Grading acne based on lesion type can help guide treatment

<table>
<thead>
<tr>
<th>Treatment graded by the predominant lesion present</th>
<th>Comedones</th>
<th>Papules</th>
<th>Pustules</th>
<th>Nodules/cysts*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topical retinoid</td>
<td>❖❖❖</td>
<td>❖❖</td>
<td>❖</td>
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<tr>
<td>Tretinoin, Isotretinoin &amp; Adapalene</td>
<td></td>
<td>❖</td>
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<tr>
<td>Benzoyl peroxide (BPO)</td>
<td>❖</td>
<td>❖❖❖</td>
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<tr>
<td>Azelaic acid 20%—Skinoren</td>
<td>❖</td>
<td>❖❖</td>
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<tr>
<td>Topical antibiotics</td>
<td>❖❖</td>
<td>❖</td>
<td>❖❖❖</td>
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<tr>
<td>Topical retinoid/BPO—Epiduo 0.1% and 0.3%</td>
<td>❖❖</td>
<td>❖❖</td>
<td>❖❖❖</td>
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<tr>
<td>Topical retinoid/antibiotic combination—Treclin</td>
<td>❖</td>
<td>❖❖</td>
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<tr>
<td>Topical antibiotic/BPO combination—Duac</td>
<td>❖</td>
<td>❖❖</td>
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<tr>
<td>Oral antibiotics</td>
<td>❖❖</td>
<td>❖❖</td>
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<tr>
<td>Combined oral contraceptives (for females only)</td>
<td>❖❖</td>
<td>❖❖</td>
<td>❖❖❖</td>
<td></td>
</tr>
</tbody>
</table>

PPP = strong recommendation
PP = moderate recommendation
P = low recommendation

* Nodules/cysts
Treatment can be initiated, but patients should be referred

What is acne?
- Acne, an inflammatory disorder of the sebaceous glands, is one of the most common dermatological disorders and is considered a chronic disease.
- Treatment may be required to improve both the physical appearance and prevent physical and psychological scarring.
- Whilst it is primarily a skin disorder of the young, often clearing up spontaneously, it can affect up to 12% of women and 3% of men over the age of 25.
- Treatment options for all age groups and both sexes are largely the same, apart from hormonal therapy.

Important information about treatments
- Treatments are effective but take time to work (typically up to 8 weeks) and may irritate the skin, especially at the start of treatment.
- Topical and systemic antibiotics should not be prescribed together, or used as sole treatment, as bacterial resistance is a growing concern.
- All treatments should be routinely reviewed at 12 weeks.
- In the event of pregnancy, topical retinoids and oral tetracyclines should be discontinued.

At review
- If treatment goals are reached at the 12 week review:
  - Maintenance therapy should be considered.
  - Discontinue topical/systemic antibiotics.
- If treatment goals are NOT reached at the 12 week review:
  - Review adherence to treatment(s).
  - Consider alternative treatments.

Red flag
- Refer immediately if:
  - Severe psychological distress.
  - Uncontrolled acne developing scarring.
  - Nodulo-cystic acne*.
  - Diagnostic uncertainty.
  - Patients failing to respond to multiple therapeutic interventions or to two adequate courses of antibiotics (12 weeks each).

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Treatment can be initiated, but patients should be referred.