

Check for acne inducing medication such as the progesterone only pill.
Please provide the patient with acne information leaflet by the British Association of Dermatologists.
This can be found on their website: <http://www.bad.org.uk/for-the-public/patient-information-leaflets>

Step 1: Treatment for mild to moderate acne

Single topical treatment

- Topical retinoid (if comedonal element) OR benzoyl peroxide (can be purchased from a community pharmacy) OR azelaic acid (helps reduce post-inflammatory pigmentation as well as reducing inflammatory and comedonal components of acne)

Combination topical treatments for example:

- Duac® gel (benzoyl peroxide + clindamycin), once daily
 - Treclin® (tretinoin + clindamycin), apply thinly once daily at bedtime
 - Epiduo® (benzoyl peroxide + adapalene), once daily in the evening.
- Restricted to mild or moderate facial acne when monotherapy with benzoyl peroxide or adapalene is not sufficient.



Step 2: When not responding to Step 1 (or more widely distributed involving back, neck and chest)

Combination of oral antibiotic + topical treatment (benzoyl peroxide +/- topical retinoid) Stop any topical antibiotics when commencing oral antibiotics

1st line: TETRACYCLINES for example:

- Lymecycline 408mg OD
- Doxycycline 100mg OD (warn regarding photosensitivity)

2nd line: MACROLIDES (1st line in pregnancy and in children under 12) for example:

- Erythromycin 500mg BD
- Clarithromycin 250mg BD

Combined Oral Contraceptive Pill (COCP) +/- topical treatment

Treatment for women with moderate to severe acne.

If inadequate response after 3-4 months with oral antibiotic OR if there are other reasons to take COCP such as contraception and menstrual control, then consider adding COCP to treatment.

If no contraindications consider trial of co-cyprindiol. Brands include Dianette®, Clairette®, Teragezza®. (NB: caution around increased risk of venous blood clot with these pills
<https://www.nhs.uk/news/medication/combined-contraceptive-pills-increase-risk-of-blood-clots/>)



Step 3: Refer for specialist assessment and treatment

Refer:

- All patients with severe acne (nodulocystic acne or systemically unwell, please refer urgently).
- Inadequate response to above treatment.
- Acne causing significant scarring.
- Severe psychological distress regardless of physical signs.



Please ensure women who are sexually active are on a reliable form of contraception (COCP or LARC) in addition to a barrier method **before** referral for consideration of oral isotretinoin treatment.
If only POP is tolerated, they can wait to see the consultant dermatologist first.

Key Prescribing and Counselling Information for Healthcare Professional

Topical Treatments

- Most suitable for facial acne.
- Use at night to affected areas to prevent new spots from developing.
- Tell patients that it will take 4 to 6 weeks to start to work and they should have a 3 month trial.
- Warn regarding irritancy and if too drying avoid acne washes and use a gentle product to wash the face and a moisturiser in the morning. If necessary wash the acne cream off after an hour and gradually increase the exposure time.

Topical retinoids (*contraindicated in pregnancy*): have anticomedonal properties

- Counsel women of childbearing age to use effective contraceptive.
- Warn regarding irritancy, photosensitivity (wash off before direct sunlight) peeling / dryness and need to moisturise.

Benzoyl peroxide: has keratolytic and antimicrobial properties (can be purchased from community pharmacy)

- Start at 5%. No evidence for increased efficacy with higher concentrations.
- Warn patients that it can bleach bedding and clothing and advise using white towels and sheets.

Combination topical treatments: See the above advice for treatments containing retinoids and benzoyl peroxide.

Topical antibiotics:

Avoid concomitant use with oral antibiotics.

Systemic antibiotics

- Prescribe benzoyl peroxide +/-topical retinoid (e.g. adapalene) at the same time which will reduce the development of P.acne resistance.
- Avoid concomitant use of topical antibiotics.

Tetracyclines (*contraindicated in pregnancy & patients under 12 years of age*)

- Absorption of tetracyclines is affected by antacids.
- Avoid use of antibiotics as sole treatment; use in combination with benzoyl peroxide to prevent resistance
- Once daily preparations which can be taken with food aids compliance and are therefore preferable to oxytetracycline.
- There is a lack of evidence to suggest one tetracycline is superior to another in terms of efficacy.
- Once patients have had a sustained improvement to systemic treatment (at least 3 months), consider stopping and continuing with topical treatments.
- Minocycline is no longer considered a 1st line therapy due to associated serious side effects (secondary care initiation only).

Lymecycline: 1st line choice

Doxycycline: May cause more photosensitivity than Lymecycline, especially in higher doses and fair skinned individuals. Use of non-comedogenic sunscreens may prevent this (ask patients to purchase sunscreens rather than prescribe them where possible)

Macrolides

- e.g. **Erythromycin, Clarithromycin.**
- 1st line systemic oral antibiotic treatment for pregnant women and patients under 12 years of age.
- Can be used if intolerance/contraindication to tetracyclines or no response after 3 months.

Oral contraceptive pills

- If there are other reasons to take a combined oral contraceptive pill such as contraception and menstrual control, then these should be used instead of oral antibiotics.
- Combined OCP with third generation progestins (desogestrel, gestodene, and norgestimate), e.g. Gedarel 20/150 & 30/150, Millinette 20/75 & 30/75, Ciliq 250/35 or fourth generation progestins (drospirenone) are more acne friendly than the older pills. See cost effective brand choices produced by medicines optimisation team. Cyproterone acetate 2mg ethinylestradiol 35 mcg could be used if there is no improvement after 3 months' use of COCP, particularly in patients with polycystic ovary syndrome.

Oral isotretinoin (*contraindicated in pregnancy*)

To be initiated and prescribed by consultant dermatologist due to serious side effects including teratogenic & possible psychiatric effects; ensure women are using **effective contraception (COCP/LARC + barrier contraception) prior to referral.**