# How to .. Prescribe Isotretinoin

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Clinical Associate Professor, Waikato Clinical School

GP CME
Rotorua June 12, 2010

# Personal statement

- Experienced dermatologist and have treated thousands of patients with isotretinoin
- I have written or edited articles on management of acne and use of isotretinoin
- These include most of recommended resources
- Douglas Pharmaceuticals, manufacturers of Oratane™, sponsors DermNetNZ, from which I derive an income

# Outline of this presentation

- An overview of isotretinoin
  - When & how
  - Risks & complications

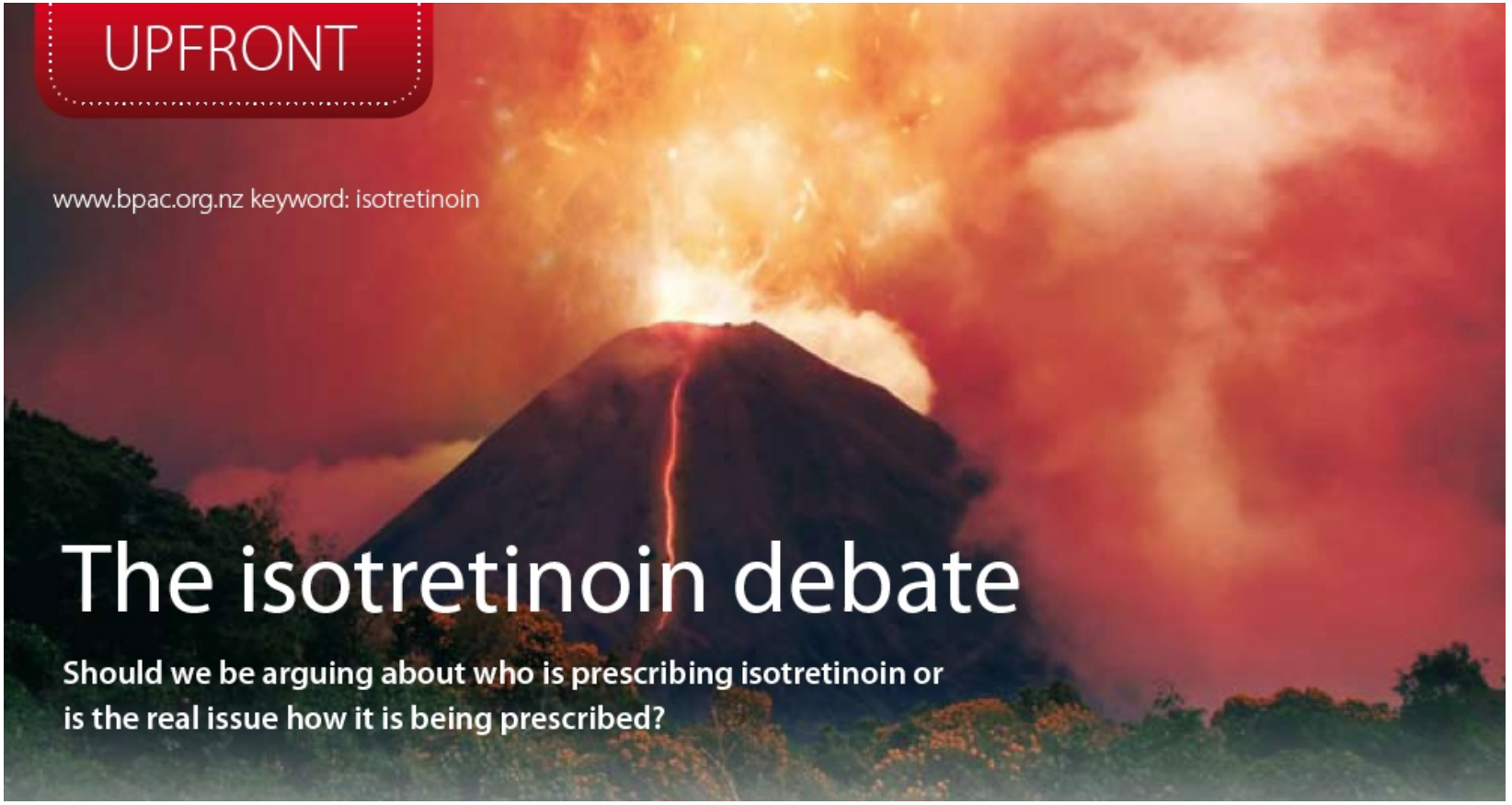
- This lecture does **not** constitute 'training' in the use of isotretinoin for acne

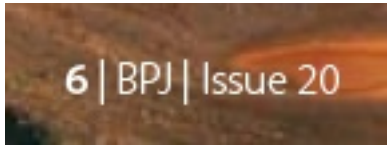
# Hype

## News

Regular news from the New Zealand Doctor newsroom

### GPs welcome decision on acne drug



The Royal New Zealand College of General Practitioners

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**You searched for "isotretinoin"**

**Isotretinoin deadline this weekend**

*27/02/2009*

Read more about "Isotretinoin deadline this weekend"...

**2008-11-21-The-RNZCGP-submission-to-PHARMAC-re-isotretinoin.pdf**

Read more about "2008-11-21-The-RNZCGP-submission-to-PHARMAC-re-isotretinoin.pdf"...

**Huge step forward for vocationally registered GPs**

*27/02/2009 *

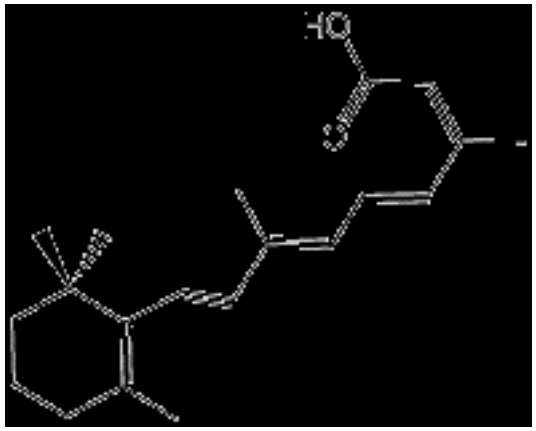
Read more about "Huge step forward for vocationally registered GPs"...

**ePulse V11 number 8**

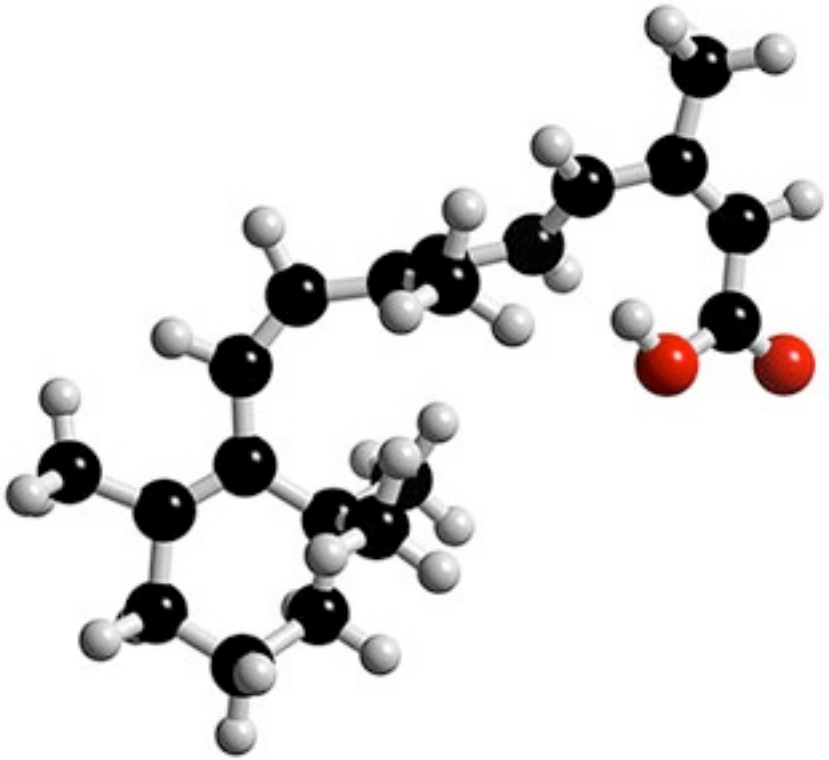
*Huge step forward for vocationally registered GPs* From 1 March 2009, vocationally registered general practitioners who are able to satisfy the Special Authority requirements will be able to prescribe isotretinoin to patients who meet the Special Authority criteria, and these patients will be able to have the benefit of PHARMAC funding.

Read more about "ePulse V11 number 8"...

# What is isotretinoin?




20mg, 10mg & 5mg capsules



13-cis retinoic acid

# What is it used for?

Dermatologists prescribe isotretinoin for patients with acne in the following circumstances:

- Nodular or nodulocystic acne (i.e. where there are large deep lumps)
- Acne conglobata or acne fulminans
- Severe disfiguring inflammatory acne vulgaris
- Acne which is resulting in scarring
- Moderate acne which has failed to respond to topical agents combined with oral antibiotics, or in women, hormonal treatment
- Acne which relapses rapidly on discontinuing treatment
- Acne which has persisted for several years, or arises in an individual over 25 years old
- Dysmorphophobic acne
- When the acne has a significant adverse occupational, social or psychological effect on the patient's life

Isotretinoin is also useful for patients severely affected by other follicular conditions. These include:

- Acne keloidalis nuchae
- Chloracne
- Gram negative folliculitis
- Hidradenitis suppurativa
- Oil folliculitis
- Pityrosporum folliculitis
- Pseudofolliculitis barbae
- Pyoderma faciale
- Rosacea & rhinophyma
- Scalp folliculitis & acne necrotica
- Sebaceous hyperplasia
- Seborrhoea
- Steatocystoma multiplex

Isotretinoin has proved helpful as a second-line treatment for scaly skin conditions and other inflammatory skin diseases such as:

- Darier disease
- Discoid lupus erythematosus
- Epidermal naevi
- Folliculitis decalvans
- Granuloma annulare
- Grover's disease
- Hidradenitis suppurativa
- Ichthyosis
- Sarcoidosis
- Skin cancers especially when they arise in those with organ transplants or xeroderma pigmentosa

# What are its registered indications?

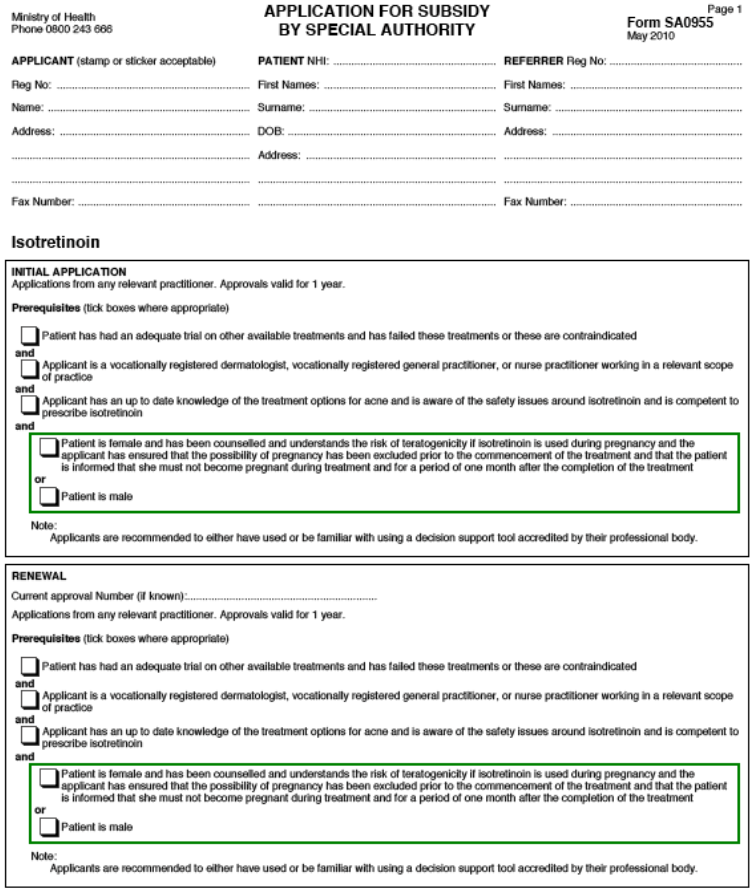
## Indications

Severe forms of nodulo-cystic acne which are resistant to therapy, particularly cystic acne and acne conglobata, especially when the lesions involve the trunk. ORATANE should only be prescribed by physicians who are experienced in the use of systemic retinoids, preferably dermatologists, and understand the risk of teratogenicity if ORATANE is used during pregnancy.

PHARMAC
Pharmaceutical Management Agency

- SA0955 – Isotretinoin (1 page, 3 KB)

*http://www.pharmac.govt.nz/2010/06/01/SA0955.pdf*



Ministry of Health
Phone 0800 243 666

**APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY**

Page 1
Form SA0955
May 2010

**APPLICANT** (stamp or sticker acceptable)
Reg No: .....
Name: .....
Address: .....
.....
.....
Fax Number: .....

**PATIENT** NHI: .....
First Names: .....
Surname: .....
DOB: .....
Address: .....
.....
.....

**REFERRER** Reg No: .....
First Names: .....
Surname: .....
Address: .....
.....
.....
Fax Number: .....

**Isotretinoin**

**INITIAL APPLICATION**
Applications from any relevant practitioner. Approvals valid for 1 year.

**Prerequisites** (tick boxes where appropriate)

☐ Patient has had an adequate trial on other available treatments and has failed these treatments or these are contraindicated
**and**
☐ Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice
**and**
☐ Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin
**and**
☐ Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment
**or**
☐ Patient is male

Note:
Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

**RENEWAL**
Current approval Number (if known):.....
Applications from any relevant practitioner. Approvals valid for 1 year.

