

New guideline for treating acne in children and adults

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A new guideline aims to help Canadian physicians, nurses and pharmacists treat children and adults with acne, a disease that can severely affect quality of life. The guideline, published in *CMAJ* (*Canadian Medical Association Journal*), updates the previous guidance published 15 years ago.

"With [early diagnosis](#), treatment of active lesions and prevention of adverse potential sequelae (e.g., scarring, dyspigmentation and psychosocial impact), the health of the many Canadians with [acne](#) may be improved," writes Dr. Jerry Tan, Department of Medicine, Western University, London, Ontario, with coauthors.

It is estimated that 85% of young people aged 12-24 years have acne and it can persist well into adulthood. Acne can result in anxiety and depression and permanent scarring of the skin.

A team of dermatologists from across the country reviewed the latest evidence and provide treatment recommendations for 3 acne presentations: comedonal acne (characterized by blackheads and whiteheads); mild-to-moderate papulopustular acne (superficial red blemishes and pimples); and severe inflammatory acne (deep pustules or nodules). The guideline developers did not include neonatal or infant acne, late-onset acne, acne rosacea and other variant forms.

Highlights:

- For comedonal acne—topical benzoyl peroxide, retinoids or a combination of topical retinoids with benzoyl peroxide or clindamycin is recommended. If a single therapy does not work, use of fixed-dose clindamycin-tretinoin may be considered, and in women, combined oral contraceptives.
- For localized mild-to-moderate papulopustular acne—topical benzoyl peroxide is recommended. There is also

strong evidence for use of topical retinoids and fixed-dose combinations. For more extensive moderate papulopustular acne, oral antibiotics or combined oral contraceptives (in women) with the above topical treatments are recommended.

- For severe acne—use of oral isotretinoin is strongly recommended, although only physicians with experience in prescribing and monitoring the drug should prescribe. Strict pregnancy preventive measures must be followed.

As provincial plans do not cover many of the recommended therapies, the authors state that cost to patients should be a factor in deciding treatment. A list of treatment costs by province is included in Appendix 5.

To ensure health care professionals are aware of the guidelines, the authors are creating recommendation summaries for physician, nursing, pharmacy and other medical organizations.

"We hope that these guidelines will help health care professionals address the common scourge of acne in patients of various ages," states Dr. Tan.

More information: *Canadian Medical Association Journal*,
www.cmaj.ca/lookup/doi/10.1503/cmaj.140665

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