

**DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE  
(JAPC)**



**Managing Acne vulgaris  
(Based on NICE NG198)**

Aim: This pathway is designed to help GPs to manage acne more effectively within the community and to improve the appropriateness of referrals to secondary care.

**For treatments of short term / mild acne, patients are encouraged to self-care. Discuss simple measures e.g. wash with mild soap, do not scrub, avoid make up; and advise that treatments are available to purchase from pharmacies (e.g. benzoyl peroxide products). See Derbyshire Medicines management [Self-care advice](#) / patient information [leaflet](#).**

**Background**

- About 15% of the adolescent population have sufficient problems with acne to seek treatment. This is an age when self-esteem is very important.
- Although in most patients acne clears up by the early 20s, more severe acne tends to last longer and a group of patients have persistent acne lasting up to the age of 30 - 40 years
- Acne may scar – most of the time this is preventable by using the correct treatment given in a timely fashion. Risk of scarring increases with the severity and duration of acne.
- Acne makes up a significant proportion of referrals to hospital dermatology clinics

	All patients diagnosed with acne vulgaris in the community where self-care is not appropriate.				
	<ul style="list-style-type: none"> <li>• <b>Take a good skin history.</b> <ul style="list-style-type: none"> <li>- How long have they had acne?</li> <li>- Family history?</li> <li>- What previous treatments have they tried? What sort of response have they had? Were there side effects? Are they compliant? Have there been gaps in treatment?</li> <li>- How does their acne affect them?</li> <li>- Are there any aggravating features? e.g. use of anabolic steroids, oil-based cosmetics, topical/oral steroids, lithium, ciclosporin, oral iodides in homeopathic remedies.</li> </ul> </li> <li>• <b>Look carefully at their skin and try to grade the acne so you will be able to assess whether there is improvement when they come for review.</b> <ul style="list-style-type: none"> <li>- Is it mild to moderate or moderate to severe*</li> <li>- Comedonal (black &amp; white-heads) or inflammatory (papules, pustules and nodules present) or a mixture?</li> <li>- Is there any scarring present? Type -'ice-pick'/ keloid?</li> </ul> </li> </ul> <p>*NICE NG198 Acne definition</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"><b>Mild to moderate</b></td> <td style="padding: 5px;">People who have 1 or more of: <ul style="list-style-type: none"> <li>• any number of non-inflammatory lesions (comedones)</li> <li>• up to 34 inflammatory lesions (with or without non-inflammatory lesions)</li> <li>• up to 2 nodules</li> </ul> </td> </tr> <tr> <td style="padding: 5px;"><b>Moderate to severe</b></td> <td style="padding: 5px;">People who have either or both of: <ul style="list-style-type: none"> <li>• 35 or more inflammatory lesions (with or without non-inflammatory lesions)</li> <li>• 3 or more nodules.</li> </ul> </td> </tr> </table> <ul style="list-style-type: none"> <li>• <b>Investigation?</b> <ul style="list-style-type: none"> <li>- In those women with features of polycystic ovarian syndrome e.g. oligomenorrhoea, hirsutism consider doing a testosterone level to exclude a male virilising tumour.</li> </ul> </li> </ul>	<b>Mild to moderate</b>	People who have 1 or more of: <ul style="list-style-type: none"> <li>• any number of non-inflammatory lesions (comedones)</li> <li>• up to 34 inflammatory lesions (with or without non-inflammatory lesions)</li> <li>• up to 2 nodules</li> </ul>	<b>Moderate to severe</b>	People who have either or both of: <ul style="list-style-type: none"> <li>• 35 or more inflammatory lesions (with or without non-inflammatory lesions)</li> <li>• 3 or more nodules.</li> </ul>
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- Use a [patient information leaflet](#) and talk patient through why you are using each treatment.
- Advice to patients
  - Advise against over-cleaning- use non-alkaline (skin pH neutral or slightly acidic) synthetic detergent twice daily.
  - Use non-comedogenic make up, sunscreen, emollients, and remove make up each day
  - Avoid picking and squeezing spots which may increase risk of scarring.
  - There is not enough evidence to support specific diets for treating acne- follow balanced diet ([PHE Eatwell Guide](#)).
- Explain that treatment take time to work (usually up to 8 weeks) and may irritate the skin, especially at the start of treatment.
- Talk about the need to treat as many of the major aetiological features as possible and which treatment works for each: -
  - comedone formation - topical retinoid e.g. adapalene
  - inflammation - benzoyl peroxide (BPO) 5% gel
  - androgen induced excess sebum production in moderately severe acne in women - co-cyprindiol 2000/35
  - infection- colonisation with *Cutibacterium acnes*- antibiotics (topical or oral)
- Acne has a significant impact on mental health without treatment; assessment of mental health is important.

