PHN Grand Rounds

We will begin at 12:00

• All lines are muted throughout the webinar
• Please use the Chat function to ask questions or make comments.
  • If you want to speak you can unmute yourself.
• The Grand Rounds talk will be posted to our website following the presentation.
Today’s Presenter

Ashley Jones, Pediatric Nurse Practitioner
Dermatology, Children’s National Hospital

Today’s presenter has no conflicts to disclose:

1. No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.

2. No unapproved or investigational use of any drugs, commercial products or devices
PHN Grand Rounds

Guidelines for Managing Acne in the Medical Home: Tools & Resources

Ashley Jones, PNP
Dermatology, Children’s National Hospital
Objectives

Participants will be able to:

• Identify opportunities to implement clinical “best practices” for managing acne in your practice setting.
• Incorporate guidelines for treating mild, moderate and severe acne.
• Develop and execute a treatment plan for acne patients.
Common myths from our patients:

• Acne comes from your face being dirty
• Acne comes from an unhealthy diet
• Acne comes from stress
What actually causes acne: Hormones

Four key factors:
1. Increased sebum production
2. Hyperkeratinization of the uppermost section of the hair follicle
3. Inflammation
4. *Cutibacterium acnes* (*C. acnes* previously *P. acnes*)
How to grade acne

**Comedonal**
- open comedone
- closed comedone

**Inflammatory**
- pustule
- papule

**Nodulocystic**
- cyst
• **Mild:**

• **Moderate:**

• **Severe:**
PIH versus Scarring

Post-inflammatory hyperpigmentation (PIH)
- Color change
- More prominent in darker skinned patients
- Will fade with time (months)
- Limited treatment options:
  - Sunscreen
  - Topical retinoids
  - Lightening agents

Scarring:
- Texture change- permanent
- Color change- will improve
- Treatment options not covered by insurance
PIH versus Scarring

Post-inflammatory hyperpigmentation:

Scarring:
Basics of skin care

- Limit washing the face to twice daily
- Face scrubs and masks- avoid or once a week
- Non-comedogenic products
What medications do we use?

- Retinoids
- Benzoyl peroxide
- Topical clindamycin
- Oral doxycycline
- OCPs: 4 are FDA approved for acne
- Spironolactone
- Isotretinoin
How I think through a treatment plan:

• Are there comedones? → retinoid
• Are there papules and pustules?
  • How bad is it?
    • Mild: benzoyl peroxide +/-clindamycin
    • Moderate to severe: doxycycline
• Are there scars?
  • A few? Try doxycycline then reassess
  • Many? Start doxycycline and refer for isotretinoin start
• Is the patient a female who has started their menses? Breakouts around periods?
  • OCPs or spironolactone
**Retinoids**

- Comedolytic (unclog pores), normalizes shedding of skin cells at the opening of the pores and anti-inflammatory (Zaenglein, 2018)

- **Choices:**
  - Tretinoin/Retin A
  - Adapalene/Differin
  - Tazarotene/Tazorac

- **How to use it:**
  - Apply a pea-sized amount to your finger and “polka dot” your face evenly, then rub in the medicine.
  - Start 2-3 nights a week, then increase to every other night and then to every night if possible.

- **SE:** redness, irritation and dry, peeling skin.
Benzoyl peroxide

- Kills *C. acnes*, unclogs pores and is anti-inflammatory (Zaenglein, 2018)
- Prescription vs OTC
- What strength? >5% not needed (Zaenglein, 2018)
- SE: Skin irritation and bleaching of towels/clothes
Topical Clindamycin

- Also helps reduce *C. acnes* (Zaenglein, 2018)
- Should never be used monotherapy
  - Combine with benzoyl peroxide helps resistance
- Combination products
  - Sometimes covered
  - Can be used as spot treatment
Oral antibiotics: Doxycycline

- Decreases *c. acnes* and reduces inflammation (Zaenglein, 2018)
- Why we prefer doxycycline over minocycline
  - Rare: drug-induced lupus erythematosus, drug reaction with eosinophilia and systemic symptoms (DRESS).
- Treatment course: 3-4 months of 100mg BID
  - No more than 6 months
- Directions: take twice daily with food and large glass of water
- SE: GI upset, photosensitivity and rarely pseudotumor cerebri (Headaches and changes in vision)
Isotretinoin/Accutane

