

Acne Vulgaris

May 2017 (updated July 2019) This document should be used in conjunction with [Antimicrobial, Guidelines for Primary Care Prescribing](#)

Self-care advice

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

- Do not wash more than twice a day.
- Use a mild soap or fragrance-free cleanser and lukewarm water (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.

Before starting any treatment

Patients should be advised that they can take up to three months to show a clinical effect. A common cause of treatment failure is compliance. In cases of poor response consider adherence and whether a change of product is appropriate.

Treatment Review

Review each treatment step at 8-12 weeks.

- If there has been an adequate response continue treatment for at least 12 weeks.
- If acne has cleared or almost cleared — consider maintenance therapy with topical retinoids (first line, if not contraindicated) or azelaic acid.

When to refer patients

It is expected that the majority of patients with acne will be managed in primary care. Refer to specialist **community** dermatology service if the patient has:

- Severe acne for consideration for oral isotretinoin
- Acne scarring (Resurfacing of the skin due to acne scarring is not routinely funded in Worcestershire: see: [Aesthetic surgery policy](#))
- Chronic acne unresponsive to treatment
- Severe cystic or widespread acne

Patient information leaflet (British Association of Dermatologists) available at: www.bad.org.uk/shared/get-file.ashx?id=65&itemtype=document

Grade	Treatment options	Preferred products
Mild Acne Comedones +/- inflammatory lesions	1st Line: Benzoyl peroxide (BZPO) or topical retinoid (TR) alone or in combination	Benzoyl peroxide 5% gel (Acnecide® 30g/60g) **Advise to buy OTC; in line with Worcestershire CCGs Self Care Commissioning Policy September 2018
	<u>Topical retinoids:</u> Avoid in pregnancy. Skin irritation can be common; use 2-3 times a week initially and build up.	Adapalene 0.1% cream/gel (Differin® 45g)
	If BZPO/TR poorly tolerated, consider azelaic acid.	Epiduo® 45g: Combination BZPO & TR (benzoyl peroxide 2.5%/adapalene 0.1%) Skinoren® 20% cream (30g azelaic acid 20%) – prescribe by brand as 20% (other strength available but less cost-effective and no evidence of improved efficacy)
	2nd Line: Topical antibiotic* combined with TR or BZPO – as a combination product.	Treclin® gel (clindamycin 1% & tretinoin 0.025%) 30g Duac® gel (clindamycin 1% & BZPO 3% or 5%) 30g/60g
Moderate Acne Mild to moderate papular/pustular	Combination therapy: oral antibiotics with topical BZPO or TR	
	Oral antibiotics should be continued for at least 6-12 weeks	Oxytetracycline 500mg bd; lymecycline 408mg daily; or, doxycycline 100mg daily
	Topical BZPO or TR	As above
<p>Combined oral contraceptives</p> <p>(COCs) are recommended in women who require contraception, particularly if the acne is having a negative psychosocial impact. For most women, a 'standard' COC is suitable: a monophasic preparation containing 30 micrograms of ethinylestradiol (standard strength) with norethisterone or levonorgestrel (first-line progestogens) is recommended. Before prescribing consider contra-indications and risk of venous thromboembolism.</p> <p>Co-cyprindiol (Dianette®) is licensed for moderate to severe acne which has not responded to topical therapy or systemic antibiotics. Note it is not licensed for the sole purpose of contraception and should be discontinued three menstrual cycles after the woman's acne has resolved.</p>		
In the event of pregnancy, topical retinoids and oral tetracyclines should be discontinued		
Severe Acne Widespread/nodulocystic	Refer to specialist dermatology service	
	While waiting referral treat as moderate acne	

***Topical antibiotics**

- Do not prescribe topical antibiotics as monotherapy as it can lead to treatment failure and bacterial resistance.
- The prescribing of topical erythromycin alone (Zineryt®) is not supported because it has been associated with increased levels of antibiotic resistance.