



The Interconnection Between Dermatology and Mental Health: Exploring ADHD and Acne Treatment Adherence

Jiayang Liu¹, Haihang Zhang²

¹ College of Humanities and Management, Guizhou University of Traditional Chinese Medicine, Guizhou, China

² Guiyang Institute of Humanities and Technology, Guiyang, Guizhou, China

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Corresponding Author: Jiayang Liu, College of Humanities and Management, Guizhou University of Traditional Chinese Medicine, 550025 Guizhou, China. Orcid ID: 0009-0001-1078-1010. Email: liujiayang517227@gmail.com

Dear Editor,

We thoroughly reviewed the recent study, “Attention Deficit Hyperactivity Disorder and Treatment Adherence in Adolescent Acne Patients: Investigating the Relationship for Better Care Strategies” [1]. Their work highlights a critical intersection between dermatology and mental health, underscoring the need for a multidisciplinary approach to patient care. While the study provides valuable findings, several areas could be strengthened to enhance its clinical impact and generalizability.

First, longitudinal follow-up beyond the 12-week study period would be beneficial. Acne treatment often requires extended adherence, and ADHD-related adherence challenges may manifest over a longer duration [2]. A follow-up at six or 12 months could provide deeper insights into sustained treatment behaviors and relapse rates.

Second, the study relies on self-reported ADHD symptoms using the Conners-Wells Adolescent Self-Report Scale-Long Form (CASS-L). While validated, this measure is subjective and may introduce bias. Incorporating

clinician-administered ADHD assessments, such as the ADHD Rating Scale-IV or structured psychiatric interviews, could enhance diagnostic accuracy and better account for ADHD symptom severity [3].

Additionally, the research findings suggest that topical treatments were associated with higher adherence compared to oral isotretinoin [1]. While this is a significant observation, further investigation into the reasons behind this trend is warranted. Factors such as side effects, medication complexity, and patient education should be analyzed in greater detail. A qualitative component regarding lived experience, such as patient interviews or focus groups, could uncover behavioral and psychological barriers to adherence [4].

The study also indicates that as CASS-L subscale scores increased, adherence decreased, but the causality remains unclear. ADHD symptoms, particularly impulsivity and forgetfulness, likely contribute to non-adherence, yet other psychiatric comorbidities (e.g., depression, anxiety) may play a mediating role [5]. Future research should consider using multivariate regression models to adjust for potential

confounders and determine whether ADHD independently predicts poor adherence

Finally, the clinical implications of these findings could be expanded by proposing targeted adherence strategies. For instance, mobile health interventions (e.g., reminder apps, digital adherence trackers), caregiver involvement, or behavioral therapy techniques may support ADHD patients in maintaining treatment regimens. Integrating such strategies could make dermatological care more effective for this high-risk group.

In summary, this study provides an essential foundation for understanding treatment adherence in adolescents with ADHD and acne. By incorporating longer follow-ups, objective ADHD assessments, qualitative insights, and adherence interventions, future research can further refine strategies to improve patient outcomes.

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