**For treatments of short term/mild acne, patients are encouraged to self-care. Discuss simple measures as above, and advise that treatments are available to purchase from pharmacies (e.g. benzoyl peroxide products). See Derbyshire Medicines management [Self-care](#) advice/ patient information [leaflet](#).**

**[See Appendix 1 & 2 for treatment flowchart and NICE recommended first line treatment options including advantages & disadvantages for each treatment](#)**

Acne severity	Treatment
Any severity	Fixed combination topical tretinoin 0.025%+ clindamycin1% ( <b>Treclin</b> ) Applied once daily in the evening
Any severity	Fixed combination topical adapalene 0.1 or 0.3% + benzoyl peroxide (BPO) 2.5% ( <b>Epiduo</b> ) Applied once daily in the evening
Mild to moderate	Fixed combination topical BPO 3 or 5% + clindamycin 1% ( <b>Duac Once Daily</b> ) Applied once daily in the evening
Moderate to severe	Topical adapalene + benzoyl peroxide ( <b>Epiduo</b> ) applied daily in the evening <b>OR</b> Topical azelaic acid (15 or 20%) applied twice daily <b>PLUS</b> Oral <b>Doxycycline 100mg (1<sup>st</sup> line)</b> or Lymecycline 408mg (2 <sup>nd</sup> line) daily

### **Severe acne**

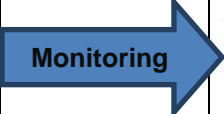

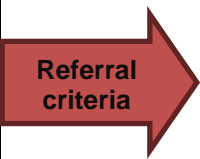

Consider early referral for oral isotretinoin if large nodulocystic lesions, scarring or no rapid response to treatment (two 3month courses of antibiotics).

### **Relapse**

- Consider another 12-week course of same or alternative 1<sup>st</sup> line treatment
- If acne relapses after an adequate response to oral isotretinoin and is currently
  - mild to moderate- offer an appropriate 1<sup>st</sup> line treatment option
  - moderate to severe- offer either a 12-week course of 1<sup>st</sup> line treatment option or re-refer to specialist

### **Maintenance**

- encourage continued appropriate skin care
- explain that after completion of treatment, maintenance treatment is not always necessary

	<ul style="list-style-type: none"> <li>Consider a fixed combination topical adapalene + benzoyl peroxide (<b>Epiduo</b>) maintenance in people with history of frequent relapse. If not tolerated or C/I consider topical monotherapy with adapalene, azelaic acid, or benzoyl peroxide.</li> <li>Review maintenance treatment after 12 weeks.</li> </ul>
<b>Monitoring</b> 	<ul style="list-style-type: none"> <li><b>Review after two months for improvement and side effects.</b> <ul style="list-style-type: none"> <li>Tell your patient that if their treatment is working well they can <b>expect 50% improvement</b> at this point, no more.</li> <li>If there is little improvement <b>assess compliance</b>.</li> </ul> </li> <li>If acne fails to respond adequately <ul style="list-style-type: none"> <li>mild to moderate acne- offer another 1<sup>st</sup> line treatment in</li> <li>moderate to severe acne already on oral antibiotic plus topical treatment- change to a second antibiotic plus topical treatment.</li> <li><b>Remember to reinforce use of topical treatment.</b></li> </ul> </li> <li>Antibiotic monotherapy is poor management and will only partially treat the acne process. <b>In order to minimise the development of antibiotic resistance</b> always use topical agent alongside oral antibiotics – even intermittent treatment can help prevent this developing.</li> <li><b>Stop systemic antibiotics after sustained improvement (3 months)</b> and continue topical treatment. Only continue antibiotic (topical or oral) for more than 6months in exceptional circumstances. Review at 3-monthly intervals.</li> </ul>
<b>Patient info</b> 	<p>There are good patient <a href="#">acne information leaflets</a> at <a href="http://www.bad.org.uk">www.bad.org.uk</a> and <a href="http://www.pcds.org.uk">www.pcds.org.uk</a>  If you are considering referring for oral isotretinoin you can give them a copy of the <a href="#">BAD isotretinoin leaflet</a>. If they wouldn't consider taking this then you may save a referral.</p>
<b>Referral criteria</b> 	<ul style="list-style-type: none"> <li>Severe acne - refer early for oral isotretinoin if large nodulocystic lesions, scarring or no rapid response to treatment</li> <li>Moderately severe acne which has not responded to 2 x 3 months courses of different antibiotics PLUS topical treatment, especially if starting to scar.</li> <li>Patients with severe psychological symptoms.</li> <li>Acne fulminans (urgent same day referral)</li> </ul> <p>Consider referral to mental health services if person with acne experiences significant psychological distress/ mental health disorder including those with current or past history of suicidal ideation or self-harm, severe depressive or anxiety disorder, or Body dysmorphic disorder.</p> <p>Consider condition-specific management or referral to a specialist (e.g. reproductive endocrinologist), if a medical disorder or medication (including self-administered anabolic steroids) is likely to be contributing.</p>
<b>Refer only</b> 	<p>Those requiring oral isotretinoin. Check FBC, lipid profile and liver function tests first.</p> <p>See <a href="#">MHRA advice</a>- women and girls of childbearing potential being treated with the oral retinoids must be supported on a Pregnancy Prevention Programme with regular follow-up and pregnancy testing.</p> <p>If patient is a female, consider contraception (even if they are not sexually active) as otherwise their treatment will be delayed until they start this and will need an additional hospital appointment. Oral progestogen-only contraceptives are not considered effective- See <a href="#">advice in BNF</a>.</p>
	<p>Routine First Outpatient appointment = £126; Follow up appointment = £68</p>
<b>Clinic information</b>	<p>If a referral is required book against the following on the Choose and Book system:  Speciality : Dermatology  Clinic Type: Not otherwise specified</p>

