Best Practice Guideline

I. Acne Vulgaris

II. Diagnosis/Screening

a. Perform a clinical interview/physical exam and classify patient into an acne subtype.
   i. Mild Acne: comedones with few inflammatory lesions.
   ii. Moderate Acne: comedones with considerable inflammatory lesions.
   iii. Severe Acne: comedones, extensive inflammatory lesions, and scarring.

b. Comedones need to be present in order to diagnosis with acne.

c. Review onset of acne, family h/o acne, menstrual history (in females), general skin care habits, activities involved in, sun exposure, and patient's skin sensitivities.

d. Review previous and current medications- prescribed, over the counter (ie cleansers and other topicals), and supplements.

III. Treatment

a. Patient Education
   i. Diet- no significant evidence linking diet to acne.
   ii. Cleanliness
      1. Acne not due to poor hygiene.
      2. Advise to wash affected areas with their hands not a washcloth to minimize skin irritation/tissue damage.
   iii. Cosmetics- If used, use water based/oil-free products or mineral-based makeup
   iv. Picking- Advise to avoid self-inflicted damage to acne as can lead to increased tissue damage and permanent scarring.
   v. Enhance treatment adherence
      1. Assess and acknowledge potential barriers, work collaboratively with patient
      2. Educate when to expect improvement (typically within 2-3 months) to avoid prematurely abandoning treatment
      3. Explain risk of worsening acne before it improves, typically worsens within the first several weeks with use of topicals such as retinoids. If too irritating, advise patient to use topical retinoid every other night until tolerated, then may increase use to every night.
   vi. Encourage patient to comply with treatments in order to achieve maximum benefit of treatments.

b. Acne Treatments

Acne Subtypes	Medication
MILD ACNE	
	Benzoyl Peroxide (bpo)
	+/- Topical Antibiotic (ie Clindamycin, Erythromycin)

	+ Topical Retinoid (ie Tretinoin, Adapalene, Tazarotene)
MODERATE ACNE	
	BPO +/- Topical abx + Topical Retinoid
	+ Oral Antibiotics (ie Minocycline, Doxycycline,Tetracycline)
	+/- Hormonal Therapy (in females) (ie OCPs, Spironolactone)
SEVERE ACNE	
	BPO + Topical/Oral abx + Topical Retinoid +/- Hormonal therapy
	Oral Retinoid (Isotretinoin)- use if not controlled with above meds (MUST BE REGISTERED IN iPLEDGE)

i. Factors to consider when choosing treatment
    1. Side effects, cost, prior treatment history, co-occurring medical/psychiatric conditions, strength of evidence.
    2. Treatment is aimed to target one or more factors involved in the pathogenesis of acne
    3. Tailor Treatment plan to the individual patient- based on activity level, skin sensitivity, and type of skin (ie dry, oily, or combination).

ii. Alternative treatments- refer to link for details

IV. Surveillance/Follow-up Interval

a. Effective treatment should decrease frequency/intensity of comedones and inflammatory lesions.
b. Follow up within 2-3 months after new medication is initiated to assess tolerability/effectiveness.
c. Adjust medications accordingly at the 2-3 month mark.
d. If well-controlled on topicals, maintain medications while acne is active until acne spontaneously resolves. May begin to f/u with patient every 6-12 months if on a stable acne regimen.
    i. Often spontaneously resolves by early-mid twenties, particularly in males, but may persist to 40's and 50's
e. If on oral antibiotics >3-6months, taper gradually over several weeks or months**,** monitor for recurrence, reinitiate at previously effective dose if necessary.

V. References:

a. American Academy of Dermatology. (2011). *Acne and rosacea* [PowerPoint slides]. Retrieved from https://www.aad.org/education/basic-derm-curriculum/suggested-order-of-modules/acne-and-rosacea

b. Marks Jr., J.G., & Miller, J.J. (2013). *Lookingbill & Marks' principles of dermatology* (5th ed.). London, UK: Elsevier.
c. Strauss, J.S., Krowchuk, D.P., Leyden, J.J., Lucky, A.W., Shalita, A.R., Siegfried, E.C…Bhushan, R. (2007). Guidelines of care for acne vulgaris management. *Journal of the American Academy of Dermatology, 56 (4),* 651-663. doi:10.1016/j.jaad.2006.08.048
d. Wolff, K., Johnson, R.A., & Saavedra, A.P. (2013). *Fitzpatrick's color atlas and synopsis of clinical dermatology*. In A.M. Sydor and K.J. Davis (7th ed.), Acne vulgaris (common acne) and cystic acne (pp. 2-7). New York, NY: McGraw Hill.