

Beyond Appearance: The Positive Mental Health Impact of Aesthetic Medicine

Kenneth Thean

Aesthetic Physician & Medical Director,
Ensoul Medical Clinic, Singapore

INTRODUCTION

As doctors, we enter medicine with a shared purpose – to diagnose and treat diseases, alleviate suffering, restore function, do good and, where possible, save lives. The disciplines traditionally regarded as the pillars of medicine – emergency medicine, surgery, oncology, cardiology, intensive care – carry an obvious gravity because the consequences of disease are immediate and often life-threatening. It is therefore unsurprising that aesthetic medicine has, at times, found itself questioned within the wider medical community.

The public face of aesthetic medicine through popular media is often one of cosmetic enhancement and elective beautification, creating the impression that aesthetic medicine exists primarily to enhance beauty rather than to treat disease. Yet this portrayal reflects only part of what many of us do every day. In this discipline, where we manage conditions such as melasma, acne, acne scarring, hyperpigmentation, and other appearance-related disorders, our work actually extends well beyond cosmetic enhancement. We care for patients with chronic conditions that often carry a substantial yet unseen psychological burden, contributing to anxiety, depression, reduced self-esteem, impaired social functioning, strained interpersonal relationships, and a diminished quality of life.

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease” [1]. Viewed through that lens, conditions that profoundly affect psychological well-being deserve the same thoughtful, evidence-based medical care that allows us to do good for our patients.

Doing Good Through Aesthetic Medicine

One question I have often reflected upon is this: if aesthetic medicine is not saving lives, how is that we, as doctors, are doing good? I believe the answer lies in recognizing that the value of medical care cannot be measured solely by mortality or disease cure. Across medicine, improving quality of life is an equally important outcome. This is particularly relevant given the growing body of evidence demonstrating that mental and

physical health are intrinsically linked, each profoundly influencing the other.

A recent systematic review of 113 studies found that more than one in four patients with skin diseases experienced depression (27.2%), and anxiety affected 36.5% of patients with acne, demonstrating the considerable psychological burden of visible skin conditions [2]. Many of the conditions we treat may not be life-threatening, but they can profoundly affect mental health, social functioning, confidence and how individuals participate in everyday life. It is these less visible consequences that we often have the privilege of treating.

Pigmentation

Take melasma, for example. Although not life-threatening, it is a chronic pigmentary disorder that affects an estimated up to 33% of the global population [3]. Numerous studies using validated instruments such as the Melasma Quality of Life Scale (MELASQoL) have consistently demonstrated significant reductions in emotional well-being, self-esteem, and social functioning [4]. Treating chronic pigmentary disorders such as melasma is not simply about lightening pigmentation, but about managing a complex chronic disease while restoring confidence and improving quality of life.

Acne and Acne Scarring

The same is true of acne. Acne vulgaris affects approximately 85% of adolescents and young adults worldwide and has consistently been associated with anxiety, depression, reduced self-esteem, and social isolation [5]. For many patients, the burden continues long after acne has resolved. Permanent acne scarring affects approximately 20-30% of individuals with moderate-to-severe acne and may influence confidence, relationships, and daily interactions for years [6]. Numerous studies also demonstrate that acne scars independently reduce quality of life and are associated with lower self-confidence and greater emotional distress than active acne alone [7].

When we treat acne and acne scarring, we are not simply improving skin appearance. We are treating

conditions that have a measurable psychological impact, allowing patients to regain confidence and participate more fully in their personal and professional lives. The visible improvement is often what others notice, but the true success of treatment is measured by happiness, confidence regained, psychological distress alleviated, and quality of life restored. Studies have consistently shown that a more positive perception of one's appearance is associated with lower rates of depression and anxiety, higher self-esteem, and better overall psychological well-being [8]. For many patients, restoring confidence means returning to work with greater assurance, engaging more comfortably in relationships, or simply feeling at ease in their own skin. That, too, is practicing good medicine.

CONCLUSION

Throughout my years in aesthetic practice, I have come to appreciate that the impact of our work extends far beyond what is visible on the skin. While many of the conditions we treat are not immediately life-threatening, the psychological burden they impose on our patients can be profound and should not be underestimated.

As doctors, our responsibility is not only to treat disease, but also to improve the lives of those entrusted to our care. Just as treating depression is measured not only by symptom relief but by restored quality of life, relieving the psychological burden of chronic skin conditions can be equally transformative for our patients.

In doing so, aesthetic medicine fulfills one of the fundamental goals shared across all medical disciplines: to meaningfully improve the lives of our patients and to truly do good by them.

REFERENCES

1. United Nations, World Health Organization, Interim Commission. Summary report on proceedings, minutes and final acts of the International Health Conference held in New York from 19 June to 22 July 1946. International Health Conference, (New York, June-July 1946). 1948. Accessed from: <https://iris.who.int/handle/10665/85573>.
2. Salari N, Heidarian P, Hosseini-Far A, Babajani F, Mohammadi M. Global prevalence of anxiety, depression, and stress among patients with skin diseases: a systematic review and meta-analysis. *J Prev.* 2024;45(4):611-49. DOI:10.1007/s10935-024-00784-0.
3. Sarkar R, Puri P, Jain RK, Singh A, Desai A. Melasma in men: a clinical, aetiological and histological study. *J Eur Acad Dermatol Venereol.* 2010;24(7):768-72. DOI:10.1111/j.1468-3083.2009.03524.x.
4. Balkrishnan R, McMichael AJ, Camacho FT, Saltzberg F, Housman TS, Grummer S, et al. Development and validation of a health-related quality of life instrument for women with melasma. *Br J Dermatol.* 2003;149(3):572-7. DOI:10.1046/j.1365-2133.2003.05419.x.
5. Tan JK, Bhate K. A global perspective on the epidemiology of acne. *Br J Dermatol.* 2015;172(S1):3-12. DOI:10.1111/bjd.13462.
6. Gupta A, Kaur M, Patra S, Khunger N, Gupta S. Evidence-based surgical management of post-acne scarring in skin of color. *J Cutan Aesthet Surg.* 2020;13(2):124-41. DOI:10.4103/JCAS.JCAS_154_19.
7. Alexis A, Tan J, Rocha M, Kerob D, Demessant AL, Ly F, et al. Is acne the same around the world?. *J Clin Aesthet Dermatol.* 2024;17(9):16.
8. Linardon J, McClure Z, Tylka TL, Fuller-Tyszkiewicz M. Body appreciation and its psychological correlates: a systematic review and meta-analysis. *Body Image.* 2022;42:287-96. DOI:10.1016/j.bodyim.2022.07.003.