KINGSTON JOINT GUIDELINES FOR THE MANAGEMENT OF ACNE IN PRIMARY CARE in patients over 12 years old

PRIMARY AIM OF TREATMENT IS TO PREVENT SCARRING – ONCE SCARRED SKIN WILL NOT RETURN TO NORMAL.

OVERVIEW ALGORITHM

MILD ACNE
Comedonal Acne (Non-inflammatory lesions)

SINGLE TOPICAL AGENT
Benzoyl Peroxide
OR if Benzoyl Peroxide not tolerated, Topical Retinoid.
If Asian or Afro-Caribbean skin and Benzoyl Peroxide or Retinoid not tolerated, Azelaic Acid.

Closed comedones (White heads)
Open comedones (Black heads)

REVIEW AT 8-12 WEEKS. If no response, try another Mild Acne agent. IF ACNE BECOMES MORE PAPULAR/PUSTULAR OR PSYCHOLOGICAL DISTRESS OCCURS, TREAT AS MODERATE ACNE.

MODERATE ACNE
Papular and Pustular acne (Inflammatory lesions)

CHANGE TO COMBINED AGENT
Benzoyl Peroxide with Clindamycin or Adapalene
OR Topical Retinoid with Topical Antibiotic

Inflammatory papules & pustules +/- non-inflammatory comedones

REVIEW AT 8-12 WEEKS. If no response, try another Moderate Acne agent. IF ACNE BECOMES MORE EXTENSIVE OR PSYCHOLOGICAL DISTRESS OCCURS, TREAT AS EXTENSIVE DISEASE.

MODERATE ACNE
Extensive disease
Not responding to the above treatments and/or more widely distributed

ORAL ANTIBIOTIC FOR 3 MONTHS
With SINGLE Topical agent
Benzoyl Peroxide OR Topical Retinoid
OR combined Benzoyl Peroxide and Adapalene.
In Female patients, consider Combined Oral Contraceptive.

MILD TO MODERATE ACNE: REFER TO DERMATOLOGY SERVICE if no response or inadequate response and/or further advice needed.

REVIEW AT 12 WEEKS. IF NO RESPONSE TO TWO ANTIBIOTICS +/- topical treatments AND/OR IF SCARRING STARTS – REFER TO DERMATOLOGY SERVICE.
Treat as MODERATE while waiting for appointment.

SEVERE and/or SCARRING ACNE
Nodulocytic & conglobate acne

Nodules
Scarring
REFER to Dermatology for consideration of ISOTRETINOIN

REFER IMMEDIATELY TO DERMATOLOGY if:
- Severe acne where scarring is evident – REFER EARLY. Once scarred, the skin will never return to normal.
- Moderate acne only partially responding to treatment and Asian or Afro-Caribbean skin.
- Papular-pustular acne - patients starting to scar who do not respond to the treatments.
- Uncontrolled acne developing scarring.
- Nodulo-cystic acne - Treatment can be initiated, but patients should be referred urgently.
- Severe psychological distress, regardless of physical signs.
- Systemically unwell.

***FOR COST-EFFECTIVE PRODUCTS, DOSE AND KEY PRESCRIBING INFORMATION, SEE PAGES 2 & 3***
**MILD ACNE - Comedonal Acne (Non-inflammatory lesions)**

