



- Self-esteem
- Depression
- employment

Acne Simply

GP conference Rotorua June 2008

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Dermatologist, Palmerston North

Acne pathogenesis

- ↑ sebum production
- Pilosebaceous duct hypercornification
- Abnormal flora e.g. *P. acnes* colonisation
- inflammation

NON INFLAMMATORY ACNE

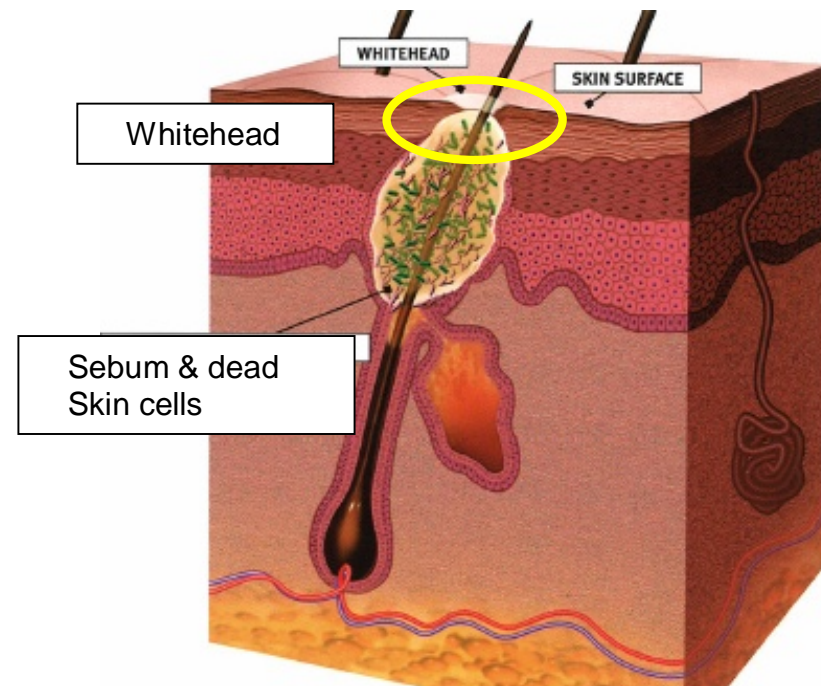
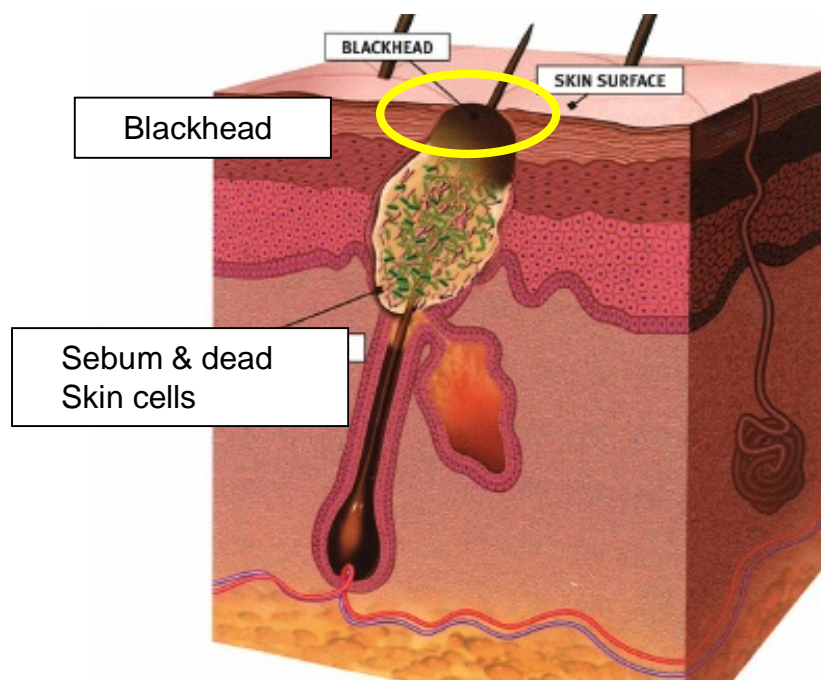
BLACKHEAD / OPEN COMEDONE

sebum and dead skin cells plugged high in follicle, exposed to air
plug looks like a pocket of dirt.