**Prerequisites** (tick boxes where appropriate)

☐ Patient has had an adequate trial on other available treatments and has failed these treatments or these are contraindicated
**and**
☐ Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice
**and**
☐ Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin
**and**
☐ Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment
**or**
☐ Patient is male

Note:
Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....

**Post application to Ministry of Health, Private Bag 3015, Wanganui – Fax: 0800 100 131**

# Rules for Special Authority funding

## Isotretinoin

**INITIAL APPLICATION**
Applications from any relevant practitioner. Approvals valid for 1 year.

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# Training for GPs

- BMJ Learning
- BPAC article
- BPAC Decision support tool
- DermnetNZ

  *http://dermnetnz.org*
- Drug company information

  *http://www.oratane.co.nz*
- Medsafe data sheet

  *http://medsafe.govt.nz/profs/datasheet/o/oratanecap.pdf*

# Resources

BMJ Learning

**Just in time**

## Acne: a guide to prescribing isotretinoin

| | |
|---|---|
| **Module type** | **Just in time**<br>Want a fast, evidence based update? Here are the essentials on everyday conditions. Before you start a learning resource it is best to add it to your plan first. |
| **What's in this case:** | Acne: a guide to prescribing isotretinoin<br>**View user opinions** |
| **Target audience** | GPs |
| **Author:** | Marie Hartley, Les Toop, and Amanda Oakley |
| **Biography:** | Dr Marie Hartley is a medical writer for Pegasus Health, an independent GP association in Christchurch, New Zealand. Professor Toop is head of the Department of Public Health and General Practice at the Christchurch School of Medicine, University of Otago, New Zealand. In addition to his clinical role, he is involved in both undergraduate and postgraduate teaching and is the clinical leader of education for Christchurch General Practitioners. His special interests include clinical research (to inform practice), and advocacy for the provision of independent consumer health information and the promotion of professionally driven continuing education. He is past chair of the National Preferred Medicines Centre and is on the Board of Directors of a number of primary care organisations. He is a member of the council of the Royal New Zealand College of General Practitioners. Professor Amanda Oakley is a specialist dermatologist and clinical director of the Department of Dermatology at Health Waikato, New Zealand. She is a clinical associate professor at Waikato Clinical School (Auckland University School of Medicine) and President-Elect of the New Zealand Dermatological Society. Professor Oakley manages the society's web site, NZ DermNet and has special interests in online medical education and teledermatology. |
| **Resource provider:** | BMJ |

bpac nz
better medicine

Article is 1.1 yea

Search by: Keyword Publication Cate

## How to treat acne

- Key concepts
- Acne diagnosis is based on history and examination
- Examination and assessment of severity
- Pharmacological treatment of acne
  Mild acne | Moderate acne | Isotretinoin for severe acne
- Isotretinoin is a teratogen
- References
- Issue 20 Contents

Full colour PDF of the pages as they appeared in 'best practice'.
Printer friendly PDF.
Key reviewer: **Dr Amanda Oakley**, Specialist Dermatologist and Clinical Associate Professor, Tristram Clinic, Hamilton

**Key concepts:**

- An inflammatory response to *P. acnes* results in papules, pustules and inflamed nodules
- Acne severity (mild, moderate or severe) may be based on the number, type and distribution of lesions
- Benzoyl peroxide, topical retinoids or topical antibiotics are suitable for mild acne
- Oral antibiotics may be suitable for moderate acne
- Combined oral contraceptives may be effective for moderate acne in women
- Isotretinoin may be suitable for severe acne, although it has many adverse effects and requires close monitoring and management - isotretinoin is a major teratogen, it is essential that women taking isotretinoin do not get pregnant

# Other resources



**Data Sheet**

## ORATANE

***Isotretinoin 5 mg, 10 mg, 20 mg and 40 mg Capsules***

bpac nz
better medicine

In response to these concerns PHARMAC states that:

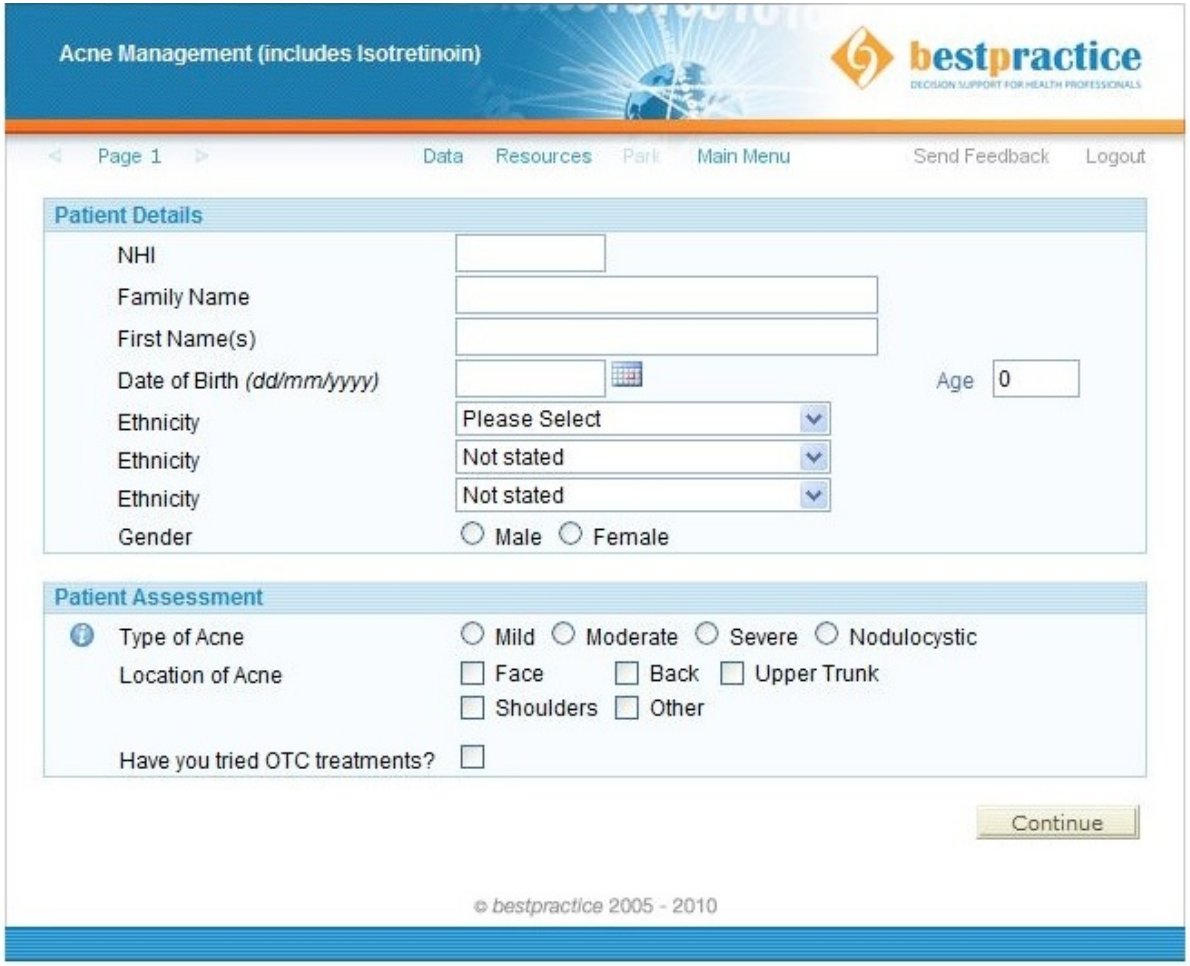
- GPs will receive training in prescribing and managing isotretinoin. It is anticipated that the RNZCGP will accredit and promote relevant training programmes
- If more people are taking isotretinoin, then there may be an absolute increase in the number of affected pregnancies, but the proportion of affected pregnancies will not necessarily be expected to increase. GPs will also be encouraged to be vigilant about giving contraception and pregnancy advice
- GPs are well placed to know a patient's medical history and be better positioned to detect symptoms of mental ill-health including depression and suicidal thoughts
- The pressure to prescribe is equally present for any type of doctor

PHARMAC says its decision was motivated by a desire to combat equity of access issues. Analysis of subsidised isotretinoin use showed that a person was 2.5 times more likely to be using this drug if they were living in the least deprived area (quintile 1) of New Zealand.**

Upfront:- The isotretinoin debate from 'best practice' April 2009
There are two major safety concerns with isotretinoin :

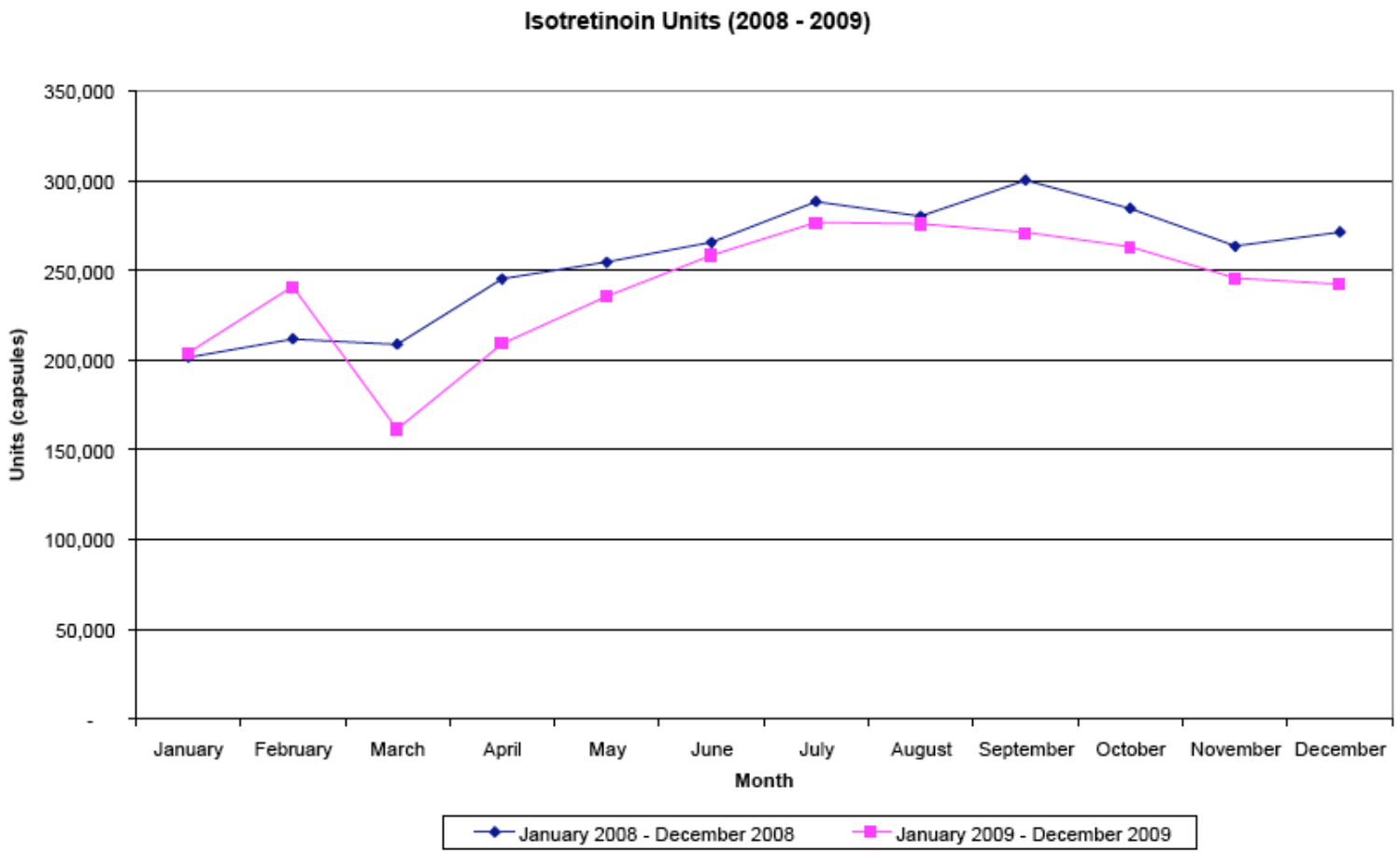
- It is teratogenic at all therapeutic doses and durations of exposure
- It may be linked to depressive illness or suicidal ideation