**SINGLE TOPICAL AGENT FOR 8-12 WEEKS**

<table>
<thead>
<tr>
<th>1st line</th>
<th>Benzoyl Peroxide (BPO)</th>
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<tbody>
<tr>
<td><strong>START at LOWER STRENGTH &amp; increase gradually:</strong></td>
<td><strong>Benzoyl Peroxide</strong></td>
</tr>
<tr>
<td>• Brevoxyl 4% cream £4.13/50g</td>
<td>• Skin irritation: Pause until irritation subsides and restart at reduced frequency.</td>
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<tr>
<td>• Acnecide 5% gel/wash gel £5.44/30g</td>
<td>• May bleach clothing.</td>
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<tr>
<td>Apply ONCE daily AT NIGHT. Increase to TWICE daily only if tolerated.</td>
<td>• Sun sensitivity: Avoid excessive sun exposure. Use appropriate sunscreen or protective clothing. Note: sunblock is comedogenic, avoid excessive use.</td>
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<tr>
<td>Consider increasing to higher strength if twice daily tolerated:</td>
<td>• Avoid contact with eyes, nose, and mouth.</td>
</tr>
<tr>
<td>Panoxyl 10% Aquagel £2.13/40g</td>
<td><strong>Topical Retinoids</strong></td>
</tr>
<tr>
<td><strong>2nd line</strong></td>
<td><strong>Topical Retinoids</strong></td>
</tr>
<tr>
<td><strong>Isotretinoin 0.05% gel, Isotrex® £5.94/30g</strong></td>
<td>• CONTRAINDIATED IN PREGNANCY and in women who may become pregnant.</td>
</tr>
<tr>
<td>Apply ONCE daily AT NIGHT. Increase to TWICE daily only if tolerated.</td>
<td>• Skin irritation: Pause until irritation subsides and restart at reduced frequency. Redness &amp; skin peeling initially, usually settles with time.</td>
</tr>
<tr>
<td><strong>If not tolerated, try: Adapalene 0.1% gel, Differin®£16.43/45g</strong></td>
<td>• Sun sensitivity: Use appropriate sunscreen or protective clothing.</td>
</tr>
<tr>
<td>Apply ONCE daily AT NIGHT.</td>
<td>• Avoid contact with eyes, nose, and mouth.</td>
</tr>
<tr>
<td><strong>If no response or not tolerated, for Asian or Afro-Caribbean skin: Azelaic Acid</strong></td>
<td><strong>Azelaic Acid</strong></td>
</tr>
<tr>
<td><strong>Skinoren® (Azelaic acid 20%) £3.74/30g</strong></td>
<td>Skin irritation: Reduce frequency or pause treatment temporarily until irritation subsides and restart at reduced frequency.</td>
</tr>
<tr>
<td>Apply TWICE daily. <strong>Sensitive skin:</strong> Apply once daily for 1 week, then apply twice daily. If no improvement after TWO MONTHS, then STOP.</td>
<td></td>
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</table>

**REVIEW AT 8-12 WEEKS: If No Response, Try a Different Mild Acne Treatment.**

**IF ACNE BECOMES MORE INFLAMMED (PAPULAR/PUSTULAR) OR IF PSYCHOLOGICAL DISTRESS, TREAT AS MODERATE ACNE**

**MODERATE ACNE - Papular and Pustular acne (Inflammatory lesions)**

Use combination product, not individual products for better adherence. AVOID dual prescription of oral and topical antibiotic. Topical antibiotic use should be limited to 3 months.

<table>
<thead>
<tr>
<th>Benzoyl peroxide 5% with Clindamycin 1%:</th>
<th><strong>For patients who do not respond to OR do not tolerate Duac® - Benzoyl peroxide 2.5% with Adapalene 0.1%:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duac Once Daily® 5%/1%, £13.14/30g, £26.28/60g</strong></td>
<td><strong>Epiduo® £19.05/45g</strong></td>
</tr>
<tr>
<td><strong>If not tolerated, try lower strength Benzoyl peroxide 3% with Clindamycin 1%:</strong></td>
<td><strong>Topical Retinoid with Antibiotic:</strong></td>
</tr>
<tr>
<td><strong>Duac Once Daily® 3%/1%, £13.14/30g, £26.28/60g</strong></td>
<td><strong>Isotretinoin 0.05% with Erythromycin 2%, Isotrexin® £7.47/30g</strong></td>
</tr>
<tr>
<td>Note: the manufacturer of Duac® states it should be stopped at 3 months. Duac® expires 8 weeks after opening – REVIEW AT 8 WEEKS before resupply.</td>
<td><strong>Topical Tretinoin products should not be used in patients with a personal or family history of skin cancer; to be prescribed on recommendation of dermatology specialist only.</strong></td>
</tr>
</tbody>
</table>

**Topical Antibiotics – Antibacterial resistance to Propionibacterium acnes is increasing.**

Reserved for those that do not wish for oral antibiotics or unable to tolerate oral antibiotics. AVOID concomitant treatment with oral and topical antibacterials for acne.

