Acne Prescribing Guidelines - Clinical Management in Primary Care

NHS
Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

Clinical Management in Primary Care

- Treatment is determined by severity of the acne and the extent to which it bothers the individual. The presence of scarring should prompt more intensive treatment
- *SELF-CARE: Encourage patients to buy their own benzoyl peroxide (BPO) products over the counter where possible **(Note supply issues. Confirm availability with local pharmacy)**
- No treatment works quickly in acne. Warn patient it is likely to take 2-3 months to see initial improvement and up to 6 months to see the full benefit

General Prescribing Points

- **Avoid topical retinoids and tetracyclines in pregnancy or breastfeeding, avoid tetracyclines in children (up to age 12)**
- In pregnant patients, the recommended treatments are benzoyl peroxide (BPO) +/- topical erythromycin
- All retinoids (except adapalene) are unstable with BPO so apply separately if both are prescribed
- **DO NOT USE MINOCYCLINE** to treat acne as it is associated with a greater risk of lupus erythematosus- like syndrome and sometimes causes irreversible pigmentation
- Do not treat with systemic antibiotic and a different topical antibiotic as this significantly increases the risk of antibiotic resistance

Treatment Regimes to use after 1st-line self-care (minimal make-up, wash with mild soap, do not scrub):

Mild Acne

- Typically limited to the face, Uninflamed lesions
- Benzoyl peroxide (BPO) to be bought OTC.

TREATMENT: 2nd line

BPO* (Acnecide gel 5%) is the most cost effective option. Apply once daily for one week then can increase to twice daily as necessary **OR**
Azelaic acid (Finacea®) may be an alternative to BPO or to a topical retinoid for treating comedonal acne, particularly of the face. It is less likely to cause local irritation than BPO **OR**
Adapalene (Differin®) is useful for treating comedones and inflammatory lesions.

NOTES

- Apply topical retinoid once weekly increasing gradually to od
- Rapid increase can lead to redness, soreness and excessive peeling
- **DURATION: 6-8 weeks then review**

Mild to Moderate Acne

- On the face and often mild truncal disease, comedones present
- Topical therapy recommended. May require additional systemic treatment

TREATMENT: 3rd line

Topical BPO* and adapalene (prescribed separately or as Epiduo gel 2.5/0.1% or 2.5/0.3%) **OR**

Topical retinoid plus topical antibiotic e.g. Treclin® (tretinoin 0.025% + clindamycin 1%) or Topical antibiotic plus topical BPO (prescribe separately or as Duac® (BPO 5% + clindamycin 1%). **OR**

Consider addition of oral antibiotic (see severe section) instead of a topical antibiotic

NOTE: ***Resistance is more likely with topical antibiotics and topical clindamycin can cause resistance to oral erythromycin. Only use topical clindamycin if retinoids/BPO are not tolerated and the patient does not want to take an oral antibiotic (or has contra-indications).***

NOTES

- **Topical erythromycin (Stiemycin® or Zineryt®) is no longer included in this guidance due to increasing resistance with topical erythromycin**
- Increase freq. of topical retinoid gradually to every night
- Topical antibiotics should not be used in isolation; use in combination with retinoid or BPO
- **DURATION: 12 weeks then review**

Severe Acne

- More extensive lesions or acne unresponsive to topical antibiotic
- Systemic treatments should be used, useful for truncal disease where topical application is difficult

TREATMENT: 4th line

Systemic antibiotic therapy PLUS topical retinoid/BPO treatment as per "Mild to Moderate" Acne. Select one of the following oral antibiotics (do not use with a topical antibiotic):

Suggested dosage schedules (in increasing cost order):

- **Doxycycline capsules 100mg daily OR**
- **Oxytetracycline tablets 500mg bd OR**
- **Lymecycline capsules 408mg daily *(more expensive)***

NOTE: *Oral Erythromycin is only recommended for specific patient groups (e.g. pregnancy/breastfeeding & children under 12).*

NOTES

- Choice depends on side-effects and resistance, no data to distinguish between the antibiotics in terms of efficacy
- Always combine systemic antibiotic with topical anti-acne agents retinoids +/- BPO to reduce resistance and improve outcome
- **DURATION: The need for continued antibiotic treatment should be reviewed at 3 months due to risk of resistance**

Very Severe Acne

- Facial lesions and widespread truncal disease
- Nodules & cysts present, signs of acne scarring developing

TREATMENT: Specialist

Systemic isotretinoin is indicated as monotherapy and is only available from secondary care: REFER

NOTES

- Indicated for more severe disease or where acne has proven resistant to systemic antibiotic therapy - especially where there are signs of acne scarring.
- Used as monotherapy
- **DURATION: At least 16 weeks**

Once a suitable regime has been determined, gradual stepping down of treatment (e.g. from systemic plus topical to just topical) can be indicated once full therapeutic effect has been achieved, to find the minimum necessary to maintain suitable improvement.

