Acne Management

Dr Paul Tervit 2011

Androgenic Stimulation
Hyperkeratinisation
propionibacterium acnes
FFA breakdown
protease breakdown

Define Type and Severity

Mild / Moderate / Severe
Non-Inflammatory / Comedones / cysts
Inflammed / Papules / Pustules
Secondarily Infected
Acne conglobata

Consider BZP or HP as first Line

Consider HP>BZP

Mild

Good for Comedonal acne

Top Retinoid (TR) (Adapalene [Differin] 0.1% daily - Fully Funded)
Benzoyl peroxide (BZP 2.5,4,5,10% (Benzac AC® bd))
+/- **Abx** (Duac® [BZP+Clind 1%] daily)
Hydrogen peroxide (HP) (Crystacide® 1% bd) +/- TR
Salicylic acid 0.5% (Neutrogena® daily - bd
Azelaic Acid 20% (Skinoren™ Crm bd)
Top Abx (Clind 1% daily / EES (Eryacne 4% bd))

ESS if Pregnant

Moderate

TR+ BZP (Epiduo® daily) / TR + HP
PO abx (Doxy 50mg bd or 100mg d / Mino - EES)
COCP / Yasmin / Ginet 84
P4 only can exacerbate acne

Caution Tetracyclines in Children >12 yo only

Consider a Gm -ve Folliculitis
Rx TMP-SMZ

Severe

High dose Abx (ESS or TMP)
Isotrentoin (0.2-0.5mg/kg/day [start 10-20mg/d])
if severe stop the tetracycline lassociated with benign Intracrainial hypertension) and use ESS 400mg bd
aim for total cumulative dose of 120-150mg/kg over the course of the Rx

Mucocutaneous SE / Eye SEs
Systemic and MSK SE
Haematological and Liver SE
Teratogenic
Psychiatric