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

Who?	All patients diagnosed with acne vulgaris in the community where self-care is not appropriate.
Diagnosis	• **Take a good skin history**. - How long have they had acne? - Family history? - 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? - How does their acne affect them? - Are there any aggravating features? e.g. use of anabolic steroids, oil-based cosmetics, topical/oral steroids, lithium, ciclosporin, oral iodides in homeopathic remedies. • **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.** - Is it mild to moderate or moderate to severe* - Comedonal (black & white-heads) or inflammatory (papules, pustules and nodules present) or a mixture? - Is there any scarring present? Type -'ice-pick'/ keloid? *NICE NG198 Acne definition

Mild to moderate	People who have 1 or more of: • any number of non-inflammatory lesions (comedones) • up to 34 inflammatory lesions (with or without non-inflammatory lesions) • up to 2 nodules
Moderate to severe	People who have either or both of: • 35 or more inflammatory lesions (with or without non-inflammatory lesions) • 3 or more nodules.

	• **Investigation?** - In those women with features of polycystic ovarian syndrome e.g.oligomenorrhoea, hirsuitism consider doing a testosterone level to exclude a male virilising tumour.

Management

- **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: -
  A. comedone formation - topical retinoid e.g. adapalene
  B. inflammation - benzoyl peroxide (BPO) 5% gel
  C. androgen induced excess sebum production in moderately severe acne in women - co-cyprindiol 2000/35
  D. 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% **(Treclin)** Applied once daily in the evening
Any severity	Fixed combination topical adapalene 0.1 or 0.3% + benzoyl peroxide (BPO) 2.5% **(Epiduo)** Applied once daily in the evening
Mild to moderate	Fixed combination topical BPO 3 or 5% + clindamycin 1% Applied once daily in the evening
Moderate to severe	Topical adapalene + benzoyl peroxide (**Epiduo**) applied daily in the evening ***OR*** Topical azelaic acid (15 or 20%) applied twice daily **PLUS** Oral **Doxycycline 100mg (1st line)** or Lymecycline 408mg (2nd 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 1st line treatment
- If acne relapses after an adequate response to oral isotretinoin and is currently
  - mild to moderate- offer an appropriate 1st line treatment option
  - moderate to severe- offer either a 12-week course of 1st 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

	• Consider a fixed combination topical adapalene + benzoyl peroxide (**Epiduo**) maintenance in people with history of frequent relapse. If not tolerated or C/I consider topical monotherapy with adapalene, azelaic acid, or benzoyl peroxide. • Review maintenance treatment after 12 weeks.
Monitoring	• **Review after two months for improvement and side effects**. – Tell your patient that if their treatment is working well they can **expect 50% improvement** at this point, no more. – If there is little improvement **assess compliance**. • If acne fails to respond adequately – mild to moderate acne- offer another 1st line treatment in – moderate to severe acne already on oral antibiotic plus topical treatment- change to a second antibiotic plus topical treatment. – **Remember to reinforce use of topical treatment**. • Antibiotic monotherapy is poor management and will only partially treat the acne process. **In order to minimise the development of antibiotic resistance** always use topical agent alongside oral antibiotics – even intermittent treatment can help prevent this developing. • **Stop systemic antibiotics after sustained improvement (3 months)** and continue topical treatment. Only continue antibiotic (topical or oral) for more than 6months in exceptional circumstances. Review at 3-monthly intervals.
Patient info	There are good patient acne information leaflets at www.bad.org.uk and www.pcds.org.uk If you are considering referring for oral isotretinoin you can give them a copy of the BAD isotretinoin leaflet. If they wouldn't consider taking this then you may save a referral.
Referral criteria	• Severe acne - refer early for oral isotretinoin if large nodulocystic lesions, scarring or no rapid response to treatment • Moderately severe acne which has not responded to 2 x 3 months courses of different antibiotics PLUS topical treatment, especially if starting to scar. • Patients with severe psychological symptoms. • Acne fulminans (urgent same day referral) 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. 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.
Refer only	Those requiring oral isotretinoin. Check FBC, lipid profile and liver function tests first. See MHRA advice- 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. MHRA April 23 Isotretinoin: new safety measures to be introduced in the coming months, including additional oversight on initiation of treatment for patients under 18 years 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 advice in BNF.
	Routine First Outpatient appointment = £126; Follow up appointment = £68

