The Psychological Impacts of Horizontal Frontalis Lines, Glabellar Lines, and Lateral Canthal Lines: **Qualitative, Patient-Centered Studies**

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Figure 3: The Most Commonly Reported (≥20% of Subje

FHL Cohort

20

25

UFL Cohort

0 10 20 30 40 50 60 70 80 90 100

Subjects (%)

50

50

0 10 20 30 40 50 60 70 80 90 100

Subjects (%)

4

3

25

30

30

25

20

7

Facial Lines (B) in Study 2

APPEARANCE IMPACTS

Looking older than desired

Looking older overall

Looking less attractive

Looking angry

Looking tires

ider than actual age

Looking stressed

oking not well reste

Feeling botheres

Feeling older

EMOTIONAL IMPACTS

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Feeling less confider

APPEARANCE IMPACTS

ooking older than desired

Looking older overall

Looking less attractive

Looking not well rested

ooking older than actual age

EMOTIONAL IMPACTS

Looking stressed

Looking fired

Looking angry

Feeling older

Feeling bothered

Feeling less confident

Feeling less attractive

Feeling good/bad

Skin appears less smooth

Δ.

B

INTRODUCTION

Facial lines or wrinkles are a common sign of aging, developing slowly over time due to repeated contraction of underlying facial muscles¹⁻³

In the upper face, 3 types of facial lines are common: lateral canthal lines (crow's feet lines; CFL), caused by milling or squinting, horizontal frontalis lines (forehead lines; FHL), caused by raising of the eyebrows; and glabellar lines (GL), caused by frowning! With age, these upper facial lines (UFL) tend to become static and visible, even when facial muscles are at rest!

The development of UFL can influence self-perception and may have a variety of psychological impacts²⁻⁶

OBJECTIVE

_______ To determine the psychological impact of CFL and FHL individually and of the 3 UFL areas combined

To evaluate whether the 11-item Facial Line Outcomes (FLO-11) Questionnaire³ is an adequate measure to assess CFL, FHL, and UFL psychological impacts

METHODS

Subjects

Two qualitative research studies (Figure 1) were conducted in adults with moderate or severe UFL (e, CFL, FHL, and GL) at maximum contraction, as measured using the investigator-inded Facial Winkle Scale with photonumeric guide (FWS; 0=none; 1=mild; 2=moderate; 3=severe)

Study 1 enrolled subjects aged ≥18 years with moderate or severe CFL at maximum smile

Study 2 enrolled subjects aged 18–65 years with moderate or severe FHL at maximum eyebrow elevation only, or in conjunction with moderate or severe CFL at maximum smile, and moderate or severe GL at maximum frown

All subjects were fluent in English Key exclusion criteria:

- ey exclusion crienia: Prior periotials surgery, facial or brow lift, or related procedure, or midfacial or periotial treatment with permanent soft-issue filiers, polytefatfauorethylene (Gore-Tex) implantation, or autogous fat transplantation Nonabative resurfacing laserlight treatment, microdermabrasion, or superfici peds within 3 months
- see www.i > tributins somelic procedure with medium depth to deep facial chemical peels, midfacial periorbital laser skin resurfacing, or permanent make-up within 6 months idfacial or periorbital treatment with non-permanent soft-lissue filler within a previous 12 months

- Botulinum toxin treatment within 6 months

Figure 1, Study Designs



Interview Conduct

Interview Conduct E don studies included a concept elicitation (CE) phase, followed by targeted questions about the relevancy of the FLO-11 questionnaire. All interviews were audio or video recorded, with each subject's permission in the CE phase, subjects were asked open-ended questions by trained interviews about the psychological impacts of the regulational facility winkles. CFL in study 1, and FHL or UFL comitned (ie, CFL, FL, and GL) in study 2.

Probing questions were asked, if necessary, to elicit concepts related to the osvchological impact of their particular facial wrinkles

Following the CE phase, subjects were asked to complete the FLO-11 questionnaire and provide feedback on the relevancy of each item to the psychological impact of their particular facial wrinkles

Analysis Interview transcripts were imported into ATLAS.II version 7.0 (Atlas.II GmbH; Berlin, Germany) to facilitate the organization and analyses of qualitative data. Transcripts were analyzed on an ongoing basis, using a grounded theory approach to produce rich descriptions and theoretical explanations for the topic Codes consisting of root concepts elicited from the subjects and related to the research questions were linked to relevant portions of the transcript texts. Each coded transcript was reviewed by ≥2 members of the project team until a consensus was reached

At the end of the coding process, the project team evaluated patterns in the data, with interpretation performed using a constant comparison method

RESULTS

- Subjects Study 1 enrolled 41 subjects with moderate or severe CFL (CFL cohort) Study 2 included 29 subjects; 9 had moderate or severe FHL only and 20 had moderate or severe CFL, FHL, and GL (UFL cohort)
- In the latter group, 11 subjects in addition to the 9 with FHL only completed interviews about their FHL (FHL cohort) Study participants ranged in age from 24–72 years, and most were female and white (Table 1)



	Study 1	Stu	Study 2	
	CFL Cohort (n=41)	FHL Cohort (n=20)	UFL Cohort (n=20)	
Age, years, mean (SD)	50.7 (20.8)	44.7 (15.6)	50.4 (13.8)	
Age, years, range	25-69	24-72	24-72	
Female, n (%)	36 (87.8)	14 (70.0)	14 (70.0)	
White, n (%)	34 (82.9)	17 (85.0)	17 (85.0)	
CFL severity at maximum smile, n (%)				
Moderate	28 (68.3) ^a	-	11 (55.0)	
Severe	11 (26.8)	-	9 (45.0)	
FHL severity at maximum eyebrow elevation, n (%)				
Moderate	-	8 (40.0)	7 (35.0)	
Severe	-	12 (60.0)	13 (65.0)	
GL severity at maximum frown, n (%)				
Moderate	-	-	10 (50.0)	
	_	_	10 (50.0)	