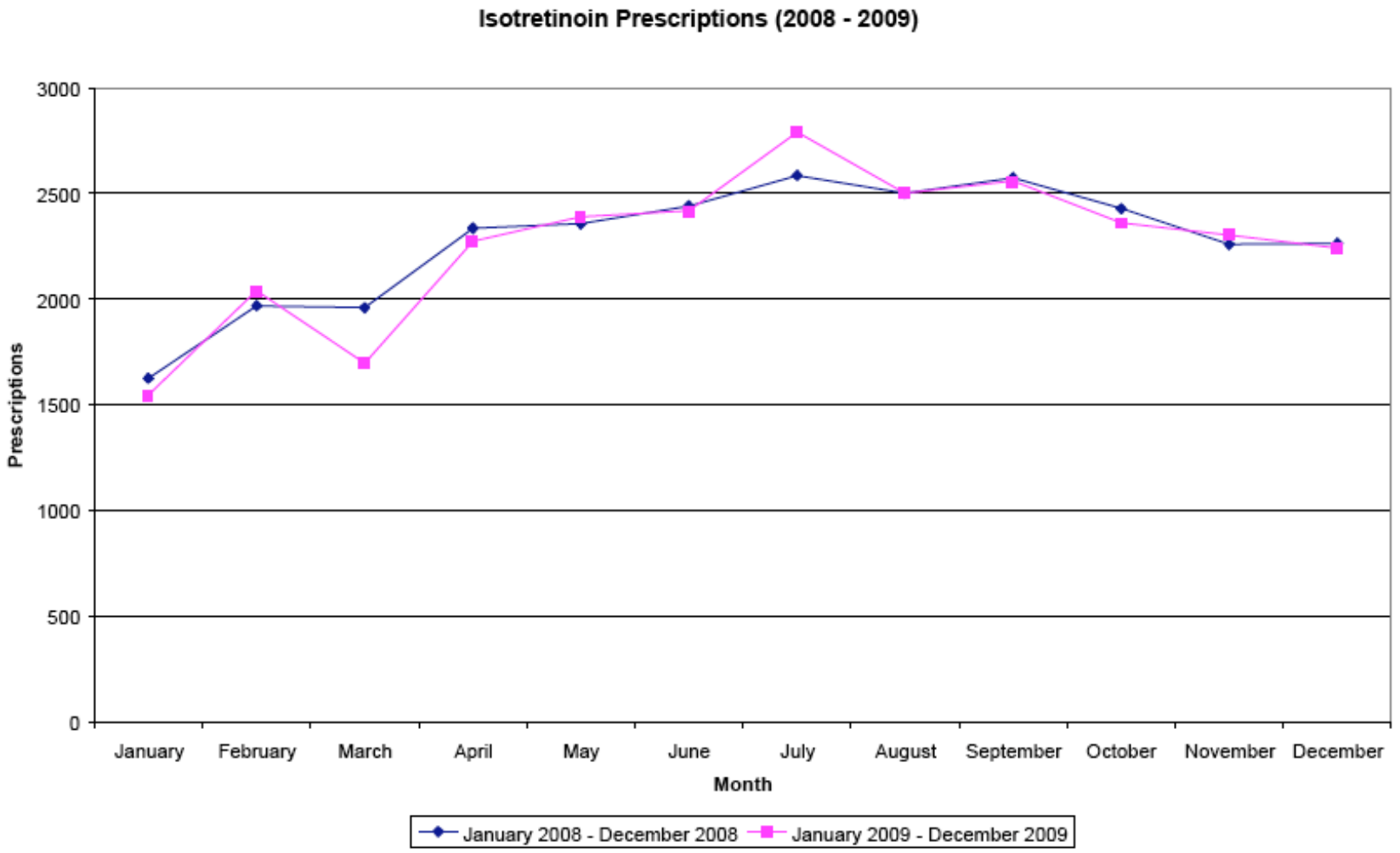
# Decision support




*https://bestpractice.org*

# PHARMAC statistics




Isotretinoin Prescriptions (2008 - 2009)
3000
2500
2000
1500
1000
500
0
Prescriptions
January
February
March
April
May
June
July
August
September
October
November
December
Month
January 2008 - December 2008
January 2009 - December 2009

# Lack of GP experience

*Isotretinoin:*

- Patients with any prescription from a GP: 3,221
- Patients with prescriptions only from a GP: 2,017
- Patients with a prescription from both a GP and specialist: 1,168
    - Note the above two do not sum due to a few patients receiving prescriptions from another category of doctor, e.g. Registrar or Locum or Nurse Practitioner
- GP prescribers: 1,219
    - GPs prescribing to less that 5 patients: 1,063
    - GPs prescribing to between 5 and 9 patients: 122
    - GPs prescribing to between 10 and 29 patients: 32
    - GPs prescribing to 30 or more patients: 2

# Gaining experience

- 4 years supervision for dermatology trainees
  - No independent prescribing for 6 months
  - All acne patients discussed with dermatologist
  - Consultant applies for Special Authority
- 300 acne consults /12 mths at Waikato Hospital
  - Most patients are prescribed isotretinoin
- Equivalent training not achievable for GPs
  - Could develop acne as a subspecialty interest if >50 patients per year

# What is acne?

- Folliculocentric inflammatory skin disease
- Characterised by polymorphic lesions
  - Inflamed papules, pustules, nodules
  - Non-inflamed comedones, cysts
  - Secondary crusting, macules, scars
- Face, neck, trunk and sometimes elsewhere

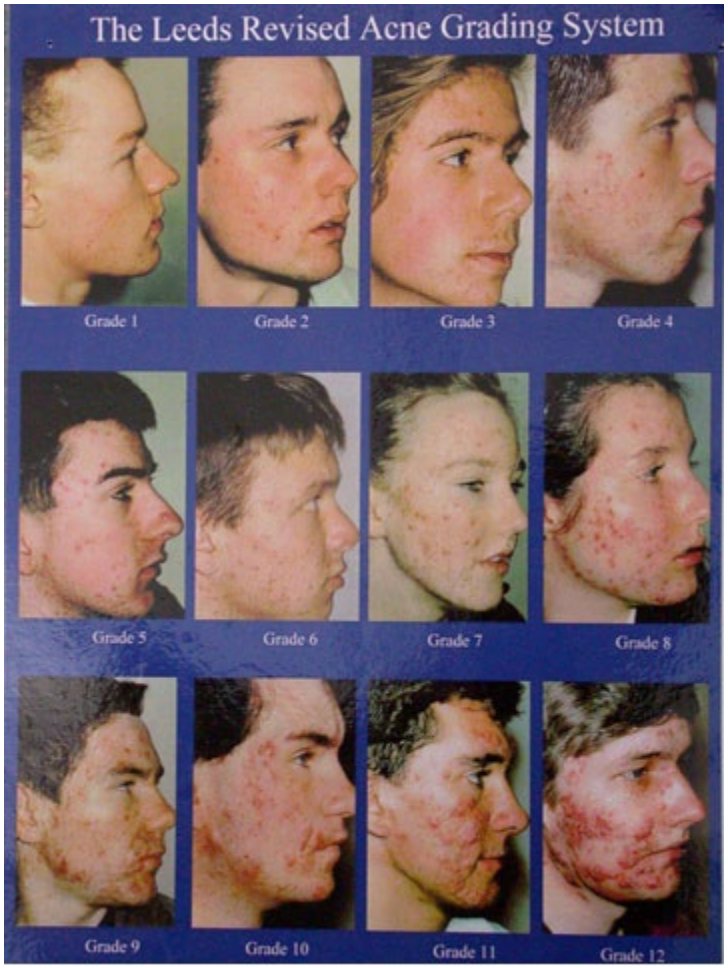
# Pathogenesis

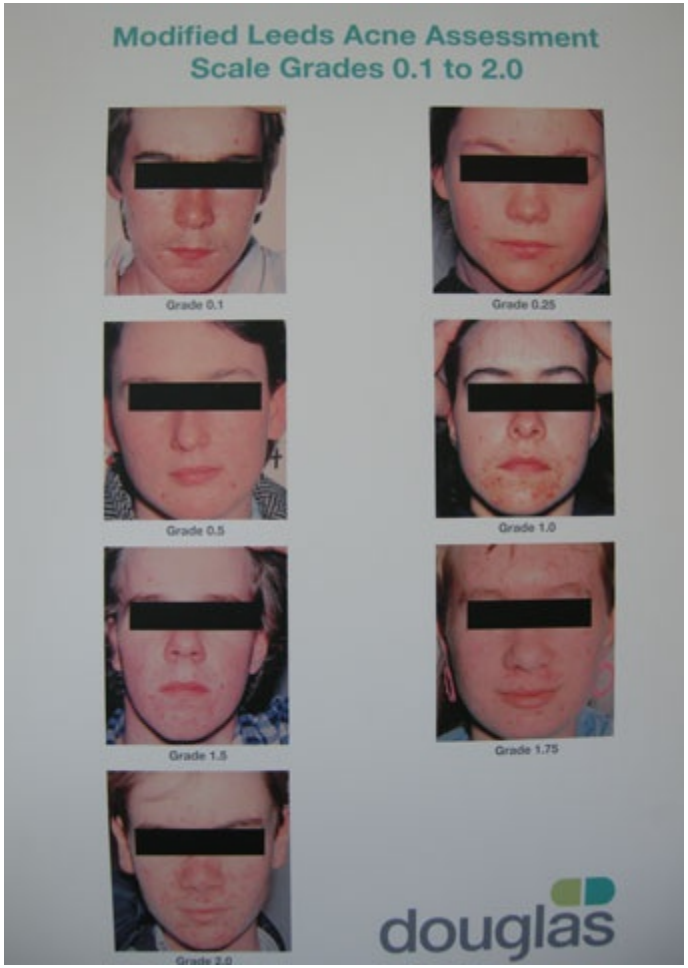
- Androgenic stimulation for sebum production
- Hyperkeratinisation of hair follicle
- Colonisation of blocked follicle with *Propionibacterium acnes*
- Free fatty acids from sebum breakdown
- Inflammatory cytokines against bacteria

# Grading acne

- Grading scales available e.g., Leeds
- Ask the patient!
  - Clinically mild acne may have serious impact
  - Clinically severe acne may not bother him/her

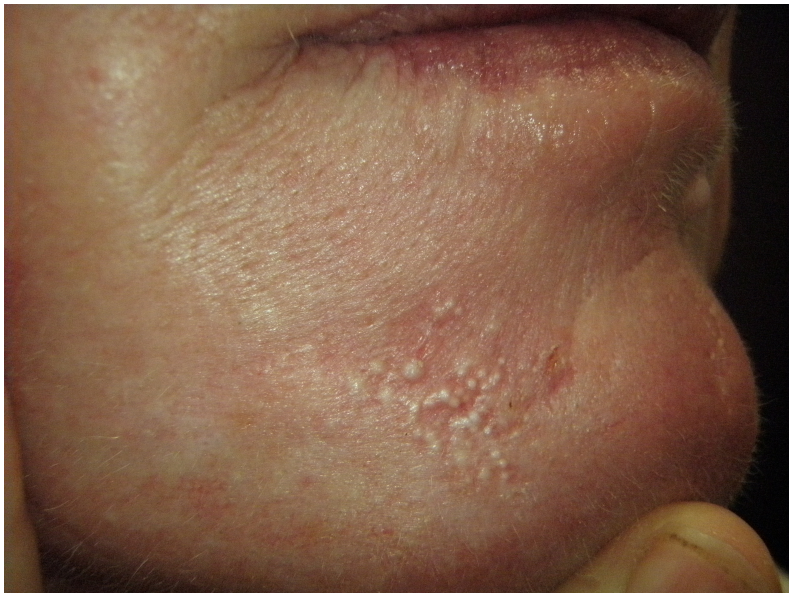
# Acne grading scales



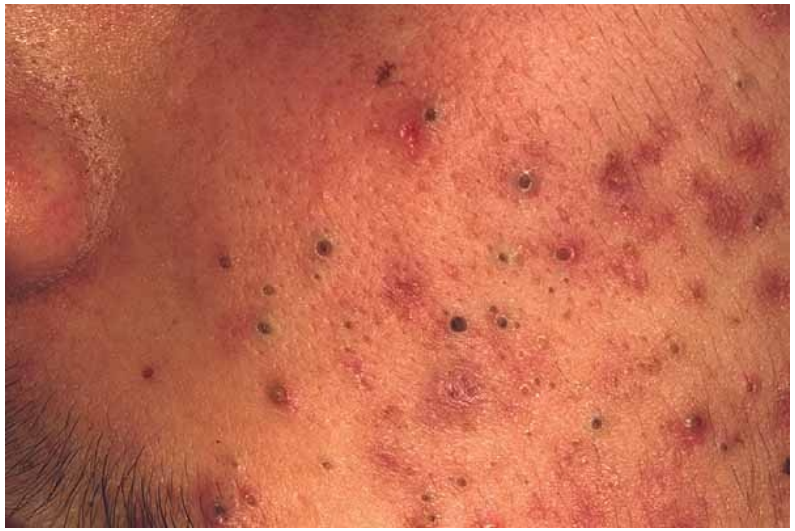



# Comedonal acne

## Closed comedones



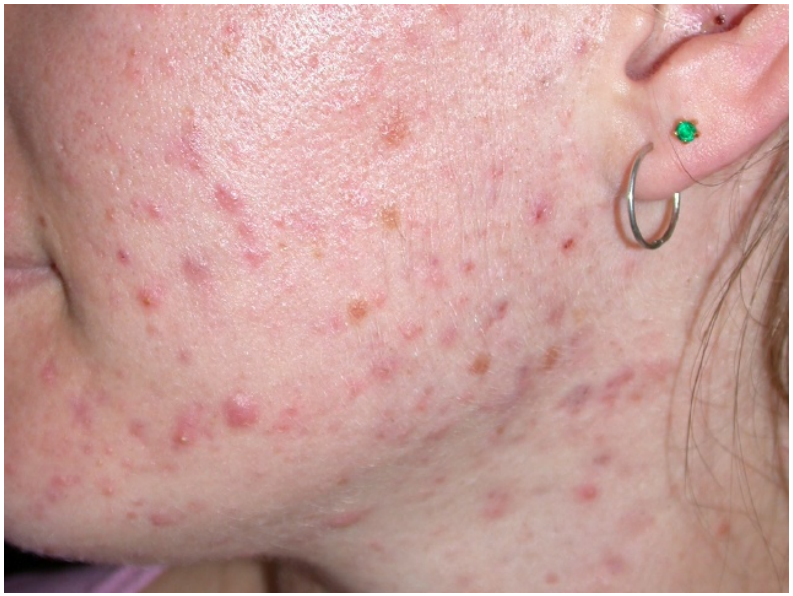
## Open comedones



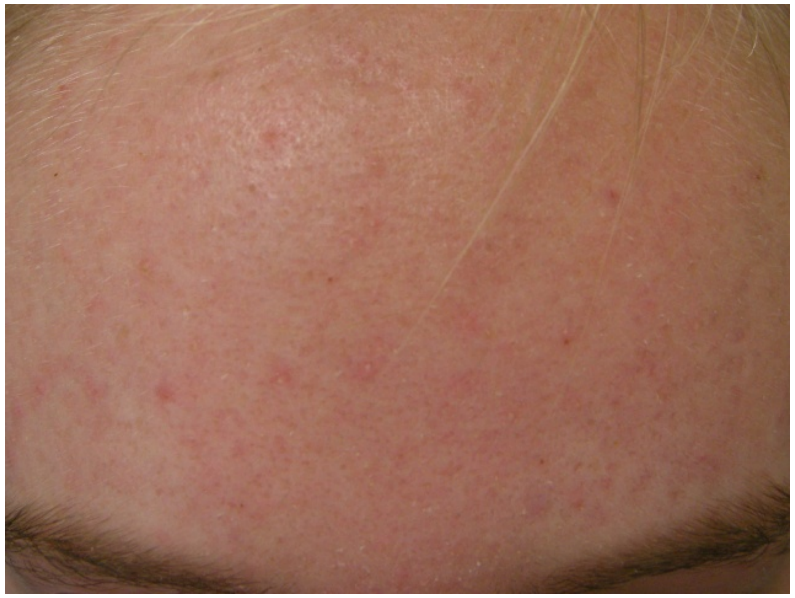
# Who needs isotretinoin?

