

Acne Vulgaris

- Non-inflammatory lesions – open and closed comedones
- Inflammatory lesions – papules, pustules, nodules on cysts. i.e polymorphic clinical pattern.

Information Required

- Severity, extent
- Presence of nodules, cysts and scarring
- Emotional distress / depression / social / occupational impact
- Document previous treatment

Investigations Required

- CBP, LFT, ELU
 - Full fasting lipid profile
 - Pregnancy Tests
 - Hormonal screens (if appropriate)
- } If Isotretinoin likely

Fax Referrals to

Flinders Medical Centre (FMC) Outpatient Clinic





Fax: 8204 8960

Repatriation General Hospital (RGH) Outpatient Clinic (aged > 18yrs)

Fax: 8374 2591

Red Flags

Red flags should prompt referral to dermatology. If urgent discussion with the **Registrar** in hospital hours via FMC Ph: 8204 5511 and RGH Ph: 8276 9666 maybe sometimes appropriate

-  For patients who present with severe acne nodules and cysts of the face, neck and/or trunk and have not responded to 12 weeks of oral antibiotics, have significant scarring, referral to dermatologist for oral **isotretinoin** is recommended
-  Explosive Acne Fulminans
-  Acne unresponsive to 3-6months conventional treatment (i.e antibiotic plus topical agent or oral contraceptive pill plus topical agent)
-  If significant scarring and/or emotional/psychological distress

Suggested GP Management

- Topical treatments for mild acne can be combined with oral medications for moderate to severe disease
- **Topical agents** (retinoids, benzoyl peroxide) can be used for inflammatory (papules, pustules) and as well as non-inflammatory (blackheads and whiteheads) comedonal lesions.
- Topical therapies are not spot treatments and should be applied to the **whole zone involved**. The treatment should be applied to dry, clean skin. (Moist skin increases absorption and the risk of skin irritation which the patient may feel as burning or stinging).
- Retinoids for once daily use are adapalene, tretinoin, isotretinoin and a combination adapalene, benzoyl peroxide (causes fabrics to bleach) are used nightly. Topical retinoids cause sun sensitivity and skin irritation. Consider a moisturiser 30 minutes pre treatment.
- Topical clindamycin or erythromycin is used once or twice daily
- If patients are not seeing significant improvement after 12 weeks, follow-up is necessary to consider **adding** an oral antibiotic – **doxycycline / tetracycline** for a minimum of 3 months.
- **Oral antibiotics** are useful for moderate to severe inflammatory acne characterised by papules, pustules, nodules and cysts, they are useful if acne is occurring in multiple sites such as face and trunk.
- Antibiotic courses are generally limited to 3-6 months to minimise the risk of antibiotic resistance and adverse effects
- Once acne has responded to oral therapy a topical retinoid may help to prevent recurrence.
- Doxycycline should **not** be given to children under 10yrs of age (because of the risk of permanent discolouration of the teeth) or women who are pregnant or attempting to get pregnant because of toxic effects in fetal bone formation
- Oral contraceptives may be considered for acne in females who find topical therapies and oral antibiotics ineffective or partially effective.
- **Isotretinoin** is the treatment of choice for patients who have not adequately responded to 12 weeks of oral antibiotics or who present initially with severe inflammatory acne.

Clinical Resources

- See, J.A. [Drug Treatment for Acne. Australian Prescriber](#). Vol 35: Number6: December 2012.
- All about Acne. www.acne.org.au

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
1.0	June 2015	June 2017	Original