Clinic information	If a referral is required book against the following on the Choose and Book system: Speciality : Dermatology Clinic Type: Not otherwise specified
Additional Information	• Patient information on website- NHS website, Acne Support • British Association of Dermatologists (BAD) Patient information leaflet https://www.bad.org.uk/for-the-public/patient-information-leaflets/acne/ • NICE NG198 Acne vulgaris: management https://www.nice.org.uk/guidance/ng198 • Primary Care Dermatology Society (PCDS) – www.pcds.org.uk/clinical-guidance-and-guidelines – https://www.pcds.org.uk/article/acne-primary-care-acne-treatment-pathway
Appendices	Appendix 1- Management flow chart Appendix 2- NICE recommended first line treatment options

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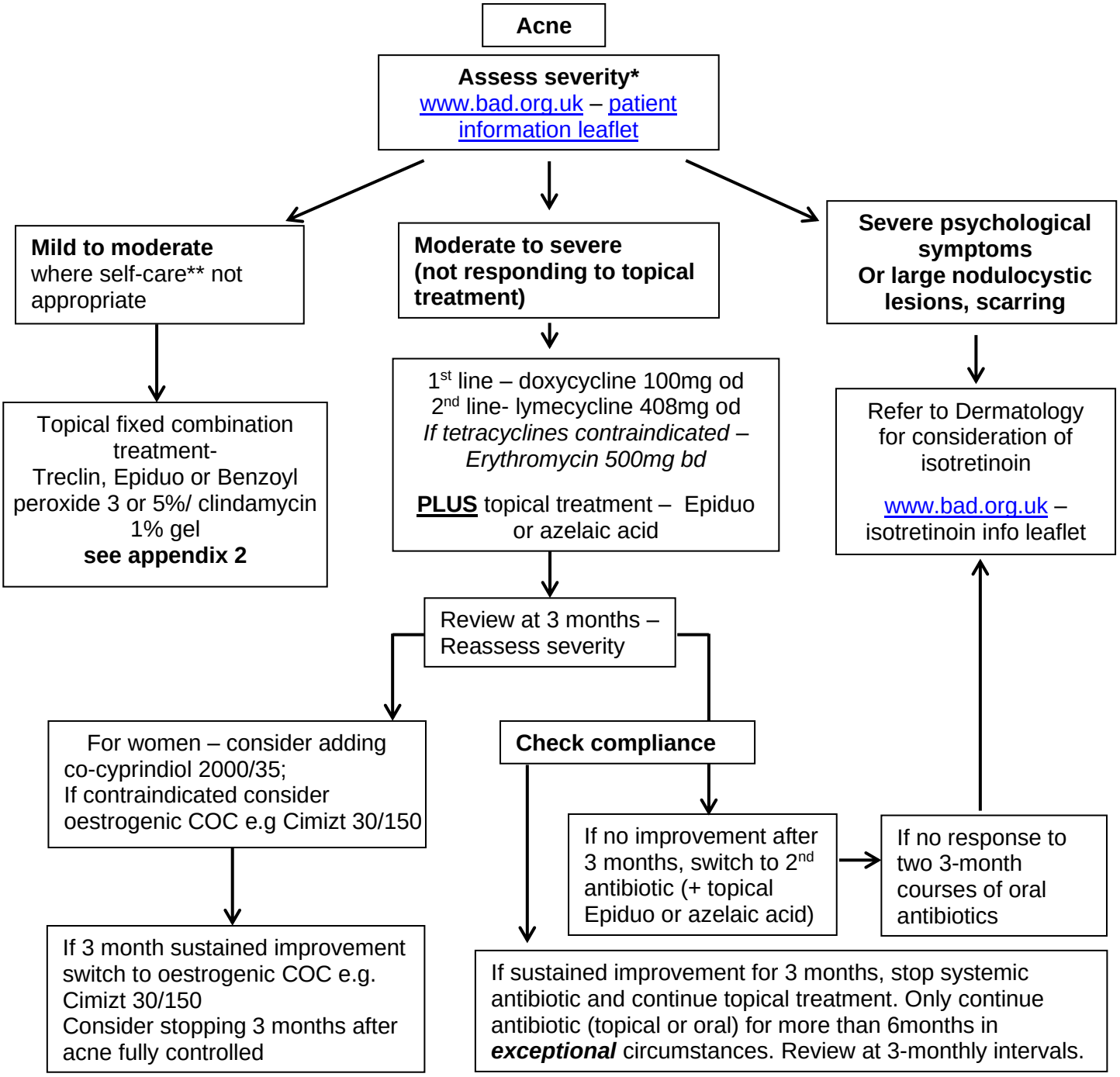
References:
NICE NG198 Acne vulgaris management https://www.nice.org.uk/guidance/ng198
National Institute for Health and Care Excellence Clinical Knowledge Summaries- Acne vulgaris https://cks.nice.org.uk/acne-vulgaris
Primary Care Dermatology Society http://www.pcds.org.uk/clinical-guidance/acne-vulgaris