# Inflammatory acne

## Papulopustular acne

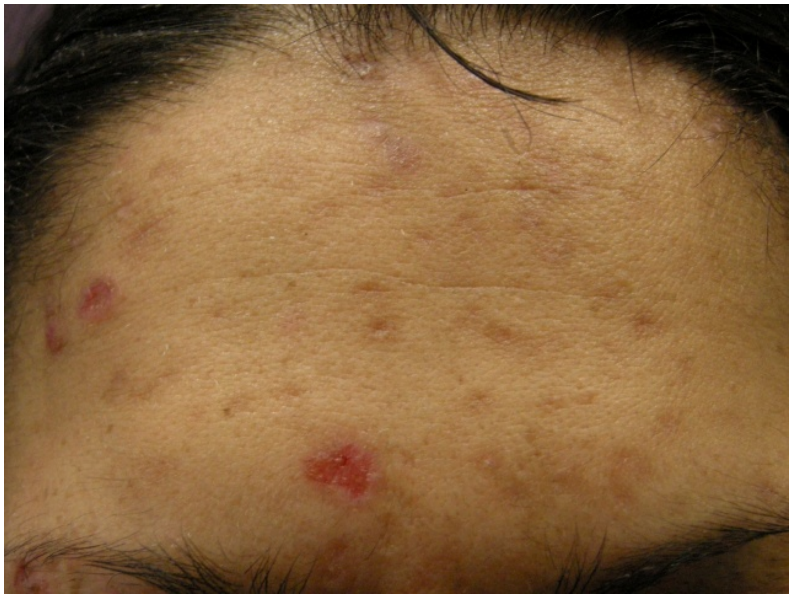


## Sandpaper acne

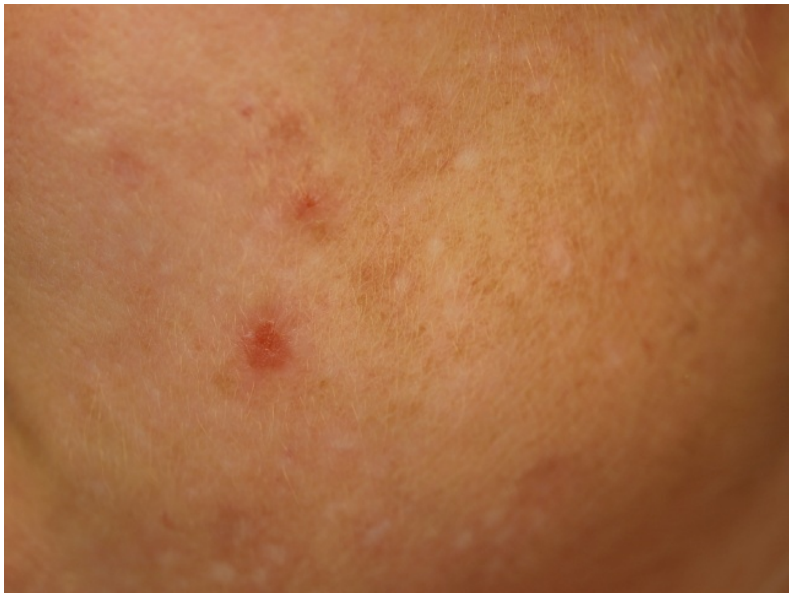


# Acne excorié

## Hyperpigmentation

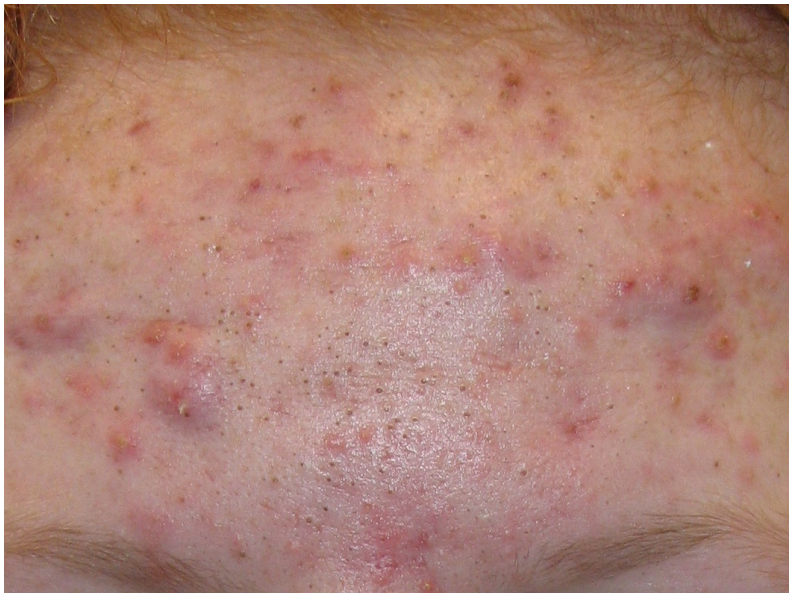


## Hypopigmentation

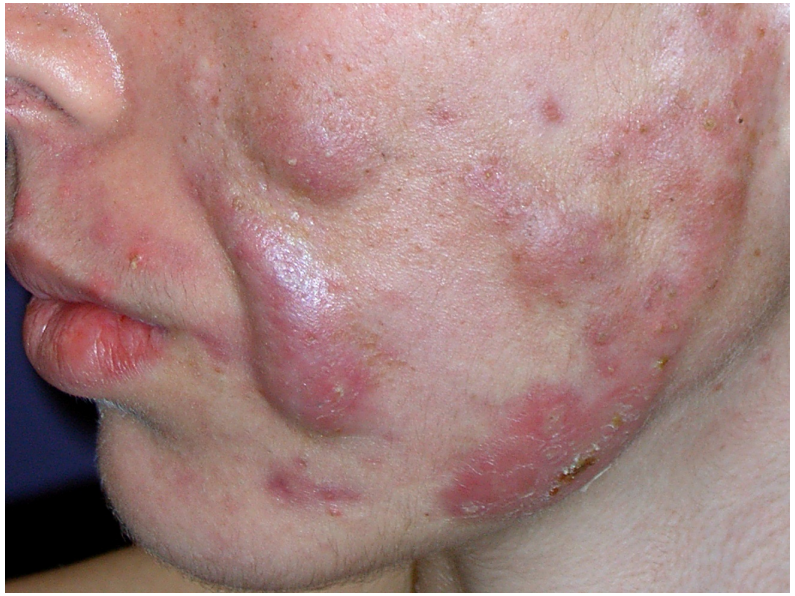


# Nodulocystic acne

## Mixed lesions

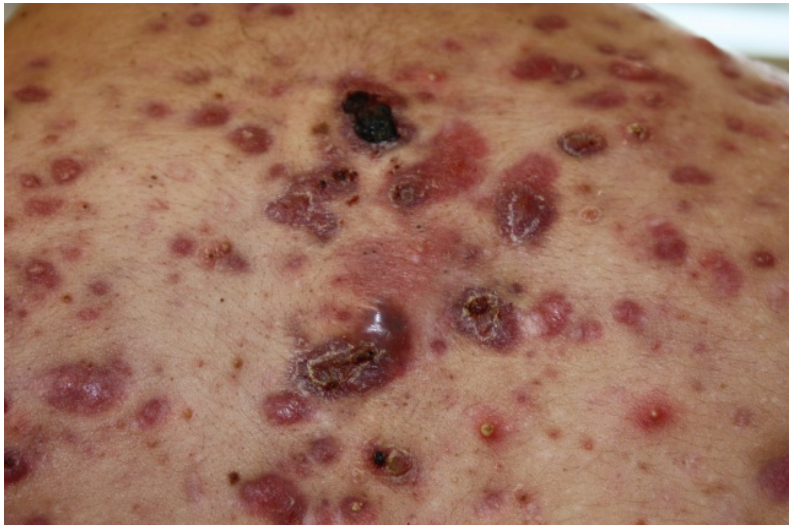


## Nodules and cysts

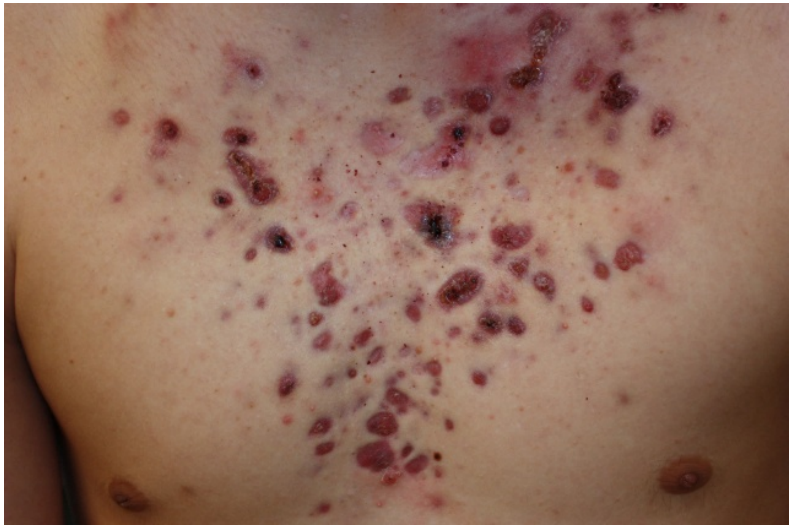


# Acne conglobata

## Draining sinuses

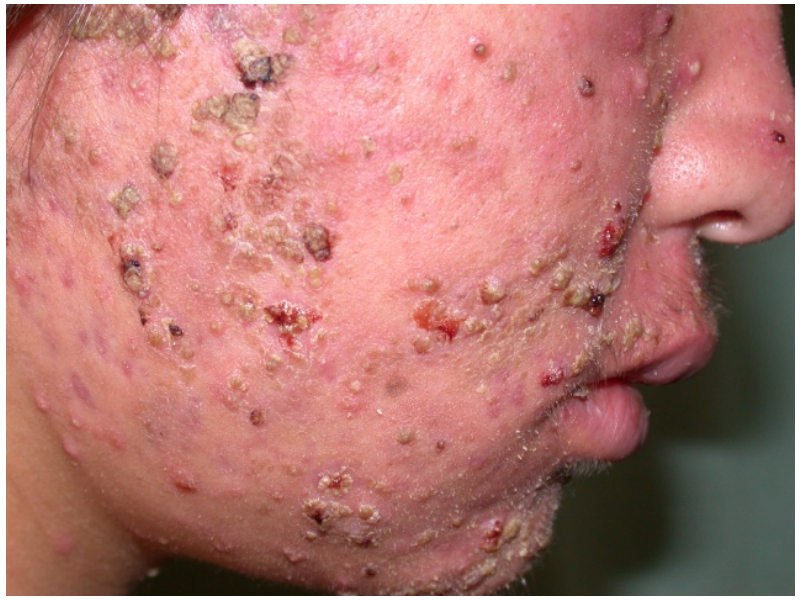


## Crusted sores



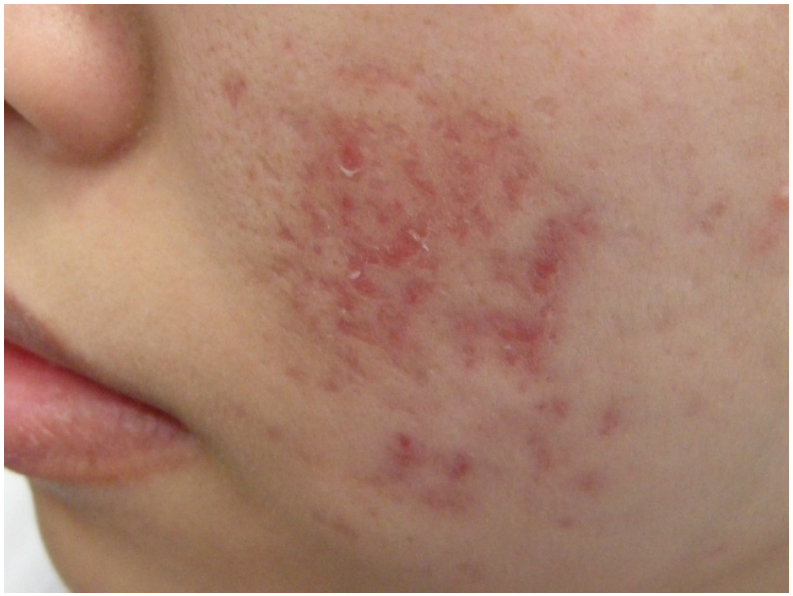
# Acne fulminans

- Severe inflammatory acne
- Fever, malaise
- Arthralgia, myalgia
- Bone pain
- Neutrophil leucocytosis