Adapted for BSW Medicines Management Team April 2020. Based on work from NHS Wiltshire CCG with Dr Deirdre Buckley, Consultant Dermatologist, RUH.

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Oral Contraceptives

- For female patients, combined oral contraceptives may be used in combination with topical treatments or systemic antibiotics
- A Cochrane review confirmed the efficacy of **combined oral contraceptives** in treating inflammatory and non-inflammatory acne but found few differences in efficacy between the different types, including cyproterone acetate, which is often recommended
- It is therefore not clear whether formulations containing cyproterone acetate, for example Co-cyprindiol [Cyproterone acetate 2 mg/Ethinylestradiol 35 microgram] which is licensed for severe acne) should be favoured, especially because this agent may increase the risk of venous thromboembolism. The risk of blood clots in the veins with these medicines is 1.5 to 2 times higher than for combined oral contraceptives (COCs) containing levonorgestrel and may be similar to the risk with contraceptives containing gestodene, desogestrel or drospirenone. See MHRA Drug Safety Update for further information (**references below**).
- If Co-cyprindiol is being used, the need to continue treatment should be evaluated periodically by the treating physician
- Progestogen only contraceptives worsen acne. If no contraception is required, discuss pros and cons of hormonal treatment
- Recommendations are that no additional contraceptive precautions are required when combined oral contraceptives are used with antibacterials that do not induce liver enzymes (e.g. Doxycycline), unless diarrhoea or vomiting occur. Please check individual Summary of Product Characteristics for the patient's contraceptive and the chosen antibiotic for specific advice. These recommendations should be discussed with the patient.

Reasons for Specialist Care

- Severe nodulo-cystic acne
- Severe social or psychological problems secondary to acne
- Scarring
- Moderate acne that has failed to respond to treatment i.e. lack of any benefit from two courses of different oral antibiotics each lasting at least three months at suggested acne dosage as above or only partial benefit after 6 months
- Suspected underlying endocrinological cause for acne, e.g. polycystic ovary syndrome - Refer if necessary to endocrinologist
- Diagnostic difficulty (uncommon)
- Severe variant of acne such as acne fulminans - very rare severe inflammatory acne with fever, malaise and joint symptoms (very urgent referral)

Referral Form - **Please include list of all treatments used in referral letter and any concomitant other medication and information regarding other medical conditions**

Useful Links and References

- **British Association of Dermatologists (BAD) Patient Information Leaflet on Acne** (Jan 2017) https://www.bad.org.uk/ResourceListing.aspx?sitesectionid=159&itemid=341
- British National Formulary https://bnf.nice.org.uk/
- Clinical Knowledge Summaries: Acne vulgaris (Dec 2019): https://cks.nice.org.uk/acne-vulgaris
- MHRA Cyproterone acetate with ethinylestradiol (co-cyprindiol): balance of benefits and risks remains positive (June 2013): http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON287002
- MHRA Isotretinoin for severe acne: uses and effects (Dec 2014): https://www.gov.uk/government/publications/isotretinoin-for-severe-acne-uses-and-effects
- Arowojolu AO, Gallo MF, Lopez LM, Grimes DA. Combined oral contraceptives pills for treatment of acne. Cochrane Database System Reviews 2012 https://doi.org/10.1002/14651858.CD004425.pub6
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- Liu H, Yu H, Xia J, Liu L, Liu GJ, Sang H, Peinemann F. Topical azelaic acid, salicylic acid, nicotinamide, sulphur, zinc and fruit acid (alpha-hydroxy acid) for acne. Cochrane Database of Systematic Reviews 2020 https://doi.org/10.1002/14651858.CD011368.pub2
- Dawson AL and Dellavalle RP. Acne Vulgaris. BMJ 8th May 2013;346:f2634 doi:10.1136/bmj.f2634 http://www.bmj.com/content/346/bmj.f2634

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