Document Control	**Date**
Replace Duac brand with generic benzoyl peroxide/clindamycin gel.	January 2023
Add April23 MHRA drug safety update isotretinoin	May 2023

Appendix 1- Management flow chart



***Acne Severity Definition**

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** 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 1st 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% **(Treclin £11.94 30g)** Applied once daily in the evening	• Topical	• Not for use during pregnancy or breastfeeding • Can cause skin irritation and photosensitivity
Any severity	Fixed combination topical adapalene 0.1 or 0.3% + benzoyl peroxide (BPO) 2.5% **(Epiduo £19.53 45g)** Applied once daily in the evening	• Topical • Does not contain antibiotics	• Not for use during pregnancy • Caution during breastfeeding • Can cause skin irritation, photosensitivity, and bleaching of hair and fabrics
Mild to moderate	Fixed combination topical BPO 3 or 5% + clindamycin 1% Applied once daily in the evening	• Topical • Can be used with caution during pregnancy and breastfeeding.	• Can cause skin irritation, photosensitivity, and bleaching of hair and fabrics
Moderate to severe	Fixed combination topical adapalene + benzoyl peroxide (**Epiduo**) , applied once daily in the evening PLUS once daily oral **Doxycycline 100mg (1st line)** Lymecycline 408mg (2nd line)	• Oral antibiotics may be effective in treating affected areas that are difficult to reach with topical treatment (such as the back) • Treatment with adequate courses of standard therapy (systemic antibiotics and topical therapy) is an MHRA requirement for subsequent oral isotretinoin.	• Not for use in pregnancy, during breastfeeding. • Topical adapalene+ BPO can cause skin irritation, photosensitivity, and bleaching of hair and fabrics • Oral antibiotic may cause systemic side effects and antimicrobial resistance. Oral tetracyclines can cause photosensitivity.
Moderate to severe	Topical azelaic acid (15 or 20%) applied twice daily PLUS once daily oral **Doxycycline 100mg (1st line)** Lymecycline 408mg (2nd line)		• Not for use in pregnancy, during breastfeeding. • Oral antibiotics may cause systemic side effects and resistance. Oral tetracyclines can cause photosensitivity.
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. Cimizt to prevent rebound.
- Consider stopping 3 months after acne fully controlled unless also needed for contraception.