

## **Management of Acne in Primary Care**

With thanks to Dr Verdolini, Consultant Dermatologist, Dr Kim Gerlis, Speciality Doctor Dermatology PAHT and GPwSI Dermatology Drs Rogers, Ralph and Pavlou for their help in creating this document.

### **Introduction**

Acne is a very common skin condition characterised by comedones (blackheads and whiteheads) and pus-filled spots (pustules). It usually starts at puberty and varies in severity from a few spots on the face, neck, back and chest, which most adolescents will have at some time, to a more significant problem that may cause scarring and impact on self-confidence. For the majority it tends to resolve by the late teens or early twenties, but it can persist for longer in some people.

Acne can develop for the first time in people in their late twenties or even the thirties. It occasionally occurs in young children as blackheads and/or pustules on the cheeks or nose.

### **Comedonal Acne**

Blackheads & whiteheads predominate +/-small numbers papules and pustules

Prescribe a single topical agent; combined treatment is rarely necessary for mild acne

#### **Topical Retinoid**

Adapalene 0.1% (Differin® cream or Differin gel®)

Isotretinoin 0.05% (Isotrex® gel)

If more papules and pustules

#### **Topical anti-microbial agent Benzoyl Peroxide (BPO)**

Acnecide® 5% gel

Acnecide Wash® 5% gel: useful for large area application

Brevoxyl (Benzoyl Peroxide 4% Cream)

#### **If both topical retinoids and BPO are poorly tolerated: Azelaic acid**

Finacea gel (Azelaic acid 15% gel)

Skinoren cream (Azelaic acid 20% cream)

Consider prescribing a standard [combined oral contraceptive](#) in women who require contraception, particularly if the acne is having a negative psychosocial impact.

#### **Assess in 6-8 weeks for tolerability and effectiveness.**

- If poorly tolerated consider reducing strength of BPO. Use a cream instead of alcoholic base
- If ineffective increase the strength and / or frequency of application or combine different topical products.

### Mild – Moderate Papular / Pustular Acne

#### **TREATMENT First line:**

##### Topical Retinoid + Topical BPO

Adapalene 0.1% / BPO 2.5% (Epiduo® Gel)

OR

##### Topical Antibiotic + Topical BPO

Clindamycin 1%/ BPO 3 or 5% (DUAC® Once Daily gel)

OR

##### Topical Antibiotic + Topical Retinoid

Isotretinoin 0.05% / erythromycin 2% (Isotrexin® gel)

Tretinoin 0.025% / erythromycin 4% (Aknemycin Plus® solution)

Tretinoin 0.025% / Clindamycin 1% (Treclin® gel)

#### **If oral contraception required use standard COC**

(Monophasic ethinylloestradiol 30 micrograms + norethisterone or levonorgestrel)

#### **TREATMENT Second line:**

##### Azelaic acid:

Finacea gel (Azelaic acid 15% gel)

Skinoren cream (Azelaic acid 20% cream)

#### **Note:**

- Topical Monotherapy with antibiotics is generally not recommended (risk of antibiotic resistance). Co-prescribe BPO with topical antibiotic
- Limit topical antibiotic use to short term treatment of 6 - 12 weeks. To prevent recurrence of acne continue topical retinoid +/- BPO
  - Clindamycin 1% aqueous lotion (Dalacin T®)
  - Erythromycin 40mg + zinc acetate 12mg/ml (Zineryt®)

For use when fixed dose combination product not tolerated/ ineffective/ contraindicated

#### **Assess in 6-8 weeks for tolerability and effectiveness.**

- Poorly tolerated consider reducing strength of BPO. Use a cream instead of alcoholic base
- If ineffective increase the strength and / or frequency of application or combine different topical products.
- If treatment failure, start systemic antibiotic (see below) combined with BPO, a topical retinoid or both

### Moderate – Severe Papular /Pustular Acne

Oral antibacterials are generally used for moderate to severe acne or where topical preparations are not tolerated or are ineffective or where application to the site is difficult (for example acne on the back or shoulders that is particularly difficult to reach)

#### Treatment options

**Systemic Antibiotic + BPO**

**OR**

**Systemic Antibiotic + Topical Retinoid**

**OR**

**Systemic Antibiotic + [BPO and Adapalene (Epiduo®)]**

**OR**

**Systemic Antibiotic + Azelaic acid**

**Note- Systemic antibiotics must be used in combination with a topical treatment but not a topical antibiotic.**

#### Systemic antibiotics:

**Tetracyclines:** contra-indicated in patients under 12 years, pregnancy and breast feeding

**Oxytetracycline 500mg twice daily** (see BNF counselling) – Take on empty stomach. Do not take milk/indigestion remedies /iron/zinc products two hours before or after you take this medicine

**Doxycycline 100mg daily** (see BNF counselling) – swallow with full glass of water & photosensitivity. Do not take milk/indigestion remedies /iron/zinc products two hours before or after you take this medicine. Take on empty stomach

**Lymecycline 408mg daily** (see BNF counselling) – Do not take indigestion remedies /iron/zinc products two hours before or after you take this medicine  
(*Minocycline is not recommended* due to greater risk of lupus erythematosus-like syndrome, auto-immune hepatitis and can cause irreversible pigmentation)

**Macrolides:** Should generally be avoided due to high levels of propionibacterium acnes resistance

**Erythromycin 500mg twice daily** ( NB European acne guidelines suggest increasing problem of microbial resistance to erythromycin, therefore reserve for patients where tetracyclines are not tolerated or are contraindicated eg pregnancy or breast feeding).