WHITEHEAD / CLOSED COMEDONE

sebum and dead skin cells clog deeper in follicle under the skin's surface, not exposed to air,

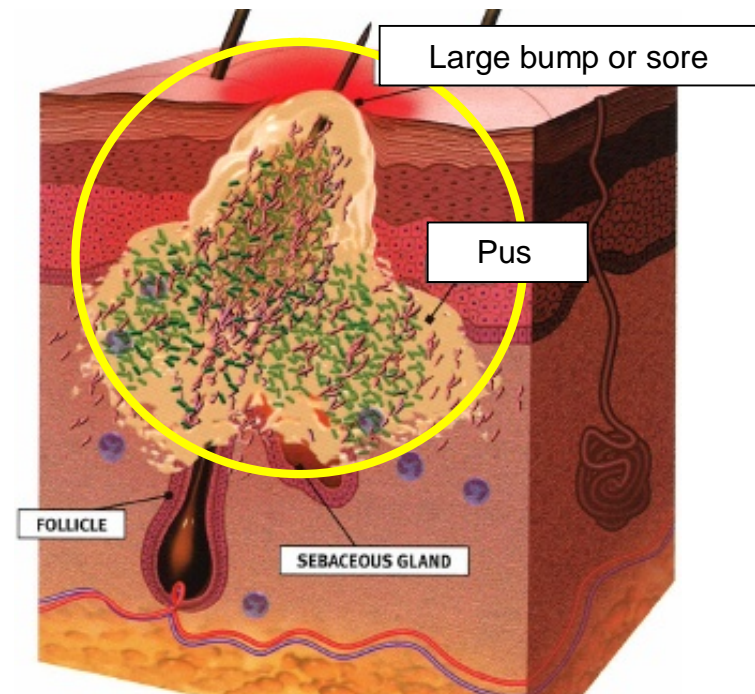
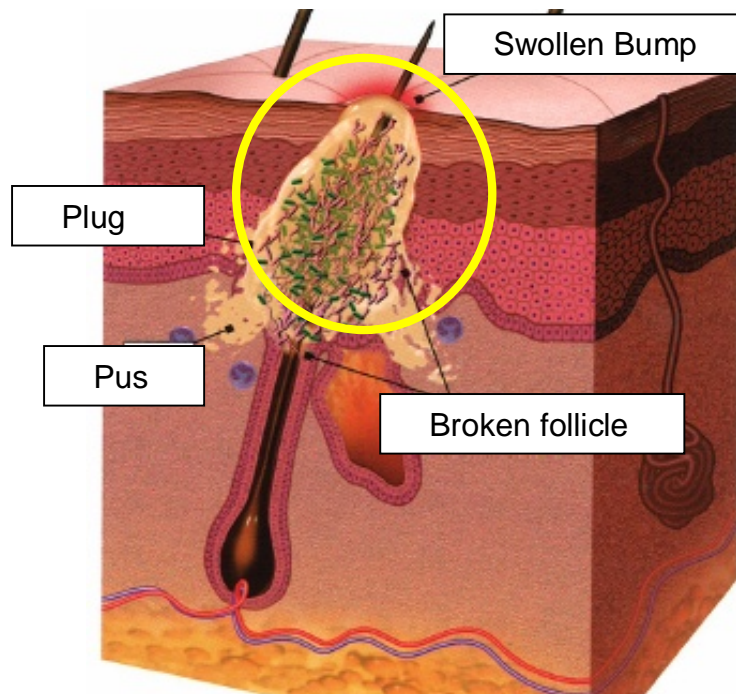
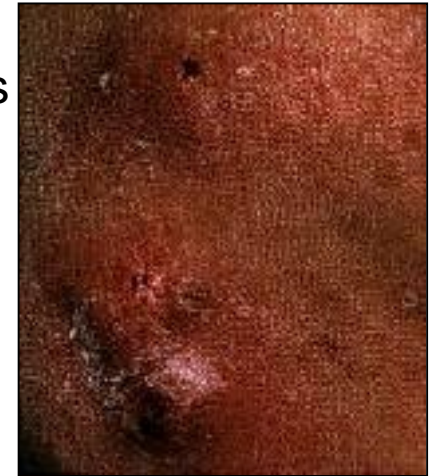


