

Acne Vulgaris – Treatment Guidelines

GRADE 0 - CLEAR

No lesions to barely noticeable ones. Very few scattered comedones and papules.

GRADE 1 – ALMOST CLEAR (Comedonal Acne)

- Hardly visible from 2.5m away.
- A few scattered comedones and a few small papules.
- Rarely pustules.



TREATMENT

- Topical retinoid (Adapalene 1st line) – also consider tretinoin/isotretinoin* ^M
- Fixed-dose combination of retinoid/BPO (Epiduo: adapalene/BPO) or can use Treclin (Tretinoin 1%/Clindamycin 0.025% gel)
- Skinoren (Azelaic acid) can be used (similar efficacy and sometimes more tolerable) ^L
- Maintain therapy for a few months.
- Reassess every 2-3 months

Smoking Cessation is important.
If sensitive skin – use cream/lotion
If oily skin – consider a gel

MAINTAINENCE

- Topical Retinoid or Azelaic Acid. ^L

GRADE 2 – MILD ACNE

- Easily Recognisable Acne
- Less of half the affected area is involved
- Many comedones, papules, pustules present.



TREATMENT

- A fixed dose combination of Adapalene+BPO or Clindamycin+BPO is first line. ^H
- Tretinoin 1%/Clindamycin 0.025% gel (Treclin) can be used ^M
- Topical retinoid can be used alone ^M
- Azelaic Acid 20% can be used alone ^M
- Topical adapalene + oral antibiotic if more severe ^M

MAINTAINENCE

- Topical Retinoid or Azelaic Acid. ^L

Acne Myth Busting

Acne is not caused by poor hygiene. Conversely washing too much can aggravate acne.

No high quality studies have demonstrated a link between acne and diet.

Psychological stress can elevate circulating hormones which can cause acne. Hence, it is not unreasonable to assume stress can make things worse

Approximately 60% of females who struggle with acne report a flare in symptoms just before their periods.

Studies have not demonstrated any link between sunlight and acne, however some people do report a benefit.

GRADE 3 – MODERATE ACNE

- More than half of the face is involved with many comedones, papules and pustules



TREATMENT

As for mild acne, however oral therapy should be added. ^M

Oral Therapy includes: (in order of preference)

- Tetralsal 408mg daily
- Doxycycline 100mg daily
- Oxytetracycline 500mg BD

Treat for 3 months, then continue with topical rx. Review 8 weeks following initiation. BPO or adapalene should be used to reduce antibiotic resistance with oral therapy. ^H

Change to an alternative antibiotic if there is no improvement after 3 months

Can continue for 6 months, if working

*** MAINTAINENCE***

Topical Retinoid or Azelaic Acid. ^L

COCP as an alternative

Consider Co-cyprindiol (Dianette®) or other ethinylestradiol/cyproterone acetate containing products

GRADE 4 - Severe Acne

- The entire area is involved
- Covered with comedones, papules & pustules.
- Several Cysts and Nodules present



TREATMENT

Continue therapy as for moderate acne, and.... **Referral for Roaccutane** (oral Isotretinoin) 0.5mg/kg/day. ^H

- Side Effects – Dry skin, sore lips, epistaxis, muscle pains, raised lipids.
- Pre Treatment – FBP, U/E, Lipids, TFT.
- All pts should discuss contraception.

REFERRAL CRITERIA

- Poor response to 6/12 (or 2 different) oral abx.
- Severe Acne +/- Scarring
- Severe Psychological Upset.

*** MAINTAINENCE***

The fixed-dose combination adapalene/BPO or Azelaic acid. ^L

Low Dose Isotretinoin (max. 0.3mg/kg/day) ^L

For Females: Continued hormonal anti-androgens and topical treatment (apart from antibiotics)

Grade 5 – VERY SEVERE

Highly inflammatory acne covering the area, with nodules and cysts present.

TREATMENT

Oral isotretinoin is strongly recommended as a monotherapy for the treatment of severe nodular/conglobate acne. ^H

Until specialist review – Use systemic antibiotics in combination with the fixed-dose combination of adapalene and BPO

General Acne Information

- Avoid over cleaning the skin - twice daily washing with a gentle soap and fragrance-free cleanser is adequate
- Non-comedogenic makeups are advised.
- Patients need to avoid picking and squeezing spots to prevent scarring.
- Treatments are effective but take time to work (usually up to 8 weeks)
- If topical therapies are poorly tolerated, frequency of application can be gradually increased from once/twice a week to daily.
- Retinoids are contraindicated in pregnancy and breastfeeding.
- A topical retinoid (if not contraindicated) or benzoyl peroxide should always be co-prescribed with oral abx to reduce the risk of antibiotic resistance developing.
- *Adapalene should be selected in preference to tretinoin and isotretinoin.

References

- Tan JKL et al. Development and validation of a comprehensive acne severity scale. J Cutan Med Surg. 2007
- Nast A et al. European evidence-based (S3) guideline for the treatment of acne – update 2016 – short version. J Eur Acad Dermatology Venereol. 2016

THINKING POINT - PCOS

In female of childbearing age with Hirsutism + Acne + Irregular Periods

- Ix – Serum total + free testosterone, Gynaec hormone profile, Cortisol (mane)

Spironolactone – Good candidates include:

- Patients who wish to avoid roaccutane
- Acne flares around the time of menses
- Acne that is distributed in the lower face and jaw line (monitor BP/K+ in >45 years and those with co-morbidities)

^H High Quality Evidence ^M Medium Quality Evidence
^L Low Quality Evidence