Acne

Acne is a chronic inflammatory skin condition with several contributing factors. Features of acne include blackheads, whiteheads, pimples, bumps, cysts, nodules, post-inflammatory hyperpigmentation, and icepick scars. When the outflow of sebum (oil) in the skin is blocked, that forms a comedone (white/blackhead).

The bacterium Propionibacterium acnes is commonly found in the skin but proliferates in the comedone. Inflammation is exacerbated if/when the bacterium leaks into the skin. The hormonal changes of puberty create ideal conditions for the formation of acne, and many will improve as they age out of high school/college. However, for some acne can continue well into adulthood. Stress and some hormonal birth control medications can trigger acne flares. Excess oils from hair/skin products may also contribute.

**Myths:**
- Chocolate, pizza, soda, and other unhealthy foods 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 several weeks. Acne treatment requires patience. There are no quick fixes!

**WASHING:**
You do not want to scrub your skin. Harsh scrubbing can cause irritated/red/damaged skin, allowing P.acnes to worsen acne. Wash no more than 2 times per day. Avoid harsh or abrasive soaps.

Recommended soaps:
- Purpose® bar or facial wash
- Cetaphil® facial wash
- Dove® bar or body wash

**MAKE-UP AND SKIN CARE:**
Buy products labeled hypoallergenic or non-comedogenic. Use sunscreen everyday, reapplying as directed, even in the winter.

**Treatment:**
- Products containing benzoyl peroxide can help to treat acute acne but can also prevent acne after 8 weeks of treatment.
- Topical retinoids, such as Retin-A®, help to reduce follicular plugging and “pulls” the acne out of the skin, leaving it more smooth after 8 weeks of treatment. Retinoids may also have anti-inflammatory effects. When used with benzoyl peroxide (at different times of the day) they have a greater effect on acne treatment, including helping to reduce bacterial resistance to antibiotics.
- Salicylic acid topically helps to remove and prevent comedones.
- Tazorac® (tazarotene) is similar to retinoids but requires a pregnancy test prior to initiating treatment in women.
- Antibiotics can be used topically or orally for short-term (~3 month) management of acne flares, or long-term in those with severe cystic acne.
- Some birth control pills can help treat acne.
- Spironolactone can help manage the effects of hormones that worsen acne but must be monitored with periodic bloodwork.
- Isoretinoin (Accutane®) is the only acne treatment that cures acne. No other acne treatment can do this. Only those clinicians who participate in iPledge can prescribe this medication. It is only to be used in severe cases and requires monthly bloodwork. Most Dermatologists can manage this medication.