INFLAMMATORY ACNE

- **PAPULES & PUSTULES:**
pink or red +/- pus-filled bumps: WBC & debris break through hair follicle spreading deeper.



- **NODULES** More inflammation occurs in and beyond the follicle,



Acne grading

- Severity of Disease
 - Mild
 - Moderate
 - Severe
- Predominant Lesion Type
 - Comedonal
 - Papulopustular
 - Nodular



NON INFLAMMATORY ACNE

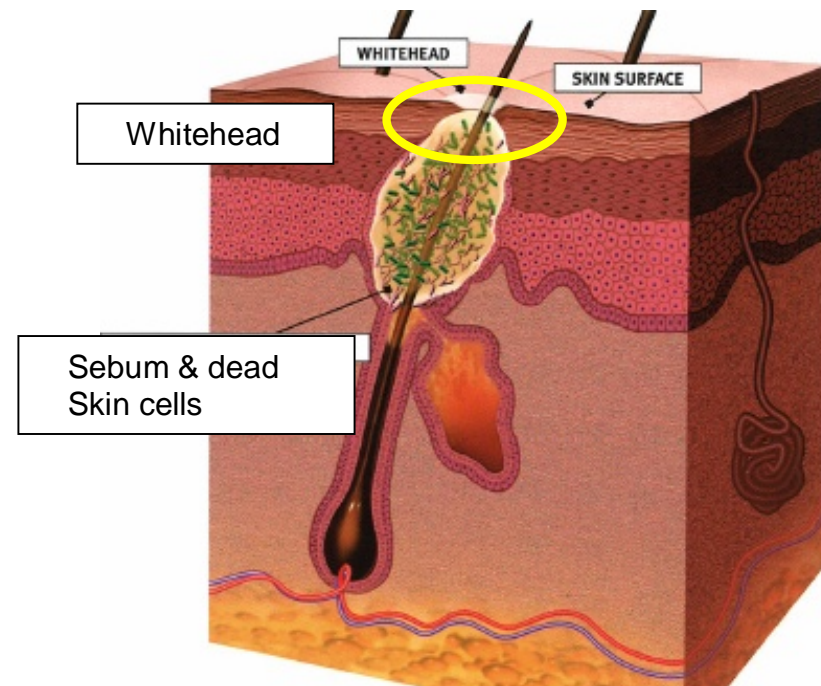
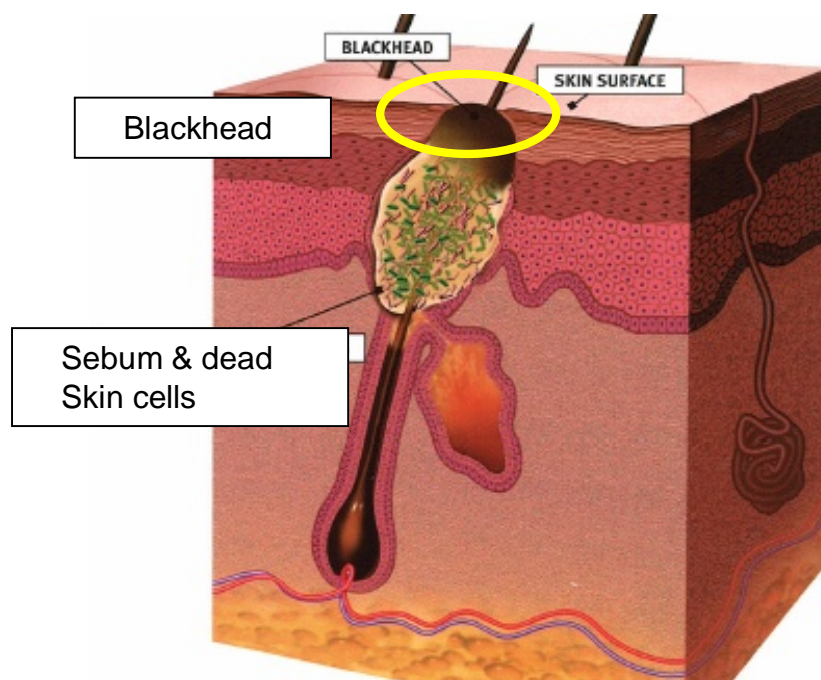
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Topical treatments

