

Patient Information:

Acne

Acne is a condition caused by obstruction of the pilosebaceous units (hair follicle/sebaceous glands) by overproduction of sebum (oil) which provides an environment that is ripe for the growth of *Propionibacterium acnes*, the main bacteria involved in acne. The hormonal changes of puberty create the conditions for acne; however when that process is over, the main cause of acne then is your genetic predisposition. In other words, usually you come from a family where other people have had acne (blame your parents!).

FACTS:

- ◆ It is not a just a condition of middle and high school age. We see many patients who will develop acne for the first time in college or graduate school and are surprised to find they escaped acne in high school only to be bothered by it in their 20's or 30's.
- ◆ Oil from hair products and suntan lotions can aggravate.
- ◆ Certain jobs that involve exposure to grease/oils may aggravate, such as auto mechanics; fast-food cooks/restaurant workers.
- ◆ Pre-menstrual worsening is common in women.

MYTHS:

- ◆ Fatty foods may clog your arteries but will not cause acne. Chocolate, pizza, and soda cannot be blamed for acne!
- ◆ Acne is not a condition of poor hygiene.

***IMPORTANT:** WHATEVER PRODUCT/REGIMEN YOU TRY, DO NOT MAKE A JUDGMENT CALL UNTIL YOU HAVE USED A PRODUCT FOR AT LEAST 4-6 WEEKS. ACNE TREATMENT REQUIRES PATIENCE. THERE ARE NO QUICK FIXES.*

WASHING:

You do not want to scrub your skin. With harsh scrubbing, you end up with irritated/red skin and acne. Wash no more than 2 times per day. You cannot wash the bacteria away that are part of the acne process. Avoid harsh soaps and anything with

abrasives. Recommended soaps:

- ◆ *Purpose* bar
- ◆ *Cetaphil*
- ◆ *Dove*

MAKE-UP:

Buy ones that are labeled "non-comedogenic." (comedones are the zits.)

TREATMENT:

Mild acne (this does not mean it seems "mild" to you; "mild" refers rather to how extensive and the types of zits you have, usually black heads and white heads and primarily on the face.)

You can spend a fortune trying various over-the-counter topical products and cleansers. Best to keep it simple. Use the soaps as described above and any acne product with the ingredient benzoyl peroxide. There are shelf fulls; pick one that fits your budget. Salicylic acid is the other OTC (over the counter) product.

Some suggestions/guidelines:

- ◆ Benzoyl Peroxide products
- ◆ Benzac AC Wash
- ◆ Desquam-X
- ◆ Oxy 5
- ◆ Benoxyl , (Clearasil Maximum Strength)
- ◆ PanOxyl

Most of the products above come in liquids, lotions, creams, or gels. The liquids are usually the face washes; use creams for dry/sensitive skin; gels, if skin is oily; lotions, for any skin type. Strengths range 2.5-10 (that is the number after the name); evidence doesn't indicate that the higher strength is any better than the lowest. Skin irritation is most common side effect and tends to decrease with continued use. Potential bleaching of clothing and bed linens (avoid by applying in am and if necessary, again after dinner.)

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SALICYLIC ACID:

- ◆ *Stri-Dex* Pads
- ◆ *Fostex* Cleansing Pads
- ◆ Clearasil Maximum Strength Cleansing Pads

*Usually used in addition to the benzoyl peroxide products.

If OTC products do not seem to be helping after an adequate trial, then prescription products are the next step in therapy.

(A word about the “info-mercial” products: there is no evidence in the dermatology world that they work any better than OTC products.)

Moderate acne (mixture of black and white heads plus inflammatory lesions—the raised, red ones; face/chest/back): Typical medications are topical antibiotics (such as clindamycin and erythromycin) and topical retinoids (*Diferin*, *Retin-A*, *Retin A micro*.) Oral antibiotics may be prescribed if the topical antibiotics are ineffective. Examples are tetracycline, doxycycline, erythromycin, minocycline. Often a combination of products is prescribed. No particular combination works the best for everyone; “trial and error” is the method to determine which combination of antibiotics, whether topical or oral, and topical retinoids/topical OTC medications work best for you. The trend now is to use topical antibiotics before the oral ones.

Oral contraceptives may also be a valuable adjunct in the treatment. *Tricyclen*, *Tricyclen Lo*, and *Yasmin* are several that are prescribed in acne-prone women.

AGAIN, PATIENCE, PATIENCE: Your practitioner will not suggest a follow-up appointment sooner than 6-8 weeks because changing the skin environment/killing

the bacteria is a slow process of change and you have to give it enough time to determine if the prescribed medication(s) is going to work.

Severe acne (nodules, cysts, scarring): *Accutane* is reserved for severe acne and can only be prescribed by dermatologists and family practitioners who are certified by the drug company to do so. *Accutane* use is highly regulated because it can cause birth defects if taken during pregnancy. It is metabolized through the liver, so drinking alcohol while on *accutane* is contraindicated. The side effects of dry skin/chapped lips and muscular low back pain can be bothersome. Women have to be on 2 forms of contraception during treatment and for one month afterward and have monthly pregnancy tests. Monthly liver function tests and triglyceride levels should be checked on anyone taking it. Caution is given if you have a history of depression. Being on *Accutane* with depression, or a history of it, is not a contraindication, but you would be monitored more closely.

Schiffert health practitioners do not prescribe *Accutane*. You need to see a dermatologist.

(***wait time to get in to see a dermatologist in this area (Roanoke/SW Virginia) is 6-9 months, so it is best to have this evaluation done by a dermatologist at home over a break or summer.) A service we offer if you are prescribed *Accutane* by a non-Schiffert Health Center practitioner is that our lab can draw the necessary blood work for you and fax the results to your dermatologist; speak with the lab for further information.