<b>Additional Information</b>	<ul style="list-style-type: none"> <li>• Patient information on website- <a href="#">NHS website</a>, <a href="#">Acne Support</a></li> <li>• British Association of Dermatologists (BAD) Patient information leaflet <a href="https://www.bad.org.uk/for-the-public/patient-information-leaflets/acne/">https://www.bad.org.uk/for-the-public/patient-information-leaflets/acne/</a></li> <li>• NICE NG198 Acne vulgaris: management <a href="https://www.nice.org.uk/guidance/ng198">https://www.nice.org.uk/guidance/ng198</a></li> <li>• Primary Care Dermatology Society (PCDS) <ul style="list-style-type: none"> <li>- <a href="http://www.pcds.org.uk/clinical-guidance-and-guidelines">www.pcds.org.uk/clinical-guidance-and-guidelines</a></li> <li>- <a href="https://www.pcds.org.uk/article/acne-primary-care-acne-treatment-pathway">https://www.pcds.org.uk/article/acne-primary-care-acne-treatment-pathway</a></li> </ul> </li> </ul>
<b>Appendices</b>	Appendix 1- Management flow chart Appendix 2- NICE recommended first line treatment options

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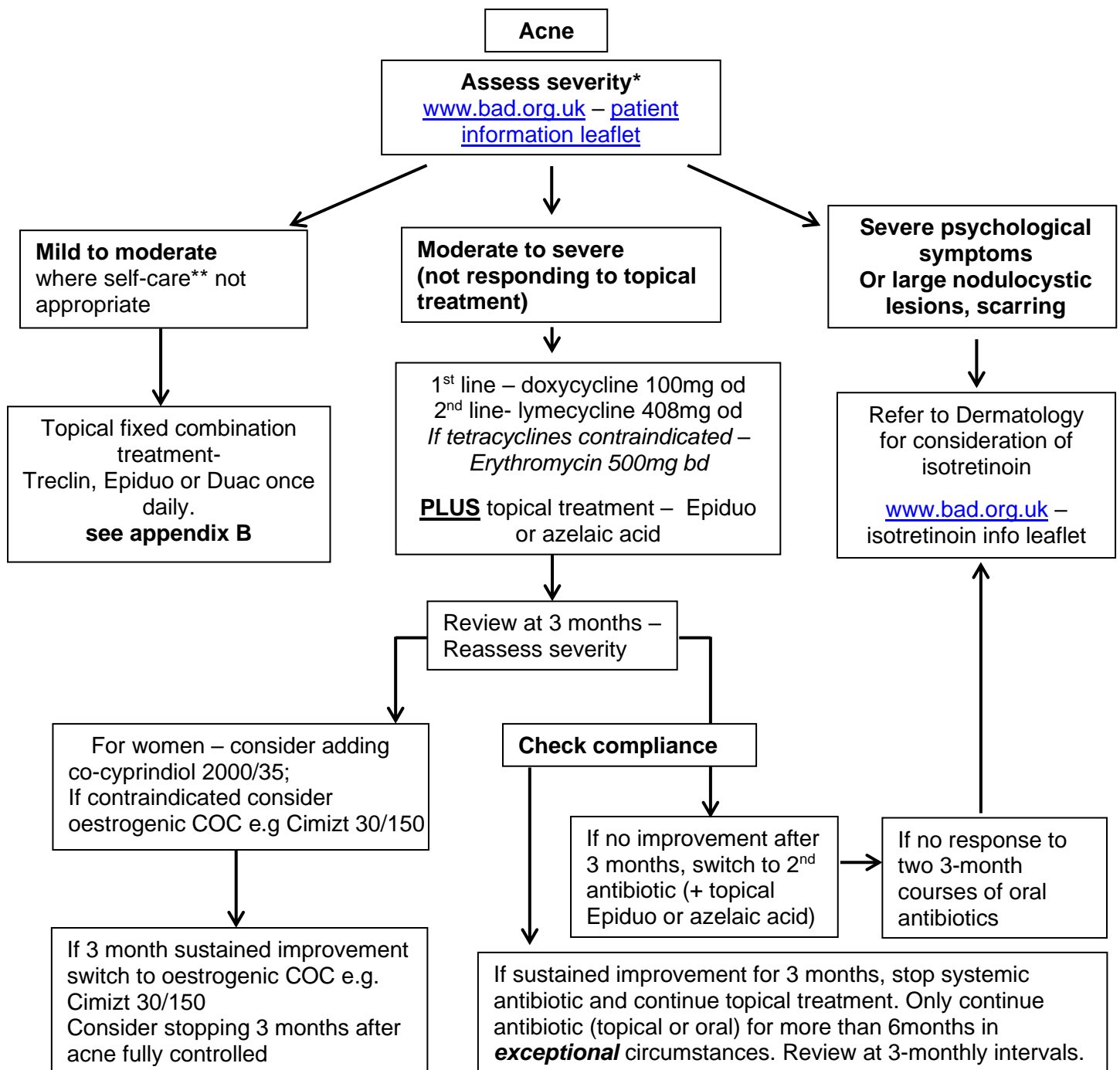
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**References:**

NICE NG198 Acne vulgaris management <https://www.nice.org.uk/guidance/ng198>  
National Institute for Health and Care Excellence Clinical Knowledge Summaries- Acne vulgaris <https://cks.nice.org.uk/acne-vulgaris>  
Primary Care Dermatology Society <http://www.pcds.org.uk/clinical-guidance/acne-vulgaris>

Document Control	Date

## Appendix 1- Management flow chart



### \*Acne Severity Definition

Mild to moderate	People who have 1 or more of: <ul style="list-style-type: none"> <li>any number of non-inflammatory lesions (comedones)</li> <li>up to 34 inflammatory lesions (with or without non-inflammatory lesions)</li> <li>up to 2 nodules</li> </ul>
Moderate to severe	People who have either or both of: <ul style="list-style-type: none"> <li>35 or more inflammatory lesions (with or without non-inflammatory lesions)</li> <li>3 or more nodules.</li> </ul>

\*\* Benzoyl peroxide containing preparations are available OTC at pharmacies e.g. Acnecide gel/ wash.

OTC restrictions include pregnancy, breastfeeding, elderly & children under 12 years old.

## Appendix 2- NICE recommended 1<sup>st</sup> line treatment options

Offer **12-week** course of 1 of the following, taking into account severity of acne, person's preferences, and after discussion of advantages/ disadvantages of each option.