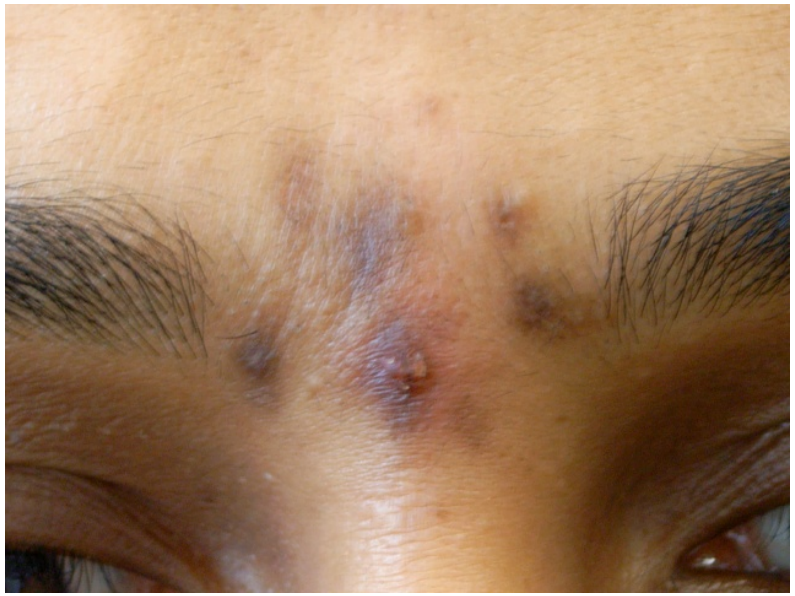


# Postinflammatory changes

## Erythema - weeks

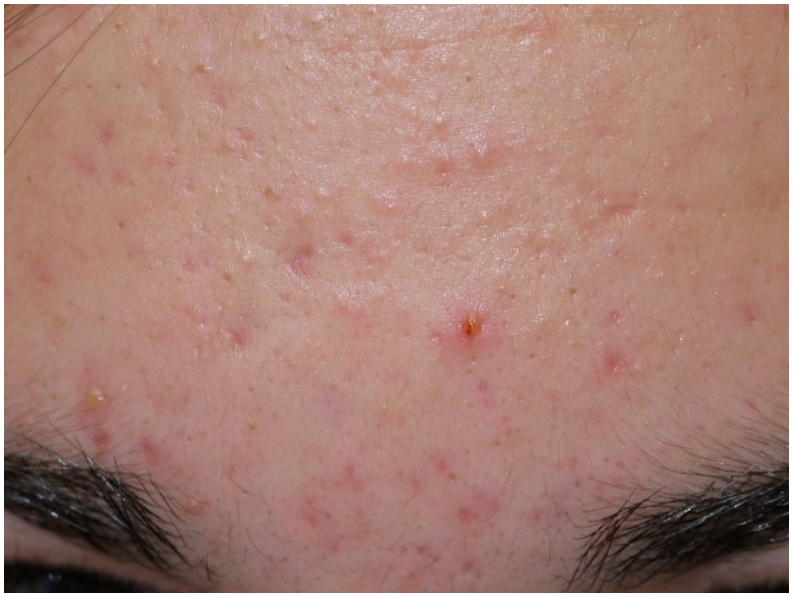


## Pigment - months

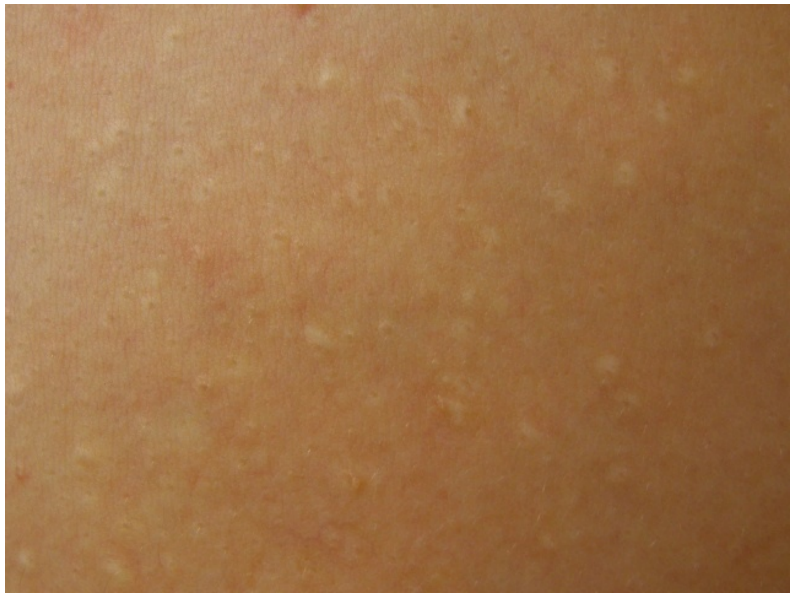


# Acne scarring

## Ice pick

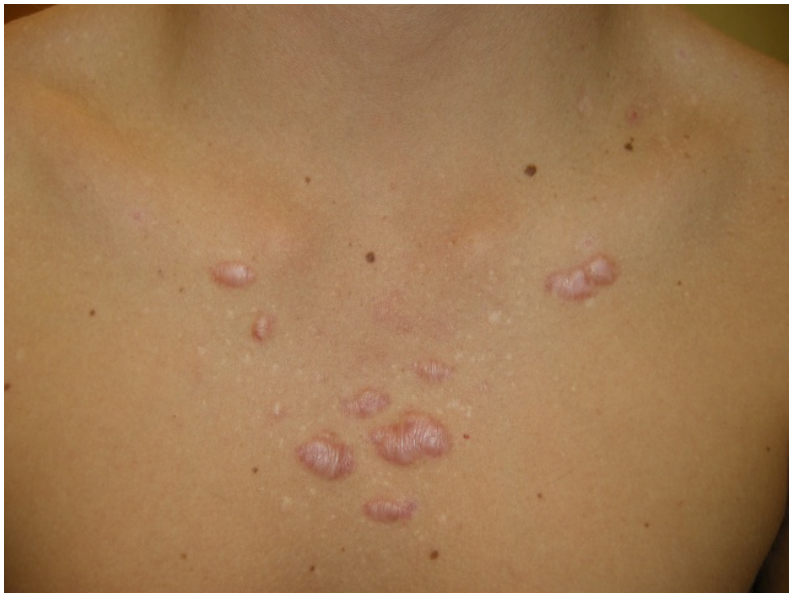


## Perifollicularelastolysis

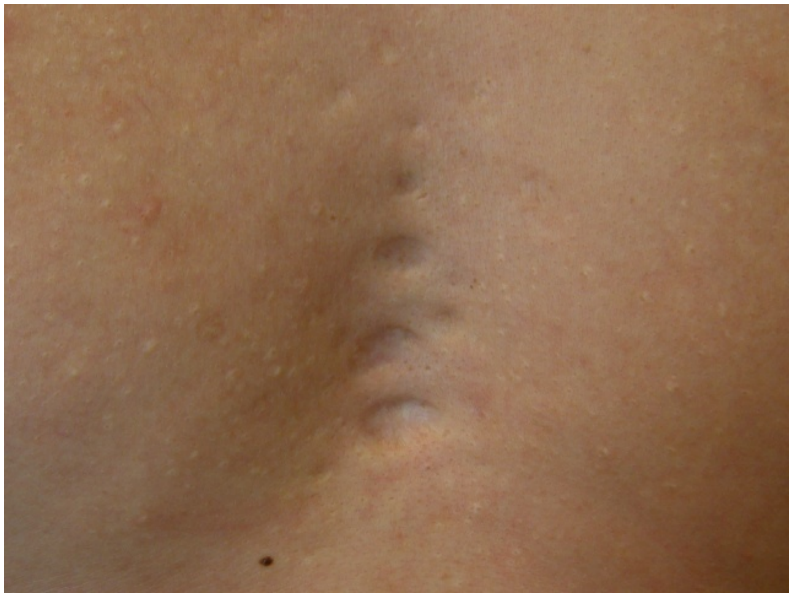


# Acne scarring

## Hypertrophic / keloidal



## Atrophic / boxcar

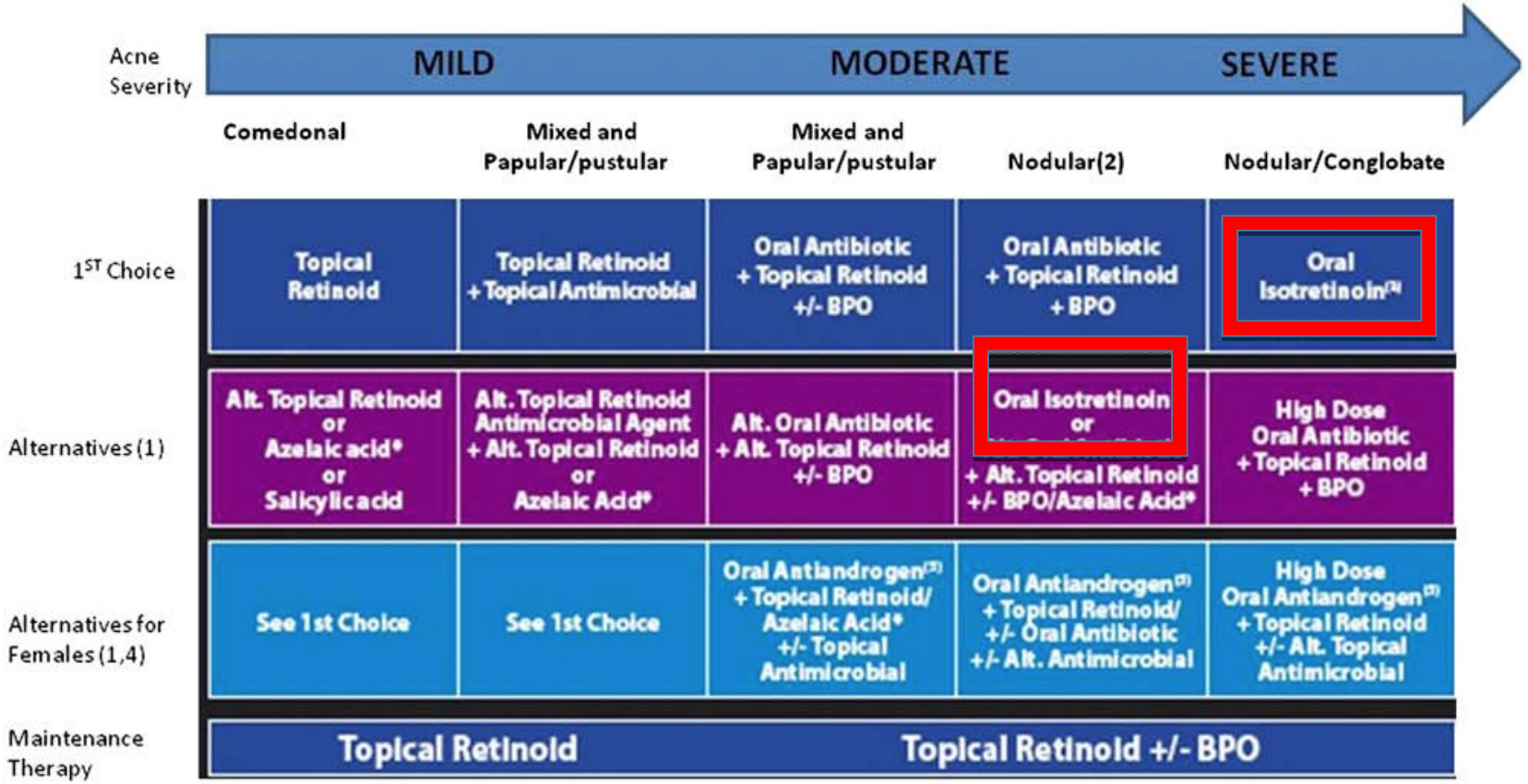


# Global Alliance to Improve Outcomes

- Recommendations for management of acne 2003
- Updated 2009

J Am AcadDermatol 2009;60:S1-50.

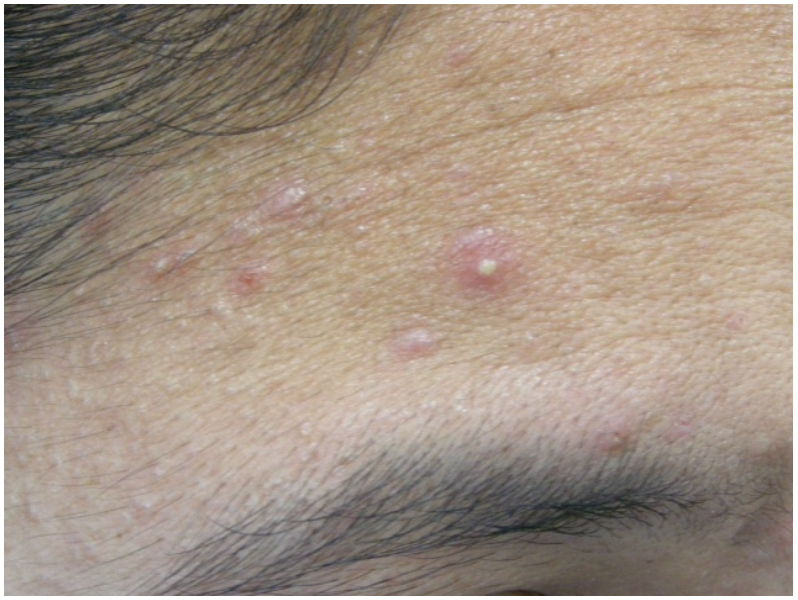
# Global Alliance Acne Treatment Algorithm




1. Consider physical removal of comedones. 2. With small nodules (<0.5 cm). 3. Second course in case of relapse. 4. For pregnancy, options are limited. 5. For full discussion, see Gollnick H, et al. JAAD. 2003.49 (Suppl):1-37.