**Clarithromycin 250mg twice daily** is an alternative if erythromycin not tolerated. (Note – avoid clarithromycin particularly in first trimester of pregnancy unless potential benefit outweighs risk).

#### Assess in 2 months for effectiveness:

- If compliance is good and no response, consider change of treatment.
- Systemic antibiotics should be stopped after **3 months**. Use systemic antibiotics to achieve control but not to maintain control. The evidence suggests that there is little additional benefit in using antibiotics for more than three months, and in addition, prolonged use increases the resistance of P.acnes.<sup>1,3</sup>
- To prevent recurrence of acne continue topical retinoid +/- BPO
- The antibiotic course could be repeated in the future if needed<sup>1,3</sup>

### Moderate – Severe Papular /Pustular Acne (Continued)

#### Hormone treatment for acne

Consider prescribing a standard combined oral contraceptive (COC) in women who require contraception. For most women a 'standard' COC is suitable.

**Co-cyprindiol (cyproterone acetate 2mg/ ethinylestradiol 35 micrograms):** Licensed for use in women with moderate to severe acne related to androgen sensitivity and/or hirsutism. For the treatment of acne, Co-cyprindiol should only be used after topical therapy or systemic antibiotic treatments have failed.

See BNF for details of increased risk of venous thromboembolism

Co—cyprindiol is not licensed for the sole purpose of contraception and should be discontinued three to four menstrual cycles after the woman's acne has resolved

#### Referral to Dermatologist if:

- Moderate acne only partially responding to treatment and starting to scar
- Scarring
- Inadequate response to at least two systemic antibiotics PLUS topical treatments, each given for a minimum of two months
- Patients with associated and severe psychological symptoms, regardless of the physical signs

### Severe acne with nodules and cysts

- Refer all people with severe acne including patients with painful, deep, nodules or cysts (nodulocystic acne) for specialist assessment and treatment (for example with oral isotretinoin) due to high risk of scarring
- Patients considered for referral for isotretinoin should be provided with the patient information leaflet prior to their first outpatient appointment, available on the British Association of Dermatologists website: [Isotretinoin BAD leaflet](#)
- Urgent referral to a dermatologist for acne with systemic symptoms, acne fulminans – phone or fax dermatologist via secretaries

Other Indications for Dermatology referral:

- Moderate acne only partially responding to treatment and starting to scar
- Scarring
- Inadequate response to at least two systemic antibiotics PLUS topical treatments, each given for a minimum two months
- Patients with associated and severe psychological symptoms, regardless of the physical signs

### **Self-care advice**

Advise patients about washing and skin care. In general, it is recommended that people with acne:

- Do not wash more than twice a day and use a mild soap or cleanser and lukewarm water (as very hot or cold water may worsen acne).
- Do not use vigorous scrubbing when washing acne-affected skin; the use of abrasive soaps, cleansing granules, astringents, or exfoliating agents should be discouraged (advise use of a soft wash-cloth and fingers instead).
- Should not attempt to 'clean' blackheads. Scrubbing or picking acne is liable to worsen the condition.
- Ideally, should avoid excessive use of makeup and cosmetics. If they must be used, advise that a non-comedogenic, water-based product should be used sparingly (details of cosmetic ingredients are displayed on the product label), and that all makeup should be removed completely at night.

Use a fragrance-free, water-based emollient if dry skin is a problem (several topical acne drugs dry the skin). The use of ointments or oil-rich creams should be avoided as these can clog pores.

### **Additional Information & Patient Education**

#### **Patient information leaflets:**

<http://www.bad.org.uk/for-the-public/patient-information-leaflets>

<https://patient.info/health/acne-leaflet>

**Please see Primary Care Dermatologists society and Clinical Knowledge Summary for additional information and advice:**

<http://www.pcids.org.uk/clinical-guidance/acne-vulgaris>

<http://cks.nice.org.uk/acne-vulgaris#!scenario recommendation:2>

#### **References**

1. Clinical Knowledge summaries: <http://cks.nice.org.uk/acne-vulgaris#!scenario>
2. European Acne Guidelines: <http://www.euroderm.org/edf/index.php/edf-guidelines/category/4-guidelines-acne>
3. Primary Care Dermatology Society: <http://www.pcids.org.uk/a-z-clinical-guidance/clinical-a-z-list>

<b>Document history</b>	<b>Consultation Process</b>	<b>Changes</b>
Updated September 2018	MOPB 21.6.18 With thanks to Dr. Gerlis and Dr Ralph.	<ul style="list-style-type: none"> <li>• Systemic antibiotics should be stopped after 3 months.</li> <li>• The evidence suggests that there is little additional benefit in using antibiotics for more than three months, and in addition, prolonged use increases the resistance of P.acnes.</li> <li>• The antibiotic course could be repeated in the future if needed</li> </ul>

**Produced by the Medicines Optimisation Team at West Essex CCG; Approved by MOPB October 2017; Updated September 2018; Review Date October 2019**