- *Predominantly anticomedonal*
 - Adapalene
 - Tretinoin
 - Azelaic acid
 - Isotretinoin
- *Predominantly anti-inflammatory*
 - Adapalene
 - Nicotinamide
 - Topical antibiotics
- *Predominantly antimicrobial*
 - Azelaic acid
 - Benzoyl peroxide
 - Clindamycin
 - Duac (benzoyl peroxide / clindamycin)
 - Erythromycin
 - tetracycline

Topical treatments

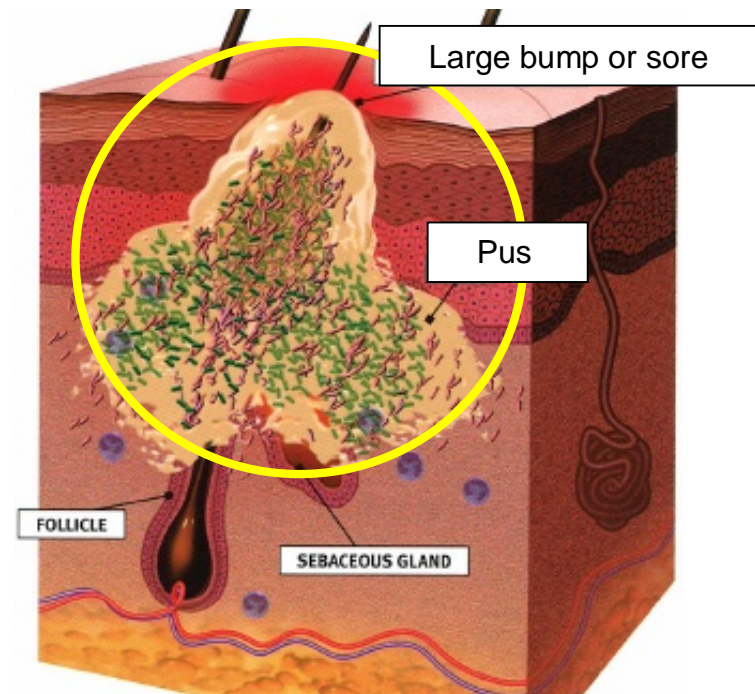
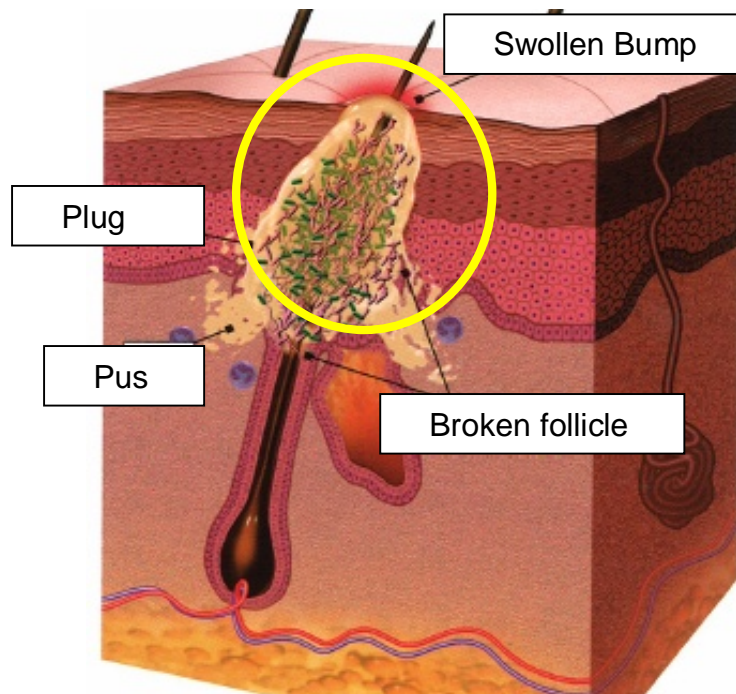
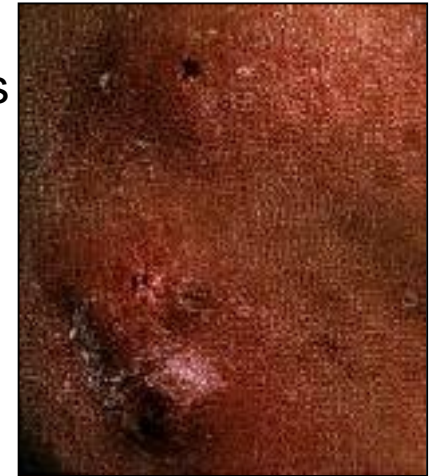
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Systemic acne treatment