# Mild acne: treatment - topicals first

- Topical retinoid
- Benzoyl peroxide
- Salicylic acid
- Azelaic acid



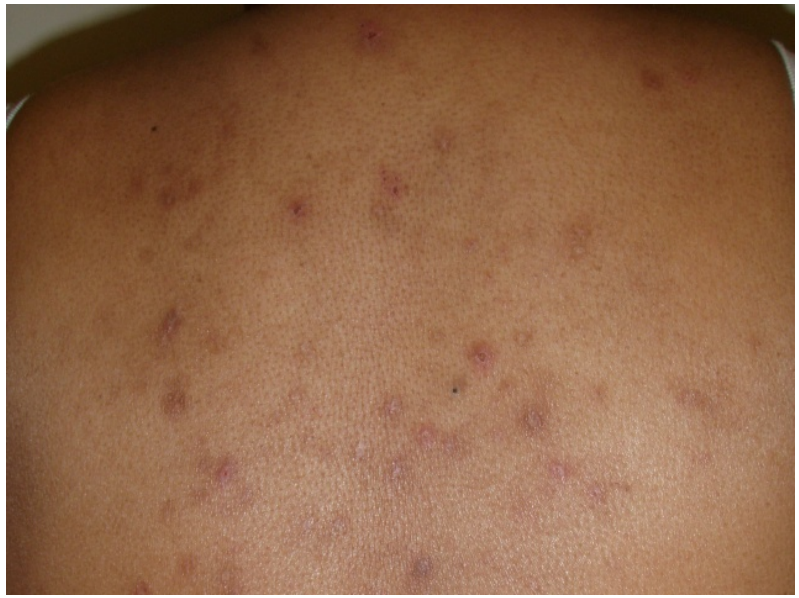
Isotretinoin if persistent, patient over 25 years, significant distress

# Topical retinoids

- Tretinoin
  - ReTrieve® cream 50g 0.5mg/g
    - PHARMAC fully funded from 1 July 2010
  - Retin-A® cream 20g
  - Retinova® emollient cream 20g
- Isotretinoin
  - Isotrex® gel 30g
- Adapalene
  - Differin® gel, cream 30g

# Moderate acne: treatment – add oral

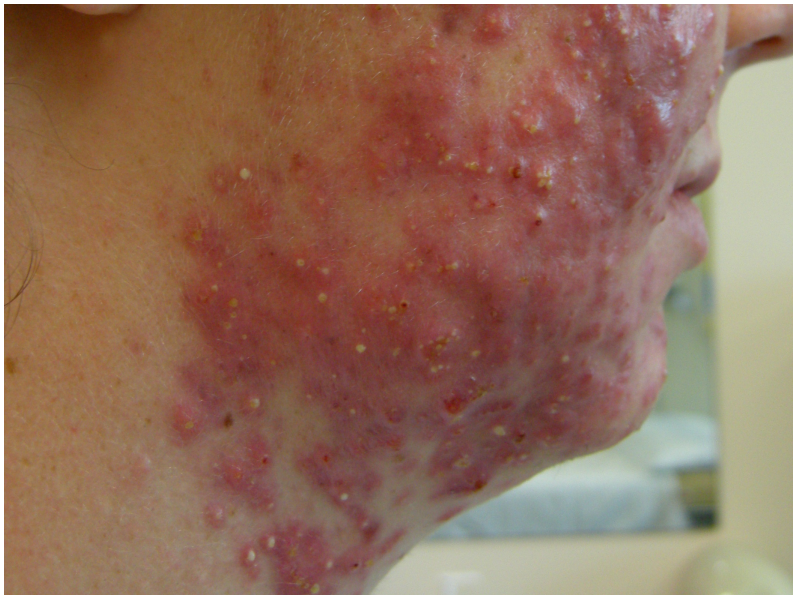
- Topical retinoids + benzyol peroxide
- Oral antibiotic
  - Doxycycline
  - Others
- OCP
  - Combined
  - Yasmin / Yaz
  - Ginet-84 / Estelle 35 / Diane-35



Isotretinoin if persistent, > 6 months tx, patient over 25 years, significant distress

# Severe acne treatment: refer

- Start topical retinoid + benzoyl peroxide
- Oral antibiotic
- Phone the dermatologist!
- These are high priority patients & will be seen quickly if your concern is communicated



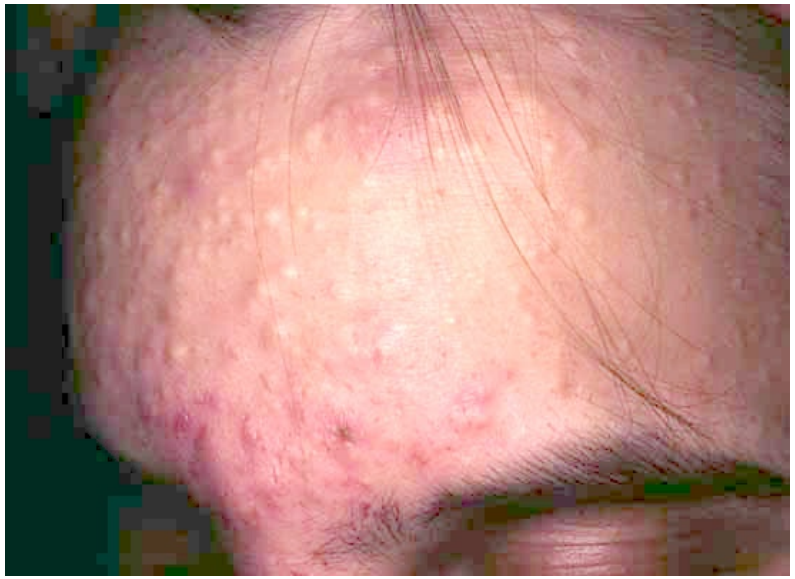
Isotretinoin treatment mandatory but can be very tricky to manage!

# When to refer

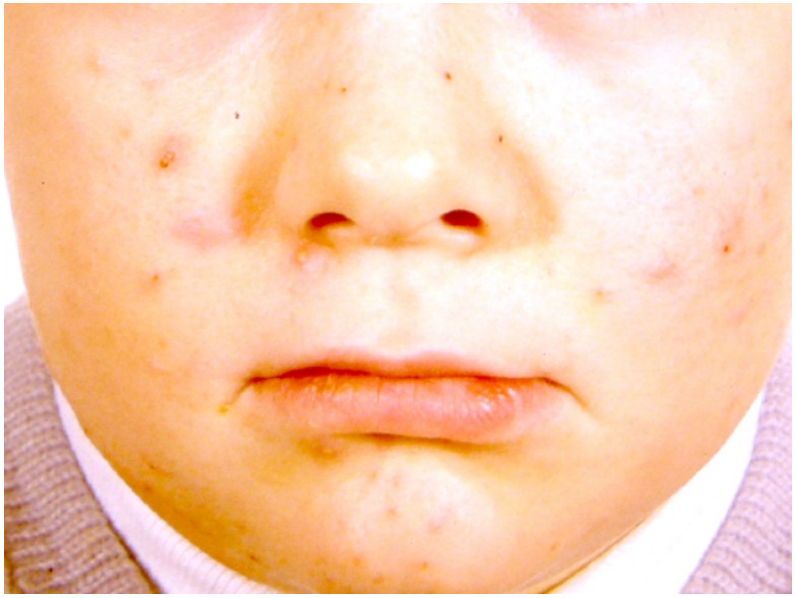
- If you don't feel confident to prescribe
- If you haven't read all the resources

- Macrocomedones
- Acne conglobata
- Acne fulminans
- Bad nodulocystic disease
- Children

macrocomedones



# Risks in children



***Use in Lactation***

Owing to its lipophilicity, there is a high probability that isotretinoin is secreted into the breast milk. Isotretinoin must not be given to nursing mothers.

***Use in Children***

Long term use in children under 13 years should be avoided because of a risk of premature epiphyseal closure.

# Shared care

- Get to know your local dermatologist(s)
  - Find out if he / she is comfortable with this idea
- Dermatologist initiates treatment
  - Reviews after 3 months
- When access difficult (geographic, financial), GP reviews and prescribes as required
- Good communication required
  - To manage mucocutaneous side effects
  - To determine duration of therapy

# GP initiation of isotretinoin

- When criteria fulfilled
  - Moderate or persistent acne
  - Failure or long duration of standard therapy
  - GP self-assesses as adequately trained
  - Use decision support tool if you like
  - Males, or females-that-are-not-going-to-get-pregnant

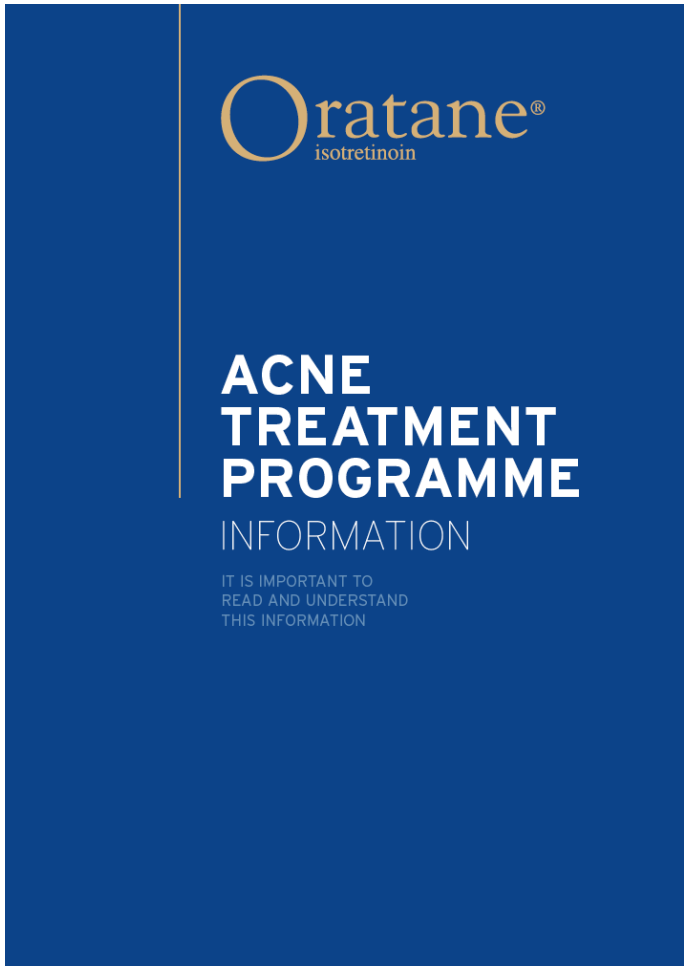
# Prior to treatment

- Prolonged consultation with patient
- Provide written material
- Discuss & arrange contraception for females
- Assess mental status & record in notes
- Arrange blood tests: CBC, LFT, lipids, beta-HCG
- Apply for Special Authority funding

# Preliminary information to patient


http://www.oratane.co.nz/

# More information




FACE AND BODY MOISTURISERS


QV CREAM


QV LOTION


DRY NOSE

*Face Moisturisers*
Using a moisturiser on your face regularly will help keep the dryness that may be seen with Oratane treatment under control. The best type of moisturiser is an oil free face moisturiser for sensitive skin, you should avoid greasy moisturisers. Products you could try are:
QV Lotion, Clinique Oil-Free Moisturiser, Hamilton Dry Skin Treatment and Avene Skin Recovery Cream.

*Body Moisturisers*
Body moisturisers should not be used on the face, unless they are also included in the Face Moisturisers section. To keep your skin in good condition you should use a moisturising lotion on your whole body, even if you don't seem to have any dryness, prevention is always better than cure. For extremely dry areas use a cream, rather than a lotion. Products you could try are:
QV Skin Lotion, QV Cream, Hydraderm Lotion, Vaseline Intensive Care Lotion, Hamilton Dry Skin Treatment and Innoxa Sensitivity Soothing Moisture Lotion.

*Dry lips*
Your lips are particularly sensitive to the drying effects of Oratane. This makes it important to look after them well. This can be achieved very simply by applying a lip balm regularly.
By applying a lip balm every one to two hours you can prevent your lips from becoming dry and cracked. Make sure you also pay attention to the corners of your mouth, this area is prone to cracking. A lip balm that contains a sunscreen is best. You should carry a tube of lip balm with you during the day. You should see your local doctor if your lips become very cracked or begin bleeding.
Products you could try are:
QV Lip Balm, Vaseline Lip Therapy, Lip Sed, Blistex, Hamilton Lipz Lip Ointment and Avene Lip Balm with Cold Cream.