Acne severity	Treatment	Advantages	Disadvantages
Any severity	Fixed combination topical tretinoin 0.025%+ clindamycin1% <b>(Treclin £11.94 30g)</b>  Applied once daily in the evening	<ul style="list-style-type: none"> <li>• Topical</li> </ul>	<ul style="list-style-type: none"> <li>• Not for use during pregnancy or breastfeeding</li> <li>• Can cause skin irritation and photosensitivity</li> </ul>
Any severity	Fixed combination topical adapalene 0.1 or 0.3% + benzoyl peroxide (BPO) 2.5% <b>(Epiduo £19.53 45g)</b>  Applied once daily in the evening	<ul style="list-style-type: none"> <li>• Topical</li> <li>• Does not contain antibiotics</li> </ul>	<ul style="list-style-type: none"> <li>• Not for use during pregnancy</li> <li>• Caution during breastfeeding</li> <li>• Can cause skin irritation, photosensitivity, and bleaching of hair and fabrics</li> </ul>
Mild to moderate	Fixed combination topical BPO 3 or 5% + clindamycin 1% <b>(Duac Once Daily £13.14 30g)</b>  Applied once daily in the evening	<ul style="list-style-type: none"> <li>• Topical</li> <li>• Can be used with caution during pregnancy and breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Can cause skin irritation, photosensitivity, and bleaching of hair and fabrics</li> </ul>
Moderate to severe	Fixed combination topical adapalene + benzoyl peroxide ( <b>Epiduo</b> ) , applied once daily in the evening  PLUS once daily oral <b>Doxycycline 100mg (1<sup>st</sup> line)</b> Lymecycline 408mg (2 <sup>nd</sup> line)	<ul style="list-style-type: none"> <li>• Oral antibiotics may be effective in treating affected areas that are difficult to reach with topical treatment (such as the back)</li> <li>• Treatment with adequate courses of standard therapy (systemic antibiotics and topical therapy) is an MHRA requirement for subsequent oral isotretinoin.</li> </ul>	<ul style="list-style-type: none"> <li>• Not for use in pregnancy, during breastfeeding.</li> <li>• Topical adapalene+ BPO can cause skin irritation, photosensitivity, and bleaching of hair and fabrics</li> <li>• Oral antibiotic may cause systemic side effects and antimicrobial resistance. Oral tetracyclines can cause photosensitivity.</li> </ul>
Moderate to severe	Topical azelaic acid (15 or 20%) applied twice daily  PLUS once daily oral <b>Doxycycline 100mg (1<sup>st</sup> line)</b> Lymecycline 408mg (2 <sup>nd</sup> line)		<ul style="list-style-type: none"> <li>• Not for use in pregnancy, during breastfeeding.</li> <li>• Oral antibiotics may cause systemic side effects and resistance. Oral tetracyclines can cause photosensitivity.</li> </ul>

Consider **topical benzoyl peroxide monotherapy** as an alternative treatment to the options above if above treatments contraindicated or the person wishes to avoid retinoid or an antibiotic.

For people with mod/severe acne who cannot tolerate or C/I to oral doxycycline or lymecycline- use **erythromycin 500mg twice daily** (NB Increasing problem of microbial resistance to erythromycin so in general reserve for cases where tetracyclines are contraindicated e.g. pregnancy & breastfeeding)

**Do NOT use antibiotic (topical or oral) monotherapy or combination of topical and oral antibiotics**

If a person wishes to use hormonal contraception, consider COC in preference to POP

Polycystic ovary syndrome- use 1st line treatment option. If not effective, consider adding co-cyprindiol (review at 6months and discuss continuation or alternative treatment options) or an alternative COC.

### **Prescribing notes**

- To reduce risk of skin irritation (irritant dermatitis) with topical treatments, start with alternate-day or short-contact application (washing off after 1h) and gradually progress to standard application if tolerated. To reduce the effect of this use a water-based moisturiser.
- Note benzoyl peroxide (BPO) can cause bleaching of fabric.
- Person with childbearing potential- topical retinoids and oral tetracyclines are contraindicated during and when planning pregnancy AND they will need effective contraception or choose alternative treatment. Oral progesterone-only contraceptives not considered effective.
- There is increasing problem of microbial resistance to erythromycin so in general reserve for cases where tetracyclines are contraindicated e.g. pregnancy & breastfeeding
- Minocycline is not recommended due to greater risk of lupus erythematosus-like syndrome, and can cause irreversible pigmentation.

### **Moderately severe acne in women (where other treatments have failed)**

- Consider adding co-cyprindiol 2000/35 (greater anti-androgen effect) if no contra-indications, and after careful discussion of risks and benefits.
- Once sustained improvement (3 months) consider changing to an oestrogenic Combined Oral Contraception e.g. Cimiza to prevent rebound.
- Consider stopping 3 months after acne fully controlled unless also needed for contraception.