Key Highlights from the Recommended Guideline

- For acne vulgaris ("common acne"), start with topical tetracycline or erythromycin and add UV light therapy or systemic therapy if needed.
- For comedonic acne, start with local treatment (retinoic acid, adapalene gel or benzoyl peroxide).
- Refer patients with other forms of acne or resistant acne.

Scope: Health professionals involved in the care of patients with acne

How should I manage the different types of acne?

- First, identify the patient’s type of acne: [Level of Evidence: Not Stated]

<table>
<thead>
<tr>
<th>Type of acne</th>
<th>Lesions characterized by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comedonic acne</td>
<td>Open or obstructed comedos but little inflammatory change</td>
</tr>
<tr>
<td>Common acne (acne vulgaris)</td>
<td>Pustules and comedos</td>
</tr>
<tr>
<td>or pustular acne</td>
<td></td>
</tr>
<tr>
<td>Cystic acne</td>
<td>Cystic foci that form scars</td>
</tr>
<tr>
<td>Acne conglobata</td>
<td>Multilobular inflammatory scar-forming cysts</td>
</tr>
<tr>
<td>Acne fulminans (uncommon)</td>
<td>Systemic symptoms including fever, arthralgia and skeletal foci of inflammation</td>
</tr>
</tbody>
</table>

- Advise the patient to wash skin with soap and antibacterial agents. [Level of Evidence: Not Stated]

- Treat comedonic acne and mild common acne with local treatment such as:
  - Topical tretinoin [Level of Evidence: A] or isotretinoin [Level of Evidence: B]. Be aware that isotretinoin has considerable teratogenicity.
  - Adapalene gel [Level of Evidence: C]
  - 3-10% benzoyl peroxide cream or gel [Level of Evidence: A]

- To minimize skin irritation, begin with a low drug concentration removed after a few hours, and increase concentration and duration as tolerated. [Level of Evidence: Not Stated]

- In addition, consider treating common acne (acne vulgaris) with:
  - Start with topical antibiotics (e.g. clindamycin solution [Level of Evidence: A])
  - Combination gel containing benzoyl peroxide and clindamycin. [Level of Evidence: Not Stated]

- Add UV light therapy if the disease is widespread. [Level of Evidence: Not Stated]

- Consider adding or changing to systemic therapy (antibiotics or hormones) if local treatment produces inadequate results after 2-3 months. [Level of Evidence: Not Stated]
Which systemic antibiotic is appropriate?

- Choose either a tetracycline [Level of Evidence: B] or erythromycin [Level of Evidence: A] (both are equally effective)
  - Use 1 g/day for 6 months if the usual 250-500 mg/day for a few months is insufficient. [Level of Evidence: Not Stated]
  - Avoid tetracycline in patients under age 12. [Level of Evidence: Not Stated]
- For cystic acne and acne conglobata, use systemic antibiotics or refer to a specialist. [Level of Evidence: Not Stated]
- Consider using cyproterone acetate + estrogen in women for 6 months to reduce excretion of sebum. [Level of Evidence: Not Stated]

How should acne scars be treated?

- Wait for complete disease submission before treating. [Level of Evidence: Not Stated]
- Refer to a dermatologist or plastic surgeon for treatment. [Level of Evidence: Not Stated]
- Use skin abrasion or laser therapy [Level of Evidence: D]

When should I consider referring my acne patient to a dermatologist?

- Consider referring patients with [Level of Evidence: Not Stated]
  - Acne fulminans
  - Cystic acne
  - Acne conglobata
  - Acne scarring (to a dermatologist or plastic surgeon)
  - Resistance to ordinary treatment (candidates for isotretinoin treatment)

Levels of Evidence

The levels of evidence used to grade the recommendations in this guideline are as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Strong research-based evidence. Multiple relevant, high-quality scientific studies with homogeneous results.</td>
</tr>
<tr>
<td>B</td>
<td>Moderate research-based evidence. At least one relevant, high-quality study or multiple adequate studies.</td>
</tr>
<tr>
<td>C</td>
<td>Limited research-based evidence. At least one adequate scientific study.</td>
</tr>
<tr>
<td>D</td>
<td>No research-based evidence. Expert panel evaluation of other information.</td>
</tr>
</tbody>
</table>

The above recommendations were derived from the following GAC endorsed guideline:


Rating (out of 4): 🍓