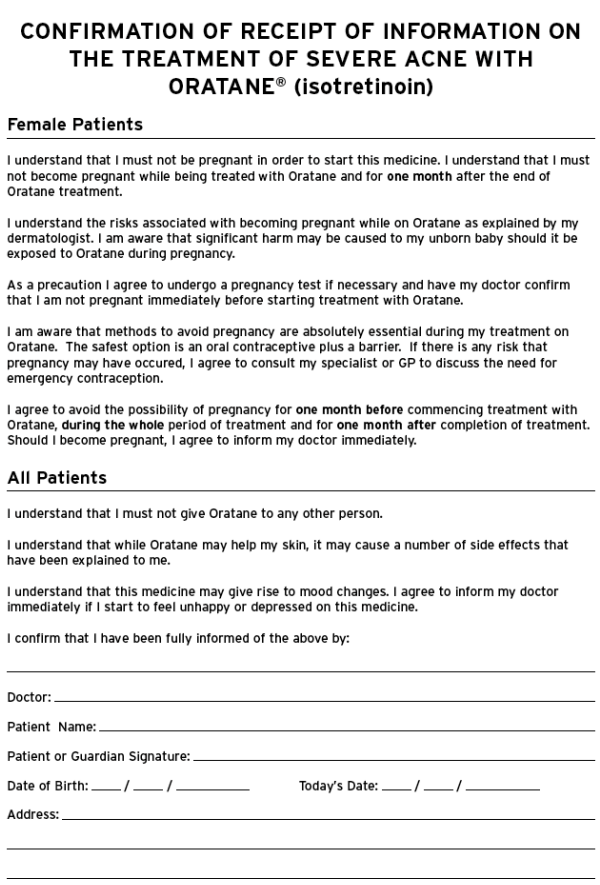
*Dry Nose*
The inside of your nose can also become dry while you are taking Oratane. If this becomes severe it can result in nosebleeds. To keep the inside of your nose moist you should apply a small amount of petroleum jelly a few times a day using a cotton bud. If you suffer from persistent nose bleeds or your nose bleeds are difficult to stop, you will need to see your pharmacist or your doctor. Severe nose bleeds can be treated with prescription products.

*Dry Eyes*
If you find that your eyes feel dry or sore then you may need to use eyedrops to keep them moist. Dry eyes can be a particular problem for people who wear contact lenses or people who work in air-conditioned areas. If you wear contact lenses you may find that you

http://www.oratane.co.nz/

# Obtain consent

- Discuss birth control
- Discuss depression



**CONFIRMATION OF RECEIPT OF INFORMATION ON THE TREATMENT OF SEVERE ACNE WITH ORATANE® (isotretinoin)**

**Female Patients**

I understand that I must not be pregnant in order to start this medicine. I understand that I must not become pregnant while being treated with Oratane and for **one month** after the end of Oratane treatment.

I understand the risks associated with becoming pregnant while on Oratane as explained by my dermatologist. I am aware that significant harm may be caused to my unborn baby should it be exposed to Oratane during pregnancy.

As a precaution I agree to undergo a pregnancy test if necessary and have my doctor confirm that I am not pregnant immediately before starting treatment with Oratane.

I am aware that methods to avoid pregnancy are absolutely essential during my treatment on Oratane. The safest option is an oral contraceptive plus a barrier. If there is any risk that pregnancy may have occured, I agree to consult my specialist or GP to discuss the need for emergency contraception.

I agree to avoid the possibility of pregnancy for **one month before** commencing treatment with Oratane, **during the whole** period of treatment and for **one month after** completion of treatment. Should I become pregnant, I agree to inform my doctor immediately.

**All Patients**

I understand that I must not give Oratane to any other person.

I understand that while Oratane may help my skin, it may cause a number of side effects that have been explained to me.

I understand that this medicine may give rise to mood changes. I agree to inform my doctor immediately if I start to feel unhappy or depressed on this medicine.

I confirm that I have been fully informed of the above by:

Doctor: _____

Patient Name: _____

Patient or Guardian Signature: _____

Date of Birth: ____ / ____ / _____ Today's Date: ____ / ____ / _____

Address: _____

_____

_____

http://www.oratane.co.nz/

# Don’t use isotretinoin if:

- Pregnancy test positive
- Unmanaged depression
- Unexpected systemic disease
  - E.g. infectious mononucleosis
- Hypertriglyceridaemia>6 mmol/L
- Uncontrolled eczema / dry eyes / nosebleeds etc

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## Prescriber Update Articles

# Avoiding Teratogenicity with Isotretinoin

*Website: August 2002*
*Prescriber Update 2002;23(3):35-36*

*Marius Rademaker, Hon Associate Professor and Specialist Dermatologist, Waikato Hospital, Hamilton*

ADR UPDATE

**The teratogenicity of isotretinoin is well documented. The first New Zealand case of embryopathy was recently reported to CARM. This is a timely reminder that effective contraception is recommended for all women of childbearing age for whom isotretinoin is a treatment option. It is also important to exclude pregnancy prior to starting isotretinoin, and for women to continue contraception for one month after stopping isotretinoin.**

**The teratogenic risks of isotretinoin**

If pregnancy occurs either during treatment with isotretinoin or in the month following the end of treatment with isotretinoin there is a great risk of very severe and serious malformation of the foetus.

The foetal malformations associated with exposure to isotretinoin include:

- central nervous system abnormalities (hydrocephalus, cerebellar malformation/ abnormalities, microcephaly)
- facial dysmorphia
- cleft palate
- external ear abnormalities (absence of external ear, small or absent external auditory canals)
- eye abnormalities (microphthalmia)
- cardiovascular abnormalities (conotruncal malformations such as tetralogy of Fallot, transposition of great vessels, septal defects)
- thymus gland abnormality and parathyroid gland abnormalities.

There is also an increased incidence of spontaneous abortion.

## Psychiatric side-effects

Depression, aggravation of existing depression, aggressive tendencies, anxiety, and changes in mood have been reported rarely in patients taking isotretinoin (i.e. occurring in one or more of every 10,000 patients, but in fewer than one in every 1,000 patients); abnormal behaviour, psychotic disorder, suicidal ideation, suicide attempt, and suicide have been reported very rarely (ie, in one in every 10,000 patients or fewer).

# When to follow up?

- One to three months
- Consider:
  - Patient's character
  - Acne severity
  - Comorbidities
- Always provide a phone number and see patient face to face if there are any concerns
- Train nurse to field calls

# What dose?

- 0.1 to 1 mg/kg/day
  - 5 – 60 mg/day for 60kg adult
- Low doses are often effective
  - Start 10-20 mg/day and build up if required
  - Tolerance varies
- Higher doses advocated by many
  - Quicker results
  - Higher long term cure rates
  - Reduced pregnancy-risk

# For how long?

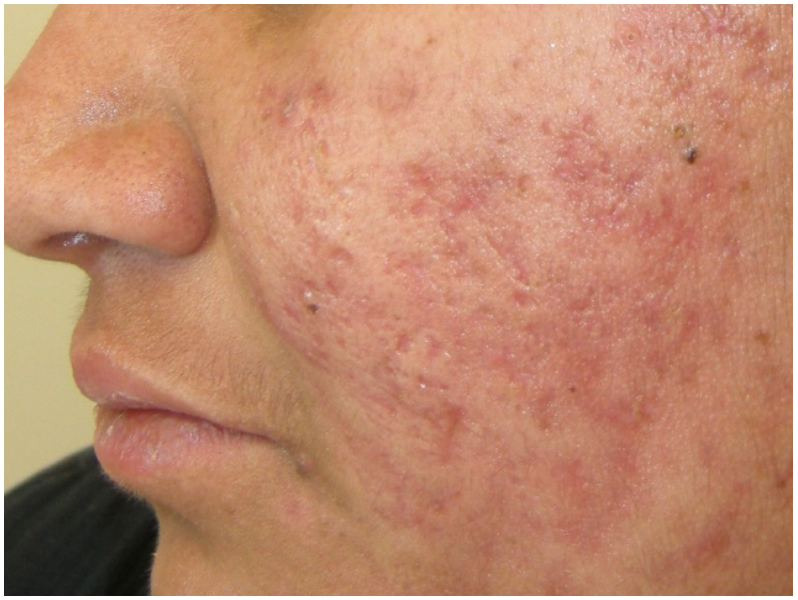
- 100-150 mg/kg
  - 125 days at 1 mg/kg
  - 1250 days at 0.1 mg/kg
  - 20-30% relapse
- Individualise
  - Until clearance + some
  - Stop and start again if necessary
  - Long term in adult acne

# Additional treatment

- Contraception
- Antibiotics if very inflammatory
  - Not tetracyclines
  - Erythromycin / trimethoprim
- Emollients

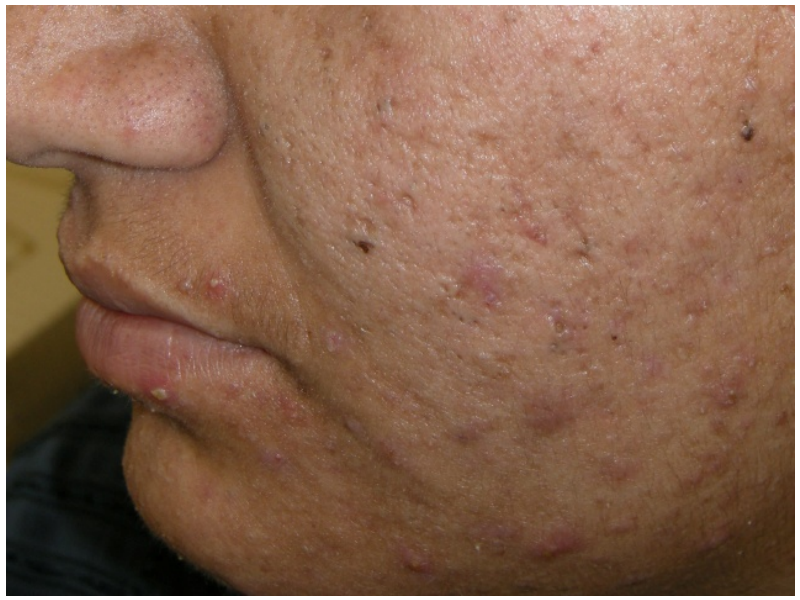
# Acne getting better

- Great !
  - Keep dose same
  - Reduce dose or frequency
  - Eventually stop …



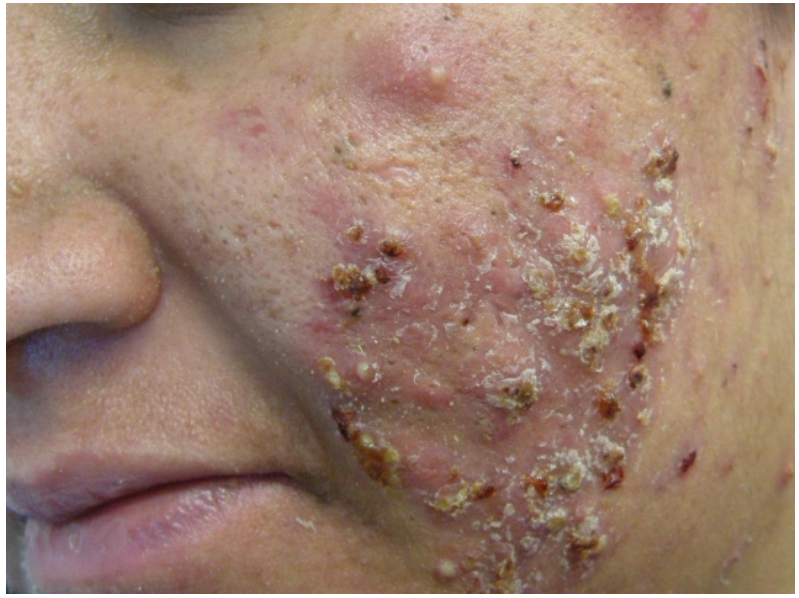
# Acne unchanged

- Why?
  - Noncompliance
  - Underlying cause
- Keep dose same: patience!
- Increase dose: quicker response



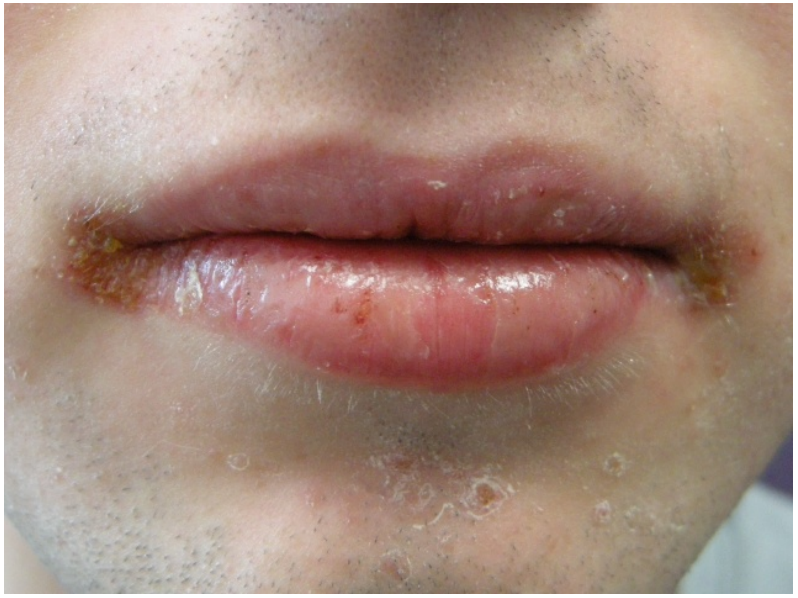
# Acne getting worse

- Why?
  - Underlying cause
  - Herxheimer response
- Reduce dose or stop
- Add antibiotic
- Call for help
- May require systemic steroids



# Dry or cracked lips

- Lip balm ++
- Sunscreen
- Don't lick
- Topical antibiotic to angles of mouth & nostrils: 7-day course



