

Acne Vulgaris



June 2020 This document should be used in conjunction with local [Antimicrobial, Guidelines for Primary Care Prescribing](#)

Self-care

All patients should receive advice with regards to self-care techniques. If treatment is not successful with self-care, it may be necessary to progress on to drug treatment options as outlined overleaf. Advise about washing and skin care. In general, it is recommended that people with acne:

- Do not wash more than twice a day.
- Use a mild soap or fragrance-free cleanser and lukewarm water (very hot or cold water may worsen acne).
- Do not use vigorous scrubbing when washing acne-affected skin; the use of abrasive soaps, cleansing granules, astringents, or exfoliating agents should be discouraged (advise use of a soft wash-cloth and fingers instead).
- Should not attempt to 'clean' blackheads. Scrubbing or picking acne is liable to worsen the condition.
- Ideally, should avoid excessive use of makeup and cosmetics. If they must be used, advise that a non-comedogenic, water-based product should be used sparingly (details of cosmetic ingredients are displayed on the product label), and that all makeup should be removed completely at night.
- Use a fragrance-free, water-based emollient if dry skin is a problem (several topical acne drugs dry the skin). The use of ointments or oil-rich creams should be avoided as these can clog pores.

Before starting any treatment

Patients should be advised that they can take up to 8 weeks (usually) to show a clinical effect. A common cause of treatment failure is compliance. In cases of poor response consider adherence and whether a change of product is appropriate.

Treatment Review

Review each treatment step at 8-12 weeks.

- If there has been an adequate response continue treatment for at least 12 weeks.
- If acne has cleared or almost cleared — consider maintenance therapy with topical retinoids (first line, if not contraindicated) or azelaic acid.

When to refer patients

It is expected that the majority of patients with acne will be managed in primary care. Refer to specialist **community** dermatology service if the patient has:

- Severe acne for consideration for oral isotretinoin
- Acne scarring (Resurfacing of the skin due to acne scarring is not routinely funded in Herefordshire and Worcestershire: see: [Clinical Policies and Guidance](#))
- Chronic acne unresponsive to treatment
- Severe cystic or widespread acne

[Patient information leaflet](#) (British Association of Dermatologists)

Grade	Treatment options		Preferred products
Mild Acne Comedones +/- inflammatory lesions	1 st Line:	Benzoyl peroxide (BZPO) OR	Acnecide® gel 30g/60g (benzoyl peroxide 5%) **Advise to buy OTC ; in line with national (NHSE) guidance
		Topical retinoid (TR) alone OR	Differin® cream/gel 45g (adapalene 0.1%)
		Combination of both	Epiduo® gel 45g (benzoyl peroxide 2.5%/adapalene 0.1%)
		Help notes: <ul style="list-style-type: none"> Both BZPO and TR will dry the skin and cause local irritation, in order to reduce adverse effects patients may wish to start two to three evenings (or nights a week) and gradually increase the frequency and duration of applications. Refer to section 'Treatment Review' for duration of treatment. Topical retinoids: avoid in pregnancy and breastfeeding. 	
	Alternative 1 st line, if BZPO/TR poorly tolerated:	Azelaic acid	Skinoren® cream 30g (azelaic acid 20%) Prescribe by brand as 20% (other strength available but less cost-effective and no evidence of improved efficacy)
	2 nd Line:	Topical antibiotic* combined with TR or BZPO – as a combination product.	Treclin® gel 30g (clindamycin 1% & tretinoin 0.025%)
			Duac® gel 30g/60g (clindamycin 1% & benzoyl peroxide 3% or 5%)
Moderate Acne Mild to moderate popular/pustular	MUST BE Combination therapy: Oral antibiotics with topical BZPO or TR	Oxytetracycline 500mg BD OR Lymecycline 408mg OD OR Doxycycline 100mg OD Pregnancy and breastfeeding: Erythromycin 500mg BD - when treatment is deemed necessary in pregnancy and benefit(s) outweigh the risk(s); seek specialist advice.	Duration of oral antibiotics: 8 – 12 weeks Tetracycline contra-indications for use include: <ul style="list-style-type: none"> Children under 12 years old Pregnant and breast-feeding women May exacerbate renal failure and should not be given to patients with kidney disease except for doxycycline
		Topical BZPO or TR	Refer to section 'Treatment Review' for duration of treatment
Combined oral contraceptives (COCs)			
COCs may be recommended in women who require contraception, as an alternative to systemic antibiotics. Oral progesterone only contraceptives or progestin implants with androgenic activity may exacerbate acne, third generation COCs (containing desogestrel, gestodene or norgestimate) are generally preferred. Before prescribing consider contra-indications and risk of venous thromboembolism.			
Co-cyprindiol is licensed for moderate to severe acne which has not responded to topical therapy or systemic antibiotics. Note it is not licensed for the sole purpose of contraception and should be discontinued three menstrual cycles after the woman's acne has resolved. Co-cyprindiol should be prescribed by its generic name and not brand name Dianette®.			
In the event of pregnancy, topical retinoids and oral tetracyclines should be discontinued			
Severe Acne Widespread/nodulocystic	Refer to specialist dermatology service		
	While waiting referral treat as moderate acne		

***Topical antibiotics:**

- Do not prescribe topical antibiotics as monotherapy as it can lead to treatment failure and bacterial resistance.
- The prescribing of topical erythromycin alone (Zineryt®) is not supported because it has been associated with increased levels of antibiotic resistance.

References: NICE-CKS; December 2019; <https://cks.nice.org.uk/acne-vulgaris#!management>

Primary Care Dermatology Society. Acne - Practical advice and maintenance; November 2015; http://www.pcds.org.uk/ee/images/uploads/general/Acne_Treatment_2015-web.pdf