Concept Elicitation Phase Interview

Study 1 The mo mon appearance and behavioral impacts of CFL are shown in Figure 2A

The most common psychological impacts of CEL were looking older than desired The most common psychological impacts or Cr-L were nounity order usard be feeling depressed(sad, feeling ofder, and looking less attractive (Figure 2B)
Figure 2. The Most Commonly Reported (≥20% of Subjects)





The most common appearance and in Figures 3A and 3B, respectively nce and hehavioral impacts of EHL and LIEL are shown thered, feeling

The most common psychological impacts of FHL were feeling bothe self-conscious, feeling older, and feeling less confident (Figure 4A)

Fall Clinical Dermatology Conference, Las Vegas, October 12-15, 2017

FHL fore

For the UFL cohort, the most common psychological impacts were feeling bothered, feeling older, feeling less confident, and feeling less attractive (Figure 4B) Figure 4. The Most Commonly Reported (≥20% of Subjects) Psychological Impacts of Forehead Lines (A) and Upper Facial Lines (B) in Study 2 pearance and Emotional Impacts of Forehead Lines (A) and Upper A.

FHL Cohort Feeling bothere Feeling self-consciou 35 Feeling older 30 Feeling less confi 20 Feeling less attract 0 5 10 15 20 25 30 35 40 45 50 Subjects (%) в. UFL Cohort Feeling olde

Feeling less confide 30 Feeling less attractive 30 Feeling good/bad 25 arance 0 5 10 15 20 25 30 35 40 45 50 Subjects (%)

FHL, forehead lines; UFL, upper facial lines

FLO-11 Questionnaire

Several items of the FLO-11 questionnaire were frequently reported to be adequate measures of the psychological impact of CFL, FHL, and UFL overall. For example, Items 1.3, and 5 elicited >68% response across all cohorts (Table 2)

Table 2, FLO-11 Items Reported as Psychological Impacts of Upper

Interview question: Do you think that this questionnaire asks you questions about the psychological impacts of CFL? If so, which questions ask you about the psychological impacts of CFL?

	Study 1	Stu	Study 2	
FLO-11 Item, n (%)	CFL Cohort (n=41)	FHL Cohort (n=20)	UFL Col (n=20	
Item 1: Feeling bothered	28 (68)	16 (80)	14 (70	
Item 2: Looking older than desire	d 29 (71)	14 (70)	11 (55	
Item 3: Feeling less attractive	32 (78)	17 (85)	16 (80	
Item 4: Looking older than my actual age	19 (46)	15 (75)	13 (68	
Item 5: Looking less attractive	31 (76)	17 (85)	14 (70	
Item 6: Looking not well rested	17 (42)	11 (55)	10 (50	
Item 7: Skin appears less smooth	15 (37)	12 (60)	10 (50	
Item 8: Looking tired	19 (46)	13 (65)	13 (65	
Item 9: Looking stressed	22 (54)	14 (70)	14 (70	
Item 10: Looking angry	20 (49)	13 (65)	11 (58	
Item 11: Feeling good about appearance	23 (56)	16 (80)	14 (70	
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 The FLO-11 items most frequently reported
CFL cohort: Item 3 (feeling unattractive; 78.0%) and Item 2 (feeling older than desired; 70.7%) FHL cohort: Item 3 (85.0%) and Item 5 (feeling less attractive than desired; 85.0%)

UFL cohort: Items 3 (feeling unattractive; 80.0%) and 1 (bothered by lines), 5 (looking less attractive than desired), 9 (looking stressed), and 11 (feeling good/bad about appearance) (each 70.0%)

The majority of subjects in each cohort reported that the FLO-11 questionnaire is a comprehensive measure of the psychological impacts of their particular facial lines (Figure 5)

Figure 5. Subjects Reporting That the FLO-11 Questionnaire Is a Comprehensive Measure of Psychological Impacts of Crow's Feet Lines, Forehead Lines, and Upper Facial Lines



upper facial line

CONCLUSIONS

CEL, EHL, and UEL are associated with multiple psychological impacts, including
feeling older, less attractive, bothered, self-conscious, and less confident
These facial lines also affect self-perception, as subjects frequently reported looking older than their actual age, looking less attractive, and looking angry
More than 50% of subjects reported that 6 items, 9 items, and all 11 items on th FLO-11 questionnaire assess the psychological impact of CFL, UFL, and FHL, respectively
The majority of subjects reported that the FLO-11 is a comprehensive measure of the psychological impacts of their particular facial lines
Based on these findings, the FLO-11 is an appropriate and comprehensive measure of the psychological impact of CFL, FHL, and UFL overall from the subject's perspective

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- ACKNOWLEDGMENTS
- This study was sponsored by Allergan pic, Dublin, Ireland. Medical writing and editorial assistance was provided to the authors by Cactus Communications and was funded by Allergan pic. All authors met the ICMJE authorship

FINANCIAL DISCLOSURES

S Dayan is an employee of DeNova Research, which SG Yoelin serves as an investigator and on a speake a consultant and investigator and on a speakers' bur

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