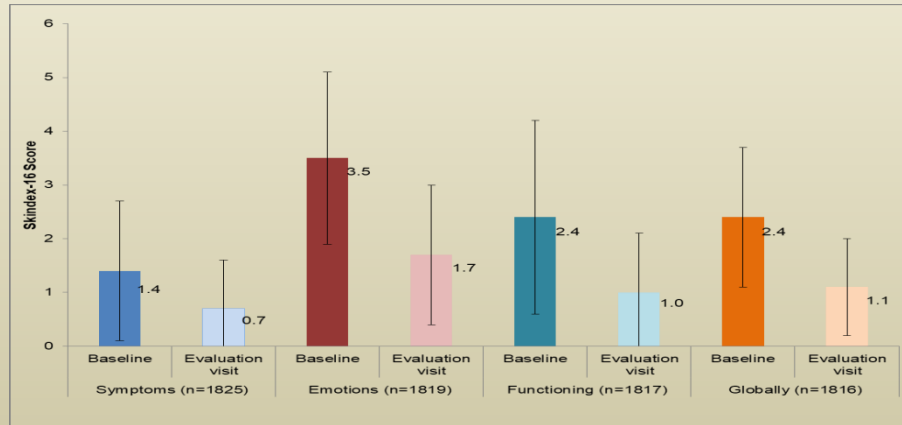
- International, prospective, anonymous and observational survey
- Subjects with visible facial flaws including (i.e. acne, rosacea, hyperpigmentation, angioma or vitiligo)
- Investigators prescribed one of the different CC formulas according to the indication and instructed subjects to apply the CC once daily on the entire face
- Assessments
 - *Baseline*: Demographics, QOL, skin dryness and tautness
 - *Baseline and Week 4*: Subject and investigator satisfaction, cosmetic acceptability, application frequency and tolerance were assessed at baseline and after 4 weeks.

Results

- 1840 subjects (95% were women) participated; mean age was 31.5 ± 11.1 years
- At Baseline:
 - 48.9% had acne, 16.7% melasma, 15.3% rosacea, 14.8% post-inflammatory hyperpigmentation and 9.7% angioma
 - 81.2% had $\geq 10\%$ of the face affected
 - 45.3% considered the condition as disfiguring
 - 18.4% had taut and 21.2% dry skin.

Results

- At week 4, Skindex-16 scores had significantly ($p < 0.0001$) improved by 0.7, 1.8, 1.4 and 1.3 points for symptoms, emotions, functioning and globally, respectively.



Skindex-16 score: 0=not bothered at all, 10= always bothered

Figure 1 Skindex-16 score at baseline and after 4 weeks

- The prevalence of subjects with skin tautness had significantly ($p < 0.0001$) decreased by 14.8% to 3.6% and by 16.5% to 4.7% for those with dry skin after 4 weeks.

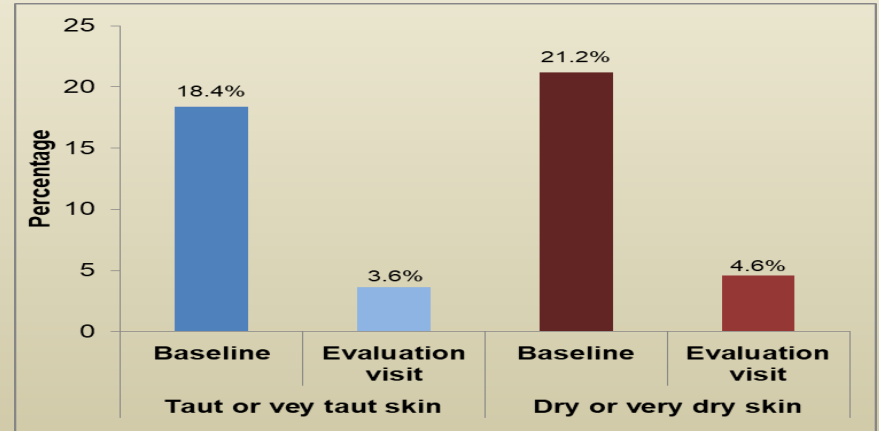


Figure 2 Prevalence of subjects with dry or very dry and with taut or very taut facial skin at baseline and after 4 weeks of daily application

Results

- Subject satisfaction was 8.8 ± 1.4 on an 11-point scale and 98.7% of the investigators were satisfied or highly satisfied with the CC
- CC had a satisfying or very satisfying impact on the well-being of subjects with acne (95.8%), rosacea (95.7%), hypopigmentation (95.1%), hyperpigmentation (94.1%) and angioma (88.9%)
- 95.0% of all subjects were satisfied or highly satisfied with the cosmetic quality of the tested CC and 96.0% stated that the CC had met their expectations
- Local tolerance was excellent in 97.7% of all subjects.

Conclusions

The tested CC improved significantly the subjects' QOL and provided high patient and investigator satisfaction.

Dermatologists should continue encouraging patients with disfiguring dermatoses, to use corrective cosmetics, regardless gender or age, thus improving QOL, well being and skin appearance.