- Antibiotics
 - Doxycycline
 - Erythromycin
 - Cotrimoxazole
- Hormonal e.g. Estelle,
- Isotretinoin – refer

Mixed comedonal and inflammatory acne

Combine systemic and
topical treatment
e.g. doxycycline and
adapalene





Diet

- Water
- Fruit and vegetables for antioxidants to help reduce scarring

Cleanse, tone, moisturise

- Traditional cleanser greasy, toner alcohol base (tight, dry skin), then moisturise
- Rather water-based cleanser only!

Skin care

- Wash
 - Soap and water
 - Soap alternatives
 - oily skin
 - sensitive skin
 - Drying side effects of acne therapy



Skin care

- Moisturisers
 - Oily skin so moisturisers seldom required!
 - Lotions
 - Avoid “T” zone

Skin care

- Sunscreen
 - Photosensitising therapies
 - Preventative medicine
- use non oily sunscreens
 - Consider lotions or gels
 - E.g. Neutrogena Helioplex dry touch
 - Day Long

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Neutrogena®
Ultra Sheer
DRY-TOUCH
SUNBLOCK
SPF 70
with **helioplex™**
broad spectrum uva-uvb
LIGHTWEIGHT
CLEAN FEEL
fast absorbing
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waterproof
#1 DERMATOLOGIST
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3.0 FL OZ (88 mL)

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SUN SENSE™
DAILY FACE
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SPF 30+
BROAD SPECTRUM
CREAM
Oil-Free Base
200ml
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SUNSCREEN
Up to 8 hours
SPF 30+ protection
from one application
(provided Directions For
Use are followed)
200ml
SPF 30+

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SPF 30+
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PROTECTION
ego 125 mL
AUST L 23833
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INNOVATORS IN SUNSCREEN TECHNOLOGY
SUN SENSE™
SPORT
4 HOURS
WATER
RESISTANT
SPF 30+
UV-A & UV-B
PROTECTION
ego 75g
AUST L 23833
69003

Make-up

- Try to minimise (cosmetic acne)
- Use preparations designed for oily skin
- Powder foundation
- Remember to remove!

Trunkal acne often recalcitrant



When to refer to a dermatologist?

- Scarring acne
- Nodulocystic acne
- Acne recalcitrant to therapy
- Major morbidity

Therapy summary

- Black and white acne use topicals
- Red papules add systemic agent
- Refer to a dermatologist:
 - Scarring
 - Nodulocystic acne
 - Recalcitrant to therapy
 - Major morbidity