

# Acne Vulgaris

## Please include in the referral letter

- Details of previous treatment including dose and duration of treatment
- In females details of contraception.

## Primary Care Management

Patient information [here](#)

## General points

- 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 actions e.g. topical plus systemic antibiotics
- Inform patient that response is usually slow and allow at least 4 months before deeming a treatment unsuccessful

## Oral antibiotics

- *Tetracycline* remain the antibiotic of first choice. Second line includes Clarithromycin 250mg BD and Trimethoprim
- Surveys show that 60% of patients treated in primary care receive inadequate therapy in both dosage and duration
- Oxytetracycline 1g/day (usually as 500mg bd) - give 30 minutes before food and not with milk.
- Compliance may be better with once a day tetracyclines eg Lymeicycline/doxycycline

**Mild acne** - uninflamed lesions - open and closed comedones (blackheads)

Treat with comedonolytic agents continuously for at least 3 months

- benzoyl peroxide - starting at 2.5% and increasing to 5% or 10% may reduce irritancy
- topical retinoids (avoid in pregnancy and see BNF for cautions e.g. need for contraception and avoidance of UV light)
  - Adapalene (Differin) or Isotretinoin (Isotrex)
  - These agents often cause irritation, therefore build up to daily over 2-3 weeks. Advise additional non-greasy moisturiser Adapalene causes least side-effects

**Mild – Moderate acne** - comedones and some papules / pustules

Treat with topical benzoyl peroxide AND topical retinoid (Epiduo) or benzoyl peroxide and topical antibiotic (Duac) or Topical retinoid and antibiotic (Aknemycin Plus, Isotrexin)

Combination preparations have a better evidence base (less resistance). Any combo with BPO reduces resistance.

Treat continuously for at least 3-6 months

**Moderate acne** - greater number or more extensive inflamed lesions

Treat with systemic antibiotics +/- benzoyl peroxide / topical retinoid

Do not use different systemic and topical antibiotics – it encourages resistance

Treat continuously for at least 3-6 months

**Moderate – severe acne** - papules / pustules with deeper inflammation and some scarring

Treat with systemic antibiotics + benzoyl peroxide / topical retinoid OR

Consider COC e.g. dianette, yasmin, lucette, yaz in women although counsel for risks of thromboembolism – see BNF

Treat continuously for at least 3-6 months

**Severe acne** - confluent or nodular lesions usually with significant scarring

As per moderate to severe but please refer for consideration of systemic isotretinoin treatment

**Once acne is in remission for 6 months step down to maintenance therapy of topical retinoid e.g. adapalene (Differin)**

**If acne relapses restart oral therapy**

### **Prognosis**

- usually resolves before age 30 years
- for a minority of people, acne vulgaris persists into later life
- post-inflammatory hyperpigmentation may persist for 4 months or longer

### **Indication for Referral - primarily for initiation of isotretinoin**

- Severe nodulo-cystic acne (refer immediately)
- Moderate acne that has failed to respond to prolonged (i.e. more than 6 months) courses of different systemic antibiotic treatment in addition to topical treatment.

- Mild to moderate acne in patients who have an extreme psychological reaction to their acne and have failed to respond to prolonged courses ( i.e. more than 6 months) of systemic antibiotic treatment and topical treatment
- Females of child bearing age should be established on contraception prior to referral for treatment with isotretinoin