

# Acne Demystified

Family Medicine Forum 2018

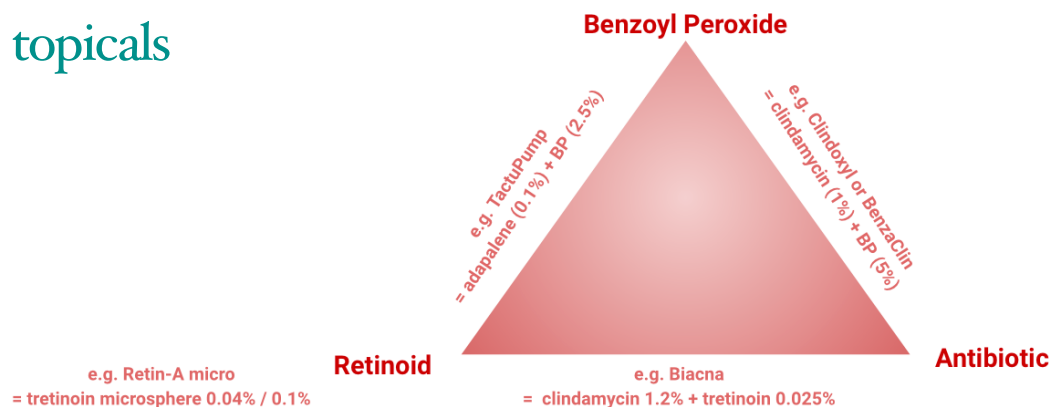
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## basics

No nonsense

Gentle cleanser + moisturizer + sunscreen (+ topicals qHS +/- qAM)

## topicals



## systemics

### Antibiotics

e.g. doxycycline 50-100mg BID x3-4 months. Branded 40mg daily “subantimicrobial” dose.  
Not as monotherapy! S/E = Photosensitivity, GI less common, avoid in preg/lactating and <8.

### Anti-androgens

OCP +/- anti-androgen.

However, “few important and consistent differences were found between COC types in their effectiveness for treating acne” (Arowajolu AO *et al.* Cochrane 2012)

OCP contraindications? Spironolactone 50-200mg (S/E = K+, avoid in preg)

### Retinoids (isotretinoin, e.g. accutane, clarus, epuris)

**Dosing** = 0.5-1mg/kg/day, cumulative total dose of 120-150mg/kg.

a. Titration method – Start 10-20mg PO daily, titrate by 10-20mg monthly as tolerated.

b. Monograph method – Start 0.5mg/kg/day x1 month, then increase to 1mg/kg/day.

**Monitor** = pregnancy, mood, bloodwork (CBC, LFTs, lipids, beta-hCG)

a. Baseline, monthly when titrating, and -q3months. Document birth control + mood.

**S/E** =

a. **Teratogenic**

b. Common-uncommon = skin + mucous membranes (e.g. cheilitis, photosensitivity), myalgia/arthralgia, hypertriglyceridemia, hepatotoxicity (occasional + usually mild and require no change in therapy)

c. Rare = skin reactions, pseudotumor cerebri (e.g. with tetracyclines), pseudo-acne fulminans

d. Inflammatory Bowel Disease? No. Possible association between IBD and acne itself (Alhusayen RO *et al.* JID 2013)

e. Depression? Unlikely causal. “Depression may be a rare, unpredictable, idiosyncratic side effect of isotretinoin if the association is causative at all.” (Borovaya A *et al.* IJD 2013)

## further references

**Thiboutot DM et al.** Practical management of acne for clinicians. JAAD 2018.

**Yuka A et al.** Management of acne: Canadian clinical practice guideline. CMAJ 2016.

**Zaenglein AL.** Acne Vulgaris. NEJM 2018.