

Continuous treatment with one gram of antibiotic, usually tetracycline or erythromycin. Any course of treatment less than this is shown not to have any significant benefit. It may have to be continued for up to three years. Current information confirms that long courses of antibiotics treatment are relatively safe, this includes minocycline (Minocin).

**Hormone therapy** - a combination pill is available which is a safe low dose oral contraceptive combined with an anti-testosterone drug. This is again taken for a minimum of six months.

### From the dermatologist

**Retinoid treatment** – Roaccutane – this is the strongest drug currently available in a topical form, example a gel, Isotrex. The drug has several strong side effects, such as it dries lips and skin and is only available from dermatologist. It is taken for 16 weeks and requires blood tests to check on its effects upon your liver and blood fats.

In women who become pregnant whilst taking the drug there is a danger of producing thalidomide like babies. Therefore all women who take the therapy must have counselling and be in a safe form of contraception usually the pill before starting the treatment and are closely monitored by their dermatologist.

Scarring – many treatments exist which reduce but do not totally correct scarring. Your face will never have perfect skin but it can be made 50 – 80 per cent better. Ask your dermatologist about such treatments. Usually they are not undertaken until your acne is under good control. No re-surfacing treatments such as dermabrasion should ever be undertaken until 12 months following Roaccutane treatment. New generation water lasers may be a new approach to resurfacing scarred skin.

### Remember

- Acne can be treated, but not cured. Improvements only occurs after a minimum of six weeks treatment and continuous treatment for six months is the baseline.
- Any new spot is a potential scar, so the aim of the treatment is to control their production. Never pick or squeeze a spot as worse scarring will result.
- Scars can never be 100 per cent improved, so it is important to prevent them by treating them effectively.

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# Acne

## A patient's guide



.... caring for you 

## What is acne?

Acne is a skin disease based around the grease glands in the skin. These glands occur mainly on the face, back and chest, so these are the main areas where acne is found. Acne is associated with excessive grease production by the glands, and people with acne notice that their skin and hair are greasy.

## How common is acne?

Many adolescents will have the odd acne spot from time to time. Approximately 15 per cent will have worse spots which is called acne. It can be very distressing for those concerned and you should go to your doctor for help, who may refer you to a skin specialist. Acne usually starts in the early teens, and without effective treatments, reaches its peak between 17 – 21 year olds. Most patients then improve.

Acne may start later than usual, for example, in women over the age of 25 years. This should be treated with tablet medication straight away as it is often difficult to control.

These days treatment can keep the acne under control, but treatment may be needed for many years.

## The reasons for acne?

Grease glands in the skin are controlled by the sex hormones. That is why acne arises

at puberty, and teenagers are the worse affected group of the population.

The channels from grease gland to the skin surface get blocked by the excessive grease being produced, so blackheads and whiteheads form on the surface. Underneath inflammation starts and so red spots appear. These spots may become tender and yellow pustules may form. These spots can leave unpleasant scars. Spots on some patients with black skin become darker and this can last for months. It is therefore important that people with acne are treated very early.

## True or false facts about acne

### True

- acne is not infectious
- acne often gets worse before the monthly period
- squeezing spots makes it worse
- stress may make your acne worse
- a hot humid environment makes acne worse
- sunshine may help acne

### False

- acne does not need treating
- acne can be prevented
- lack of washing is to blame
- diet is linked to acne
- lack of exercise is to blame
- greasy hair makes it worse
- pregnancy affects acne

## Treatment of acne

**From the chemist** - topical treatment - for example treatment with creams and ointments applied to the skin. Benzoyl peroxide – effective in mild “mini-bump” acne (Panoxyl, Acnegel, Quinoderm and Acnival)

To be effective it has to make you skin red and your skin will start to peel, this is because it acts as a light chemical peel.

Use at night. In the morning use a moisturiser (Aqueous cream, Neutrogena balance moisturiser) to reduce the peeling and redness. Do not reapply to your skin until all the redness and peeling has gone away and the skin feels comfortable. Aim on eventually using the medication every night but this may take up to two – three weeks to achieve.

**From your GP** - topical cream or ointment on the skin using a dabber, erythromycin, (Zineryt, Stiemycin,) clindamycin (Dalacin-T). Simple to use and help in drying up the pustules.

**Vitamin A preparations-** Tretinoin (Retin A) cream, gel or lotion. Clears blackheads but causes redness, (see earlier advice),

**Tablets** - dermatologists recommend that the standard treatment for acne is a minimum of 6 months.