Prevalence and risk factors of selfie phobia in people with facial skin or hair conditions: Data from the All Skins-All Colors-All Dermatoses: the ALL PROJECT

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INTRODUCTION & OBJECTIVE

Social media have given rise to new forms of self-presentation, in particular the posting of “selfies”. People most often transmit selfies in which they appear favourably. At the same time, a selfie phobia has developed (SP) which refers to a fear or aversion to taking selfies. Information on the experience of SP in participants with facial skin conditions (FSC) and/or hair conditions (HC) is lacking. The objective of this study was to investigate and compare the predictors of SP in participants with FSC and HC.

MATERIAL & METHODS

This online survey was conducted on a representative sample of the population from 20 countries, aged 16 years or more. The questionnaire gathered information about demographics, about any dermatological condition that occurred in the past 12 months and about any feelings of stigma.

Responders were considered to be suffering from SP if they reported that their FSC and/or HC has already prevented them from taking a selfie. A comparison of SP and non-SP patients was used to evaluate SP predictors: sociodemographic, clinical parameters, psychological impact on self-perception, relationships, daily life and social or professional life.

Descriptive analyses using absolute and percentage frequencies were performed. The test of significance was two-sided and established at 5% (p ≤ 0.05). Student’s t-test and Pearson’s Chi-squared were performed to compare subjects with reported SP and those with non-SP.

RESULTS

A population of 12744 people was identified, constituted as follows: 7332 (57.5%) HC, 1840 (14.4%) FSC and 3572 (28%) FSC+HC. There were 5305 males (41.6%) and 7439 females (58.4%) aged 38.12 +/- 14.03 years (min 18 - max 87). In total, there were 5712 (44.8%) responders who reported SP with respectively 3131 HC, 700 FSC and 1881 FSC+HC. The percentage of participants suffering from SP was respectively 42.7% for HC, 38.0% for FSC and 52.7% for FSC+HC. There were 7032 (55.2%) participants considered as non-SP. Those suffering from SP were younger (37.07 vs 41.40, p ≤ 0.05). Female gender was associated with a higher risk of SP (female 47.3% vs male 41.2%, p ≤ 0.05). (Table 1). Obesity defined as BMI greater than or equal to 30 kg/m² was not associated with a higher risk of SP (41.3 vs 44.9%, NS). Considering FSC, the prevalence of SP was more frequent in respondents with rosacea than in those with acne (62.0% vs. 56.6%, p ≤ 0.05) or atopic dermatitis (62.0% vs. 41.6%, p ≤ 0.05). The prevalence of SP was also more frequent with vitiligo than in those with hyperpigmentation (71.4% vs 53.8%, p ≤ 0.05). The presence of facial scars was associated with a higher risk of SP (47.5% vs 36.8%, p ≤ 0.05). The prevalence of SP was significantly higher in those with more than 3 facial scars than in those with 1 or 2 facial scars (60.9% vs 43.6%, p ≤ 0.05). Considering HC, the prevalence of SP is more frequent in cases of greasy hair (42.9% vs 26.9%, p ≤ 0.05), dandruffs (54.2% vs 19.5%, p ≤ 0.05) or unusual hair loss (43.0% vs 34.6%, p ≤ 0.05). Feelings of stigma were more common in SP (Table 2).

DISCUSSION

This is the first study to establish the prevalence of SP in people with dermatological conditions. The higher prevalence in younger people and women can be due to body image issues. The higher prevalence of SP associated with FSC and HD is explained by facial dissatisfaction. People with SP experience significantly more frequent feelings of stigma due to their skin condition which can negatively impact a person’s social life. Dermatological healthcare needs to be improved.