

Treatment aims:

- To reduce the severity and length of illness.
- To reduce the psychological impact on the individual.
- To prevent long-term sequelae such as scarring.

Section 1: Acne

clinical features

Mild to moderate acne should be managed in primary care. Several different agents may need to be tried alone or in combination. Do not use combinations of agents with similar properties or actions e.g. topical plus systemic antibiotics. Inform patient that response is usually slow and allow at least 12 weeks before review.

Mild

Uninflamed lesions - open and closed comedones (blackheads).

Mild - Moderate

Comedones and some papules/pustules.

Moderate

Greater number or more extensive inflamed lesions.

treatment

Topical retinoids (avoid pregnancy)

- Adapalene - Differin
- Isotretinoin - Isotrex
- Tretinoin - Retin-A

Topical retinoid or topical benzoyl peroxide preparations

+/- topical antibiotic

Combination preparations e.g.

- Erythromycin/Zinc - Zineryt.
- Benzoyl peroxide/Erythromycin - Benzamycin
- Erythromycin/Isotretinoin - Isotrexin
- Erythromycin 2%, 4% gel - Eryacne

Systemic antibiotics

- Oxytetracycline 500mg bd
- Doxycycline 50mg od
- Lymecycline 408mg od
- Erythromycin 500mg bd
- Minocycline 100mg od

therapeutic tips

Often cause irritation therefore reduce frequency or duration of application and build up to daily over 2-3 weeks. Advise additional noncomedogenic moisturiser.

Starting at 2.5% increasing to 5 or 10% may reduce irritancy with benzoyl peroxide.

May be more effective and aid compliance.

Treatment should continue for 6 months minimum and repeat if necessary.

Often most effective but has additional side effects and may therefore be preferred as second line.

Topical benzoyl peroxide or retinoids may be used in combination.

cont/.

clinical features

Moderate – Severe

Papules/pustules with deeper inflammation and some scarring.

Severe

Confluent or nodular lesions usually with significant scarring.

Maintenance

treatment

Systemic treatment as above plus topical therapy.

Consider additional hormone therapy.

Ethinylloestradiol/Cyproterone acetate (Dianette) in women.

Commence systemic therapy and refer immediately for systemic isotretinoin treatment.

Topical retinoid therapy e.g. Adapalene

therapeutic tips

Criteria for Referral

The main reason for referring a patient with acne is for Isotretinoin treatment. Females of childbearing age should preferably be established on an oral contraceptive prior to treatment with Isotretinoin.

The indications for Isotretinoin treatment are as follows:

1. Severe nodulo-cystic acne (refer immediately).
2. Moderate acne that has failed to respond to prolonged (i.e. more than six months) courses of systemic antibiotic treatment in addition to topical treatment.
3. Mild to moderate acne in patients who have an extreme psychological reaction to their acne and have failed to respond to prolonged courses of systemic antibiotic treatment and topical treatment.

Acne



Mild



Mild—Moderate



Moderate



Moderate Severe



Severe