# Dry or bleeding nose

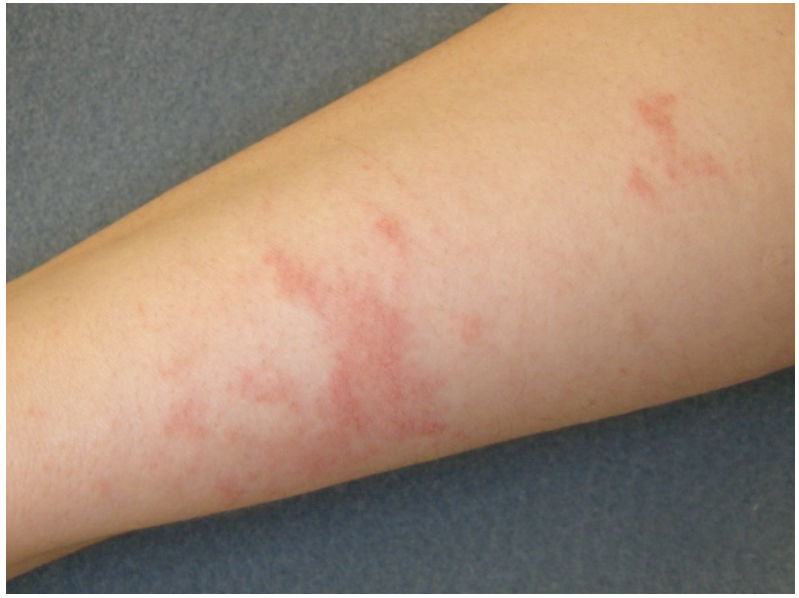
- Vaseline
- Topical antibiotic: 7-day course

# Dry or watery eyes

- Wrap-around sunglasses outdoors
- Reduce wearing contact lenses
- Artificial tears
  - Ocular lubricant eg Poly-Tears™

# Dry and sensitive skin

- Soapless cleanser
- Regular emollient at least bd
- Careful sun protection
- Don't wax
- For retinoid dermatitis: mild topical steroid for a few days



# Muscles, joints and fatigue

- Mild – reassure
- Moderate – reduce dose
- Sometimes, reduce exercise

# Headache

- Mild: drink more fluids; may take paracetamol
- Moderate: reduce dose
- Severe: examine for papilloedema& stop isotretinoin
- Ensure patient is not taking additional vitamin A or tetracycline

# Contraception

- Combined ocp or IM progesterone + condoms
- IUD, Mirena + condoms
- Vasectomy / tubal ligation
- Abstention

- Not minipill (progesterone-only) reduced efficacy

# Depression

- Grumpiness & tiredness common in isotretinoin patients
- Depression usually pre-existing or due to other causes
- Rarely due to isotretinoin but take a good history
- Stop isotretinoin if any doubt – try again later
- Treat depression as you would normally

# What to do if ... diabetic

- Blood tests
  - Watch out for hypertriglyceridaemia
  - Monitor blood sugar as usual

# What to do if … hyperlipidaema

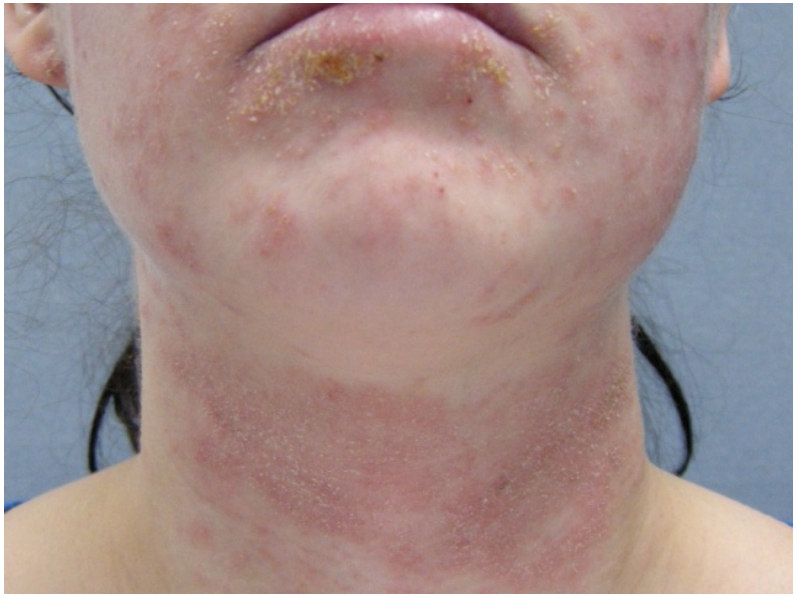
- Isotretinoin increases triglyceride > LDL cholesterol
- Monitor if pretx levels elevated or family history or risk factors
- Main risk is pancreatitis
- Reduce intake of carbohydrates e.g. alcohol, pop, fruit juices
- Keep dose of isotretinoin low

# What to do if … bone disease

- Isotretinoin has been associated with both osteoporosis and DISH
- Does not appear a problem with standard courses
- Most reports are in high dose use longtermeg 100mg daily for 2 years
- Consider other risk factors
  - Age, gender
  - Smoking, alcohol
  - Exercise or lack of it
  - Hormonal status etc

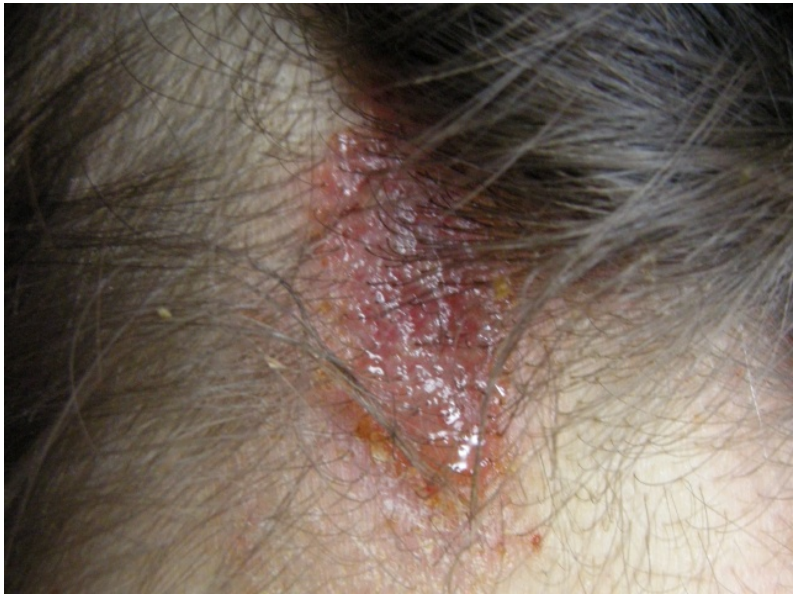
# What to do if … eczema

- Treat eczema first
  - No soap
  - Thick emollients
  - Topical steroids
  - Antibiotic if necessary
- Warn patient will require more emollient and skin will be more sensitive
- Eczema is sometimes **BETTER** on isotretinoin because of its immunosuppressive action



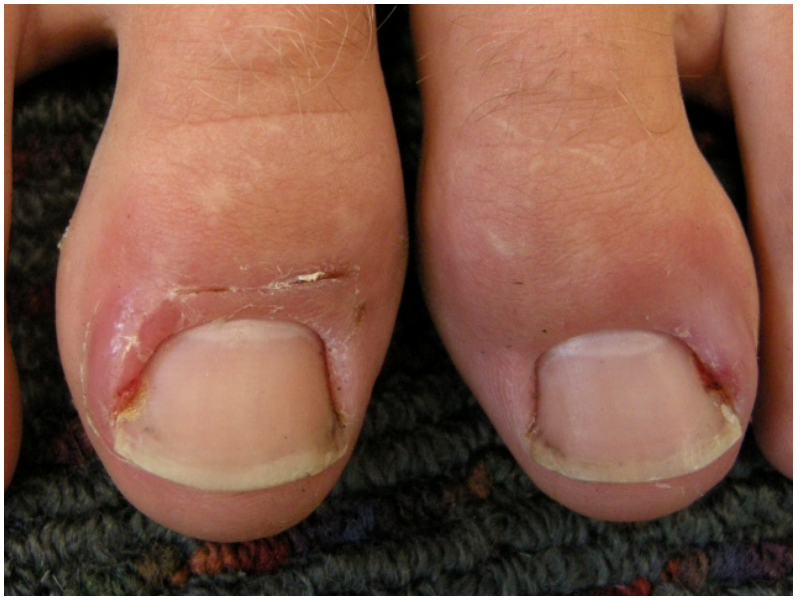
# What to do if … impetigo

- Topical antiseptic if mild and localised
- Topical antibiotic if moderate and localised
- Flucloxacillin if required



# What to do if … paronychia

- Trauma: advice re
  - Footwear
  - Nail cutting
- Staph. infection
  - Antisepsis
  - Short course antibiotic
- Inflammation
  - Topical steroid
- Delay or avoid surgery until off isotretinoin for several months
- Stop isotretinoin for several months if severe problem



# What to do if … outdoor worker

- Dress up
- Sunscreen on exposed areas

# What to do if … competitive sports

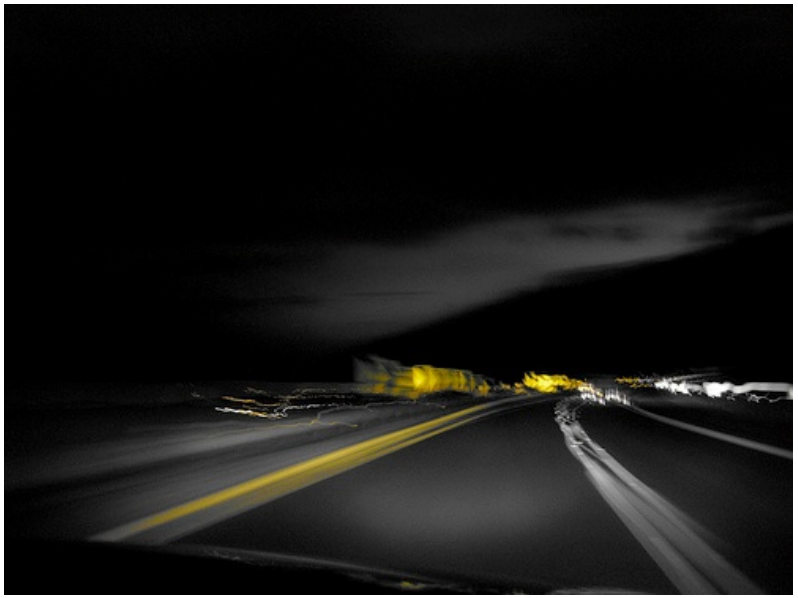
- Consider:
  - Sun exposure
  - Muscles / joints
  - Fatigue
  - Grazes

# What to do if … xsEtOH

- Encourage reduction in intake
- Watch for:
  - Hypertriglyceridaemia
  - Abnormal LFT

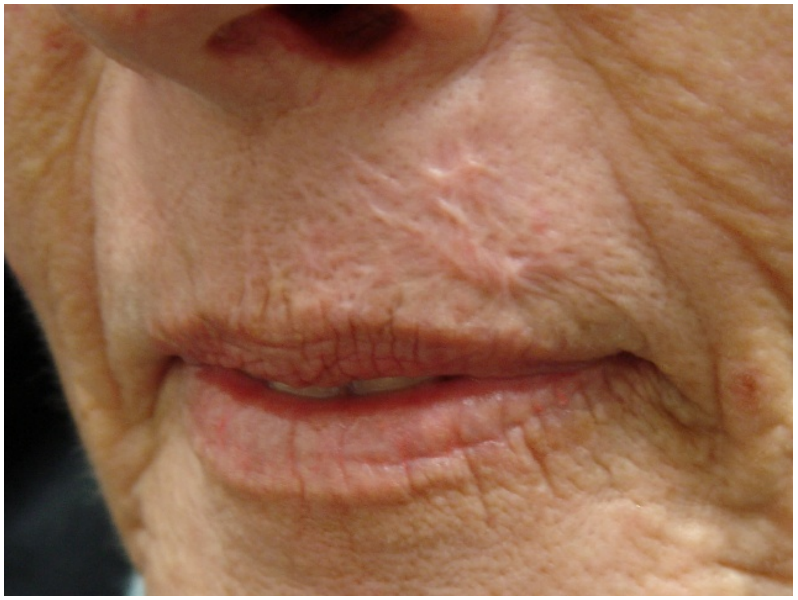
# What to do if … drives at night

- Warn that some individuals lose night vision as retinoids interfere with rods
- Some people have to make a choice: isotretinoin or driving



# What to do if … impending surgery

- Atrophied sebaceous glands delays healing and risks bad scars
- Avoid elective facial procedures for 6 months after isotretinoin
  - Laser
  - Dermabrasion
- Stop for a week or two for essential skin surgery
- Stop for a week or two for any surgical procedure



# What to do if … no visible acne

- Dysmorphophobic acne?
- Microcomedones?
- Try topical retinoid
- Isotretinoin can be effective

# Patient dependence

- Quite common!
- Slowly, slowly reduce dose and frequency of treatment
- Review regularly and discuss options e.g. for topical tx

# Relapse

- Start again
- Consider options
- Most patients will choose another course of isotretinoin but some prefer topicals and a few want antibiotics

# Long term treatment

- Required for
  - Adult acne – mainly women
  - Seborrhoea
  - Follicular occlusion syndrome
  - Dysmorphophobia
- Adjust dose to minimum
- Re-evaluate every ?6 months
  - Blood tests if risk factors for complications

# For further information

- BMJ Learning
- BPAC
- Decision Support tool
- DermNetNZ
- A doctor's guide to prescribing
- Get to know your local dermatologist

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Home

# DermNet NZ: the dermatology resource

- About us: DermNet NZ
- News & notices: NZ Dermatological Society
- New Zealand Dermatology Nurses Society Incorporated (NZDNS)

- General information and website contents
- Skin diseases, conditions, procedures and treatment
- Directory of New Zealand dermatologists
- Continuing Medical Education
- Other dermatology resources

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- Patients with skin problems, their relatives & friends
- Medical practitioners, other health care professionals & students

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DermNet does not provide an on-line consultation service.
If you have any concerns with your skin or its treatment, see a dermatologist for advice.