

Mild Acne
<ul style="list-style-type: none"> • Open and closed non-inflammatory comedones predominate • Papules and pustules may be present
Treatment
<p>Single topical agent:</p> <p>First line:</p> <ul style="list-style-type: none"> • <u>Acnecide</u> (benzoyl peroxide 5% gel): OD-BD • <u>Differin</u> (adapalene 0.1% cream): OD <p>Second line:</p> <ul style="list-style-type: none"> • <u>Skinoren</u> (azelaic acid 20% cream): OD for 1 week, then BD thereafter <p><i>N.B. Consider Skinoren 1st line for patients with sensitive skin or at times of the year where the skin maybe be more sensitive i.e. summer</i></p>
Notes
<ul style="list-style-type: none"> • <u>Acnecide</u> (benzoyl peroxide 5% gel): good for patients with greasy skin; can bleach towels, clothes and bedding. Some products are available over the counter and have a lower acquisition cost than a prescription. • <u>Differin</u> (adapalene 0.1% cream): contraindicated in pregnancy.

Moderate Acne
<ul style="list-style-type: none"> • Inflammatory lesions (papules and pustules) predominate • Acne may be widespread • May be a risk of scarring
Treatment
<p>For face: combination topical product:</p> <ul style="list-style-type: none"> • First line: <u>Duac Once Daily gel</u> (available as benzoyl peroxide 3%/clindamycin 1%, and benzoyl peroxide 5%/clindamycin 1% <i>specify strength</i>): OD in evening (maximum 12 weeks) – start with lower strength first • Second line: <u>Epiduo gel</u> (adapalene 1%/benzoyl peroxide 2.5%): OD in evening • Third line: <u>Aknemycin Plus solution</u> (erythromycin 4%/tretinoin 0.025%): OD-BD (9-12 weeks) <p>For sensitive skin on the face: topical antibiotic:</p> <ul style="list-style-type: none"> • First line: <u>Dalacin T topical lotion</u> (1% clindamycin): BD thinly • Second line: <u>Zineryt lotion</u> (40 mg/ml erythromycin and 12 mg/ml zinc acetate): BD <p>For trunk: oral antibiotic combined with topical retinoid (adapalene) or benzoyl peroxide:</p> <ul style="list-style-type: none"> • Lymecycline capsules 408mg OD • Doxycycline capsules 100mg OD • Oxytetracycline tablets 500mg BD <p>If tetracyclines are poorly tolerated or contraindicated):</p> <ul style="list-style-type: none"> • Erythromycin (as tablets) 500mg BD <p><i>Review in 3-4 months. If some response, continue treatment for 6-8 months. If no response after 3-4 months consider an alternative antibiotic.</i></p>
Notes
<ul style="list-style-type: none"> • Avoid the use of topical antibiotics with oral antibiotics. • Minocycline is not recommended as other tetracyclines are regarded as being as effective, and less expensive with better safety profiles. • Doxycycline may cause more photosensitivity than lymecycline especially in higher doses and fair skinned individuals. Use of non-comedogenic sunscreens may prevent this. If photosensitivity occurs with doxycycline, consider switching to lymecycline.

Severe Acne
<ul style="list-style-type: none"> • Predominantly papulopustular with nodules and cysts • High risk of scarring
Treatment
<ul style="list-style-type: none"> • Refer for specialist assessment and treatment (for example for consideration of oral isotretinoin). • Consider: oral antibiotic combined with topical retinoid (adapalene) or benzoyl peroxide whilst awaiting an appointment.
Notes
<ul style="list-style-type: none"> • If isotretinoin is recommended this is only suitable for dermatology specialist prescribing and continuation (isotretinoin is not suitable for GP 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 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.

Use of Combined Oral Contraceptives (COCs)

- Consider a COC as first-line adjunctive treatment for women who have acne (e.g. Rigevidon)
- May take more than 3 months to see any improvement of acne (possibly up to 6 months)

Reasons for specialist referral

- Severe nodulo-cystic acne.
- Refer to psychiatry for severe social or psychological problems secondary to acne.
- Refer patients to psychiatry with severe acne being considered for isotretinoin treatment who have a history of severe social psychological problems.
- Scarring.
- Moderate acne that has failed to respond to treatment i.e. lack of any benefit from two courses of different oral antibiotics each lasting at least three months at suggested acne dosage as above or only partial benefit after 6 months.
- Suspected underlying endocrinological cause for acne, e.g. polycystic ovary syndrome-refer if necessary to endocrinologist.
- Severe variant of acne such as acne fulminans-very rare severe inflammatory acne with fever, malaise and joint symptoms (very urgent referral).

Useful information

- NICE Clinical Knowledge Summaries. Acne vulgaris:
<http://cks.nice.org.uk/acne-vulgaris>
- Helpful patient information:
<http://www.patient.co.uk/health/acne>
- Primary Care Dermatology Society-Acne Primary Care Treatment pathway:
http://www.pcds.org.uk/ee/images/uploads/general/Acne_Treatment_2015-web.pdf

Title	Acne Primary Care Prescribing Guidelines
Reference	NICE Clinical Knowledge Summaries Acne Vulgaris http://cks.nice.org.uk/acne-vulgaris
Acknowledgements	N/A
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Author	Medicines Management Team
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