

SKIN AND SOFT TISSUE INFECTIONS

Acne

(Acne vulgaris: management NICE NG198)

Acne vulgaris is a common condition that can affect the face, chest and back. When treating acne vulgaris, its severity, distribution, and the views of the affected person need to be considered. The treatment aims to reduce the severity of skin lesions and to prevent recurrence and scarring.

Offer a **12-week course** of treatment from the table below:

Table 1. First-line treatment options for mild / moderate and moderate / severe acne (also see key treatment points)**

Acne severity	Treatment	Advantages	Disadvantages
Any severity	Topical gel adapalene with benzoyl peroxide (Epiduo®) - 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
	available strengths: 0.1% adapalene with 2.5% benzoyl peroxide 0.3% adapalene with 2.5% benzoyl peroxide		
Any severity	Topical gel clindamycin with tretinoin (Treclin®) - applied once daily in the evening	- Topical	- Not for use during pregnancy or breastfeeding - Can cause skin irritation and photosensitivity
	1% clindamycin with 0.025% tretinoin		
Mild to moderate	Topical gel clindamycin with benzoyl peroxide (Duac Once Daily®) - 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
	available strengths: 1% clindamycin with 3% benzoyl peroxide 1% clindamycin with 5% benzoyl peroxide		
Moderate to severe	Topical gel adapalene with benzoyl peroxide (Epiduo®) - applied once daily in the evening Plus , either: oral lymecycline or oral doxycycline taken once daily. See Table 2 for doses	- Oral component may be effective in treating affected areas that are difficult to reach with topical treatment (such as the back) - MHRA requirement for subsequent oral isotretinoin. MHRA guidance on new safety measures for isotretinoin.	- Not for use in pregnancy, during breastfeeding, or under the age of 12 - Topical adapalene and topical benzoyl peroxide can cause irritation, photosensitivity, and bleaching of hair and fabrics - Oral antibiotics may cause systemic side effects and antimicrobial resistance - Oral tetracyclines can cause photosensitivity
	available strengths: 0.1% adapalene with 2.5% benzoyl peroxide 0.3% adapalene with 2.5% benzoyl peroxide		
Moderate to severe	Topical gel azelaic acid 15% (Finacea®) - applied twice daily, or Topical cream azelaic acid 20% (Skinoren®) - applied twice daily Plus , either: oral lymecycline or oral doxycycline taken once daily. See Table 2 for doses	- Oral component may be effective in treating affected areas that are difficult to reach with topical treatment (such as the back) - MHRA requirement for subsequent oral isotretinoin. MHRA guidance on new safety measures for isotretinoin.	- Not for use in pregnancy, during breastfeeding, or under the age of 12 - Oral antibiotics may cause systemic side effects and resistance - Oral tetracyclines can cause photosensitivity

Table 2. Systemic antibiotic therapy choices:

Drug	Dose	Duration
Lymecycline or	Adult and child >12 years: 408mg once a day	12 weeks
Doxycycline	Adult and child >12 years: 100mg once a day	12 weeks
For people with moderate to severe acne who cannot tolerate or have contraindications to oral lymecycline or oral doxycycline, consider replacing these medicines in the combination treatments in Table 1 with trimethoprim or with an oral macrolide (for example, erythromycin)		
Erythromycin (see advice: QT prolongation , pyloric stenosis)	Under 12 years: 250mg twice a day. Adult and child >12 years: 500mg twice a day	12 weeks
Trimethoprim	Adult: 200mg twice a day	12 weeks

Table 3. Additional treatment options for WOMEN ≥18 years with persistent moderate to severe acne who have not responded to previous treatment containing an oral antibiotic (Tables 1 and 2):

