

# Madigan Army Medical Center Referral Guidelines

## Acne Vulgaris

Derm Clinic: 968-1365

When referring a patient, please include as much of the following information as possible (OK to cut and paste this into consult request):

- 1) Duration of acne
- 2) Types of lesions (comedones, papules, pustules, nodules, scars, pigment changes) and locations
- 3) Current acne medications (prescriptions and OTC) and duration of use
- 4) Other treatments used in the past that may have been ineffective/effective
- 5) Prior use of isotretinoin (Accutane or other generic brand)
- 6) Primary reason for consult

Please understand that your consult may be denied for the following reasons:

- 1) Lack of conservative prescription acne treatments in combination (topical and/or oral antibiotic + topical retinoid) for a minimum of 3 months
- 2) Mild acne (occasional blemishes)
- 3) Request (from PCM or patient) for isotretinoin without first attempting conventional, conservative treatment
- 4) Pt has not been examined by the PCM as documented in AHLTA
- 5) Insufficient information about the patient as suggested above

### Indications for Specialty Care Referral

- Refer patients with mild or moderate acne that has not cleared with 6 months of conventional, conservative treatment (prescription meds).
- Refer patients with acne that is refractory to treatment especially if likely to cause severe and disfiguring scars.
- Refer if the medication Accutane is being considered due to prior treatment failure, or acne is severe enough to consider it as a treatment option. Female patients may be referred for consideration for Accutane as well, but will eventually need to be on two reliable forms of contraception for a minimum of one month prior to start of Accutane. We will send patient back to referring provider to initiate this if the patient is a candidate for Accutane.

### Criteria for Return to Primary Care

Acne stabilized, improved on regimen of therapy, or completion of Accutane course.

### Diagnosis/Definition

- A follicular eruption with comedones ("blackheads and whiteheads"), red papules, pustules and nodules, generally found on the face and upper trunk. Disease peaks at adolescence but can be seen in children as young as 8 and is not uncommon in adulthood.

- Mild Acne – Superficial lesions, mostly comedones, and some inflamed papules and pustules, no evidence of scarring and no nodules.
- Moderate Acne - Lesions may involve the face and trunk, mild superficial scarring may be seen, with papules, pustules, comedones, and a few nodules. Nodules are not the dominant lesion.
- Severe Acne - Acne is causing persistent painful nodules, comedones, papules, and may have deep scars. In addition, acne has not responded to conservative optimal treatment.

### **Initial Diagnosis and Management**

- General - Document education regarding known causes of acne and emphasize chronic course of disease. There is no cure, although it improves with time in most cases and there are many methods of care available which can control it well. Instruct in the importance of non-comedogenic skin care products. Eliminate the use of other acne treatments and recommend only twice daily (best) facial washing with a mild soap (only with fingertips)
- Mild Acne - Topical Tretinoin cream (Retin-A) applied in a pea-size amount over the entire face (not just affected areas), initially every third night and increasing frequency to every other night or nightly over the course of a month. Patients should also be instructed to wait at least 30 minutes after washing their face (if they do so at night) before applying the Retin-A, and avoid the immediate periorificial areas, to minimize irritation. Most patients will not tolerate a potent strength initially and should begin with 0.025% or 0.05% cream. Explain that Retin-A frequently causes some redness and scaling which improves with time and can be minimized by closely following prescribing advice. Tretinoin may cause an initial worsening of acne at 3-4 weeks and has maximum benefit after 4-5 months. If the patient is not experiencing any redness or dryness despite using the Retin-A every night after 6-8 weeks, then try the next higher strength cream. In addition, benzoyl peroxide (BPO) lotion, used as a face wash in the shower, BPO gel treatment applied once (best) to twice daily, are used to help reduce the P. acnes population in the follicles. BP should be used at a separate time of day from Retin-A as it may inactivate the Retin-A if they are mixed directly. (The combination of tretinoin and BPO will likely be drying, so the patient will likely need a moisturizer in the morning.) Follow up at 8 -12 weeks to encourage compliance.
- Moderate Acne - Topical Retin-A and BPO as above. 1<sup>st</sup> line oral antibiotics Tetracycline (taken with water, no food) 250-500mg bid PO or doxycycline 100 mg bid PO (caution about photosensitivity, take with a non-dairy snack). These meds address the inflammatory acne and should be used for a minimum of 2-3 months before declaring a treatment failure. Follow up at 8-12 weeks to encourage compliance.
- Severe Acne - Referral to dermatology if there is not a marked improvement at 12-week follow-up to full regimen for moderate acne.
- Low progestin - type oral contraceptives: For women who have acne that waxes and wanes cyclically with their menstrual cycle, and/or the acne is primarily on the lower face, OCPs can help reduce the flares. If the woman has hirsutism and/ or irregular menses and/or acne that does not respond to conservative treatment, further evaluation for polycystic ovarian syndrome or a mild form of congenital adrenal hyperplasia should be considered. Several OCPs are FDA-approved for acne: Ortho-Tricyclen, Estra-step, and Yaz.
- Please note that treatment of acne in pregnant patients, or patients who are actively trying to get pregnant, is limited. Counsel your patients that most acne medications can be teratogenic in some manner. Only topical erythromycin or clindamycin, and/or azelaic acid are Pregnancy Category B. All others are at least Category C or higher.

## Ongoing Management and Objectives

- Reduction/prevention of scarring and good resolution of lesions are the primary objectives.
- Gentle skin cleansing is encouraged: Mild soaps (i.e. Dove, Oil of Olay for Sensitive Skin, Cetaphil, Phisoderm, Purpose, Neutrogena) may be used to cleanse the skin. Discourage scrubbing with washcloths, Buff-Puffs, and any cleanser that contains abrasives of any type as these can worsen acne, and contribute to scarring. Avoid soaps such as Dial, Zest, Coast, Irish Spring, Safeguard, Noxzema, Ivory – these are very drying and seem to contribute to worsening of acne.
- Mild Acne - If there is minimal improvement at 8 weeks, review medication use and compliance. Encourage patient to continue regimen even if only mild improvement is seen. If the patient cannot tolerate side effects of Retin-A, adapalene (Differin) gel 0.1% or 0.3% may be substituted. If the patient cannot tolerate the BPO or it seems to be ineffective, then substitution of a BPO/topical antibiotic combination such as Benzamycin (on formulary), Benzacilin or Duac (non-formulary) should be tried. Add an oral antibiotic if patient is compliant with medications and is still dissatisfied with results.
- Moderate Acne - Manage as above at 12 weeks continuing initial antibiotic. Follow up at 3-4 months and consider changing antibiotic to minocycline 50-100 mg PO bid if not responding well. and minocycline 50-100mg bid PO (caution about hyperpigmentation and pseudotumor cerebri, take with a non-dairy snack). If the patient is unable to tolerate any of the tetracyclines, then Azithromycin 250mg po every other day, or Septra DS 1 PO bid, or Clindamycin 150mg or 300mg po bid, can be used. Each has it's own set of potential adverse effects (C Difficile, Toxic Epidermal Necrolysis or Stevens-Johnson Syndrome, Nausea/Emesis etc)

Pictures of [Acne Vulgaris](#) from NZ DermNet - New Zealand Dermatological Society

Last Review for this Guideline: **August 2010**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division  
Clinical Practice and Referral Guidelines Administrator