

# Summary of Recommended Guideline

## Acne Management

### 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]**

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

- 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?

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- 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?

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- 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?

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- 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)

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## Levels of Evidence


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

A	Strong research-based evidence. Multiple relevant, high-quality scientific studies with homogeneous results.
B	Moderate research-based evidence. At least one relevant, high-quality study or multiple adequate studies.
C	Limited research-based evidence. At least one adequate scientific study.
D	No research-based evidence. Expert panel evaluation of other information.

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

Lauharanta, J. (2007, April). Acne: EBM guidelines.

Rating (out of 4): 

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