Drug	Dose	Duration
Spironolactone [^] (An off-label indication)	Adult ≥18 years: 50mg once daily for two weeks increasing to 100mg daily (maximum of 150mg daily) according to response and adverse effects.	Review at 12 weeks and then 6 monthly. STOP after 6 months if no significant benefit or no longer needed.
Baseline renal function (U&Es) should be checked before commencing. Monitoring is only required in patients >45 years or certain at-risk populations (i.e., renal problems, concomitant use of potassium-sparing diuretics) as below: <ul style="list-style-type: none"> Monitor potassium and creatinine 1 week after initiation and after any dose increase, monthly for first 3 months, then every 3 months for 1 year, and then every 6 months. 		
[^] Spironolactone is contraindicated in pregnancy as it reduces testosterone levels and affects foetal development. Effective contraception is advised. It is usually safe to conceive a month after stopping the spironolactone treatment.		
Patient information leaflet: British Association of Dermatologists		

****Key treatment points:**

- Offer a **12-week course** of one of the first-line treatment options in [Table 1](#), taking account of the severity of the acne and the person's preferences. Maintenance treatment is not always necessary after the completion of treatment.
- Consider **topical benzoyl peroxide monotherapy** as an alternative treatment if:
 - ✓ Treatment options in [Table 1](#) are contraindicated, or
 - ✓ The person wishes to avoid using a topical retinoid or an antibiotic (topical or oral).
- **Benzoyl peroxide and retinoids:** to reduce skin irritation, start with alternate-day or short-contact application (e.g., wash off after an hour), then progress to using a standard application if tolerated.
- Adapalene gel and Azelaic acid may be considered as monotherapy if the above options are not suitable or not tolerated.
- If acne responds adequately to a course of an appropriate first-line treatment but then relapses, consider either:
 - ✓ Another 12-week course of the same treatment, **or**
 - ✓ An alternative 12-week treatment (see [Table 1](#)).
- Consider a [fixed combination of topical adapalene with topical benzoyl peroxide](#) as a maintenance treatment for acne. If not tolerated, or one component of the combination is contraindicated, consider topical *monotherapy* with [adapalene](#), [azelaic acid](#), or [benzoyl peroxide](#).
- If acne fails to respond adequately to two different 12-week courses of topical treatment options, consider adding a systemic antibiotic (see [Table 2](#)) before referral to a consultant dermatologist-led team.
- Discuss the importance of completing the course of treatment. Positive effects can take 6 to 8 weeks to become noticeable.
- Topical retinoids and oral tetracyclines are contraindicated during and when planning a pregnancy.

- Consider using the combined oral contraceptive pill in preference to the progestogen-only if a person receiving acne treatment wishes to use hormonal contraception.
- Do not use the following to treat acne:
 - × Monotherapy with a topical antibiotic
 - × Monotherapy with an oral antibiotic
 - × A combination of topical and oral antibiotic.
- If a person with acne is likely to benefit from oral isotretinoin treatment, follow the [MHRA guidance on new safety measures for isotretinoin](#). GPs and primary care clinicians are now required to complete the isotretinoin referral proforma, which can be found on F12 in the clinical system.

Skincare advice ([Patient Acne Self-care leaflet](#)):

- Use a non-alkaline (skin pH neutral or slightly acidic) cleansing product twice daily on acne-prone skin.
- Advise people with acne who use skincare products (for example, moisturisers) and sunscreens to avoid oil-based and comedogenic (likely to block skin pores) products.
- Advise people with acne who use make-up to avoid oil-based preparations and to remove make-up at the end of the day.
- Persistent picking or scratching of acne lesions can increase the risk of scarring.

Referral to specialist care:

- Urgently refer people with acne fulminans on the same day to the on-call hospital dermatology team to be assessed within 24 hours.
- Refer people to a consultant dermatologist-led team or a nationally accredited GP with an Extended role (GPwER) working within a consultant dermatologist-agreed pathway if any of the following apply:
 - there is diagnostic uncertainty about their acne
 - they have [acne conglobata](#)
 - they have nodulocystic acne
 - mild to moderate acne that has not responded to 2 completed courses of treatment (see [Table 1](#))
 - moderate to severe acne which has not responded to previous treatment that contains an oral antibiotic (see [Table 1](#))
 - acne that is leading to scarring
 - acne with persistent pigmentary changes.
- Consider referral to mental health services if a person with acne experiences significant psychological distress or a mental health 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 to a person's acne.