<table>
<thead>
<tr>
<th>Clindamycin 1%:</th>
<th>Erythromycin with zinc acetate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dalacin® solution £7.23/50ml</td>
<td>Zinycin® solution £7.71/30ml</td>
</tr>
<tr>
<td>Zinaclear® gel £8.66/30g</td>
<td>Note: Expires 8 weeks after opening – REVIEW AT 8 WEEKS before resupply.</td>
</tr>
</tbody>
</table>

**REVIEW AT 8-12 WEEKS. If No Response, Try a Different Moderate Acne Treatment.**

**IF ACNE BECOMES MORE EXTENSIVE OR PSYCHOLOGICAL DISTRESS, TREAT AS MODERATE ACNE - EXTENSIVE DISEASE**
MODERATE ACNE - Extensive disease, where moderate acne becomes more widely distributed

Add Oral Antibiotic FOR 3 MONTHS with SINGLE Topical Agent - PREFERENTIALLY BENZOYL PEROXIDE, or Retinoid if BPO not tolerated, or combined Benzoyl peroxide with Adapalene. STOP TOPICAL ANTIBIOTIC. Issues: Antibacterial resistance to Propionibacterium acnes is increasing – avoid oral erythromycin where possible.

1ST LINE - TETRACYCLINES
Doxycycline as CAPSULES 100mg OD £9.90/3 months
If Doxycycline not tolerated: Lymecycline 408mg OD £20.70/3 months
Tetracyclines not suitable or contraindicated e.g. Pregnancy, Breastfeeding mothers:
Erythromycin 500mg BD £36.00/3 months

FOR WOMEN
Consider adding a COMBINED ORAL CONTRACEPTIVE OR CO-CYPRINDIOL to topical / systemic treatments if no contraindications.
Note: Unopposed progestogens (e.g. LARCS) can make acne worse.
MHRA advice: Co-cyprindiol should only be used where topical treatment or oral antibiotics have failed and stopped once acne has resolved.

REVIEW ORAL ANTIBIOTICS AT 3 MONTHS. If adequate response, continue for another 3 months.
IF NO RESPONSE, CONSIDER TRYING A DIFFERENT ORAL ANTIBIOTIC FOR ANOTHER 3 MONTHS. IF NO RESPONSE TO TWO ANTIBIOTICS +/- topical treatments AND/OR IF SCARRING STARTS, REFER to Dermatology for Consideration of Isotretinoin.
Treat as MODERATE while waiting for referral appointment. CHECK ADHERENCE to current treatments before sending referral.

SEVERE and/or SCARRING ACNE - Nodulocytic & conglobate acne - Refer to Dermatology

Primary Care Actions for patients referred for consideration of Isotretinoin (Hospital only supply):

Primary care should ensure the following have been completed before Dermatology Outpatient appointment for consideration of Isotretinoin:
• Baseline Bloods: FBC, U&Es, LFTs, lipids should be done before patient's Secondary Care Dermatology appointment. All other monitoring is done by hospital.
• Contraception: Check female patients of child bearing age are using TWO methods of contraception for AT LEAST ONE MONTH BEFORE hospital appointment. Patients should continue contraception until 1 month after stopping Isotretinoin. PATIENTS MUST AGREE TO PREGNANCY PREVENTION PROGRAMME CONDITIONS. Advise patients that Isotretinoin treatment is usually taken over a 6-month period. Sexually active female patients will need to attend clinic monthly for pregnancy tests.

Contraindications:
• Tetracyclines – cases of benign intracranial hypertension reported.
• Hypervitaminosis A – DO NOT TAKE Vitamin A supplements
• Hepatic insufficiency
• Excessively elevated blood lipids
• Hypersensitivity to isotretinoin or to any of the excipient. Contains soya-bean oil some patients allergic to peanuts may suffer cross reactivity to products containing soya protein.

Common side effects:
• Dry skin, lips and eyes
• Photosensitivity
• Teratogenicity – see Contraception advice
• Mood changes
• Muscle pains.

Avoid during treatment & 6 months post-Isotretinoin:
• Wax epilation
• Dermabrasion
• Laser treatment.

FOLLOW UP AND MAINTENANCE FOR ALL PATIENTS MANAGED IN PRIMARY CARE

• Initial review at 8-12 weeks. If treatment effective, continue for at least 3 months and follow up every 3-4 months to ensure effectiveness and check patient adherence.
• Consider stepping down treatment to Benzoyl peroxide, Topical Retinoid, or Benzoyl Peroxide with Adapalene for longer term maintenance where appropriate.
• Provide patients with British Association of Dermatologists Acne patient information leaflets available here.
• Poor hygiene does not cause acne: advise patients to clean area twice daily with fragrance free cleanser, not to wash aggressively, to use non-comedogenic make-up and emollients.
• Poor diet does not cause acne. Advise patients to follow a healthy diet.