SWL Guidelines for the Management of Acne (from 12 Years of Age)

NHS South West London

Please provide the patient with acne information leaflet by the British Association of Dermatologists.
This can be found on their website: https://www.bad.org.uk/pils/acne/
NICE's Guideline 198 (June 21) provides comprehensive info: https://www.nice.org.uk/guidance/ng198

Step 1: Initial GP treatment for acne – *Also check for acne-inducing medication such as the progesterone only pill*

Mild to moderate acne: Topical treatment for 3 months:

- Fixed combination of ***adapalene 0.1%*** or ***0.3% with benzoyl peroxide 2.5% (Epiduo®)*** **OR**
- Fixed combination of ***0.025% tretinoin with 1% clindamycin (Treclin®)*** **OR**
- Fixed combination of ***benzoyl peroxide 3%*** or ***5% with 1% clindamycin (Duac®)***
- ***Note: Epiduo or Treclin may also be used as monotherapy for moderate to severe acne where oral Abx inappropriate.***

Moderate to severe acne: Topical and oral treatment for 3 months:

- Fixed combination of ***adapalene 0.1*** or ***0.3% with benzoyl peroxide 2.5% (Epiduo®)*** **plus** ***oral Lymecycline 408mg od*** or ***Doxycycline 100mg od*** (warn regarding photosensitivity)
- NB oral antibiotics can take 6-8 weeks to have an effect.
- If tetracyclines contraindicated/not tolerated use ***Erythromycin 500mg bd*** or **Clarithromycin 250mg bd**. *Erythromycin is slightly preferred in pregnant/breastfeeding patients.*

Further information on these prescribing options can be found on page 2

Step 2: Review at 3 months

Acne cleared:
- Stop oral antibiotics and continue topical treatment

Acne improved but not clear:
- Patient on topical treatment only: add in an oral antibiotic as outlined above for moderate acne
- Patient on oral and topical treatment: Continue oral antibiotic and topical therapy for a further 3 months. Do not use oral antibiotics for more than 6 months unless exceptional circumstances (consider specialist advice and guidance in this scenario)

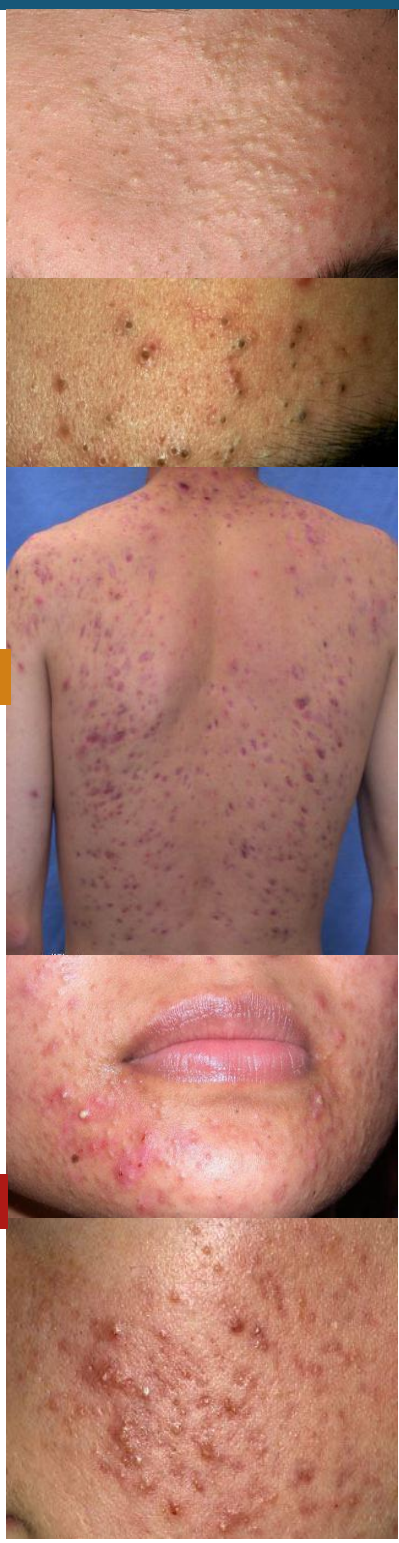
No response to standard oral antibiotic and topical treatment:
- Refer to dermatology team who may consider off-label trimethoprim, or oral isotretinoin as hospital only options

Step 3: When to refer

Refer:

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

Consider seeking specialist advice and guidance for patients who relapse following successful treatment with Isotretinoin



Images courtesy of DermNet New Zealand

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. ***Oral isotretinoin should only be prescribed by a specialist, and is contraindicated in pregnancy***

Dermatology network (Lead Author Victoria Akhras)
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Key Prescribing and Counselling Information for Healthcare Professional

Topical Treatments (general)

- Most suitable for facial acne.
- Use at night to affected areas to prevent new spots from developing.
- Warn regarding irritancy. Advise to use a gentle product to wash the face and a moisturiser in the morning Consider washing off the acne cream after an hour and using on alternate days initially, prior to gradually increasing the exposure time and frequency of use to daily.
- NB combination products are recommended first line (see step 1 above). Non-combination products can be used if combination products not tolerated.

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.

Topical benzoyl peroxide: has keratolytic & antimicrobial properties (can be purchased from community pharmacy).

- No evidence for increased efficacy with concentrations higher than 5%.
- 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 & benzoyl peroxide.

Topical antibiotics: should only be used in combination with a retinoid or benzoyl peroxide.

- Avoid concomitant use with oral antibiotics.

Systemic Treatments (general)

- Prescribe benzoyl peroxide +/-topical retinoid (e.g. adapalene) alongside oral agents to reduce the development of *P.acnes* resistance.
- Avoid concomitant use of oral and topical antibiotics.

Tetracyclines *(contraindicated in pregnancy & breastfeeding)*

- Absorption of tetracyclines is affected by antacids. Take two to three hours apart.
- Avoid use of antibiotics as sole treatment; use in combination with benzoyl peroxide to prevent resistance.
- **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).
- Minocycline is no longer considered an appropriate therapy due to associated serious side effects.

Macrolides

- e.g. **Erythromycin**, **Clarithromycin**. Can be used if intolerance/contraindication to tetracyclines.
- 1st line systemic oral antibiotic treatment for pregnant women; erythromycin not known to be harmful in breastfeeding.

Oral contraceptive pills (OCP)

- If there are other reasons to take a combined oral contraceptive pill such as contraception and menstrual control, then these may be used instead of oral antibiotics.
- Consider using a combined OCP or co-cyprindiol (brands include *Dianette®, Clairette®, Teragezza®*) in patients with polycystic ovarian syndrome who do not respond to treatment with oral antibiotics and topical agents.
- Combined OCP containing third generation progestins (desogestrel, gestodene, and norgestimate), e.g. *Gedarel® 20/150 & 30/150, Millinette® 20/75 & 30/75, Cilique® 250/35* or fourth generation progestins (drospirenone) are less comedogenic than older pills. For cost-effective brand choices, contact your medicines optimisation team.
- More information on OCP choice and potential side effects (e.g. VTE, meningioma with co-cyprindol) can be found here: https://cks.nice.org.uk/topics/contraception-combined-hormonal-methods/management/combined-oral-contraceptive/#risks-adverse-effects

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