- “Cure for acne”
- For medicaid need to try or fail retinoid, benzoyl peroxide or clindamycin and oral antibiotic
- 6-8 months of treatment- need to be seen every month
- Contraceptive counseling for females
- 30 day lock out for females
- Optional work up: Hcg, AST, ALT and triglycerides
Hormonal acne
Oral Contraceptive Pills

- Four FDA approved for acne (Zaenglein, 2018)
  1. Beyaz
  2. Estrostep
  3. Ortho Tri-cyclen
  4. Yaz
- 3 months to see if it works
- Most common concern: weight gain
Spironolactone

• 50mg - start with one pill daily for one week then increase to maintenance dosing of BID
• Should work faster than OCPs- couple of weeks
• Contraindicated during pregnancy- Feminization of male fetus
• SE:
  • Breast tenderness, menstrual irregularity- less common if given with OCP
  • Hyperkalemia- rare- routine monitoring not recommended
How severe is the acne?

**Mild**
- Mostly blackheads and whiteheads
- Benzoyl peroxide
- Tretinoin/adapalene

**Moderate**
- Mostly papules and pustules with some blackheads and/or whiteheads. Minimal scarring
- Benzoyl peroxide
- +/- Topical clindamycin
- Tretinoin/adapalene
- Oral doxycycline for 3-4 months

**Severe**
- Nodules and cysts +/- scarring OR numerous papules and pustules with notable scarring.
- Benzoyl peroxide
- Tretinoin/adapalene
- Oral doxycycline for 3-4 months
- Schedule Dermatology appointment

*Scarring is a texture change. Post-inflammatory hyper/hypopigmentation (PIH) is the color change (i.e. dark or light spots). PIH will resolve with time, but scarring is difficult to treat and is why isotretinoin should be started in a timely manner.

**For most insurances to cover isotretinoin the following medications must have failed first: topical retinoids, topical antibiotics and/or benzoyl peroxide, and oral antibiotics.
<table>
<thead>
<tr>
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<th>MD</th>
<th>Priority Partners</th>
<th>United Healthcare</th>
<th>Maryland Physicians Care</th>
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<th>United Healthcare</th>
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<td><strong>Retinoid</strong></td>
<td>tretinoin cream 0.025%, 0.05% and 0.1%</td>
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<td>Differin 0.1% gel (DAW) tretinoin cream 0.025%, 0.05% and 0.1% adapalene 0.1% gel (45gm)</td>
<td>tretinoin cream 0.025%, 0.05% and 0.1% Differin 0.1% gel (DAW)</td>
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<td>Retin-A cream 0.025%. 0.05% and 0.1%</td>
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<td>Clindamycin gel 1%</td>
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<td>Not covered <strong>Neutrogena on the spot treatment is covered</strong></td>
<td>Clinda-benzoyl peroxide gel 1.2-5%</td>
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<td><strong>Doxycycline</strong></td>
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### Commercial Insurance coverage as of 01/2020

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<tr>
<th></th>
<th>CareFirst BCBS</th>
<th>Aetna Standard Plan</th>
<th>Cigna Standard Plan</th>
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<td>tretinoin cream 0.05% and 0.1% and adapalene 0.1% gel</td>
<td>tretinoin gel 0.025%, and 0.1%</td>
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<tr>
<td><strong>Benzoyl Peroxide (BP)</strong></td>
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<td>Not covered</td>
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<tr>
<td><strong>Clindamycin</strong></td>
<td>Clindamycin gel or lotion 1%</td>
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When to Refer

- Severe acne
- Scarring - thinking of isotretinoin
- Failed doxycycline, tretinoin and benzoyl peroxide OR clindamycin
- If you aren’t sure it’s acne
Case 1

• How would you grade this?
• What treatment plan would you choose?
Case 1

- Severe inflammatory acne
- Moderate amount of scarring
- Schedule appt with dermatology for likely isotretinoin start
- Treatment plan:
  Morning:
  1. Benzoyl peroxide face wash
  2. Moisturizer +spf
  Night:
  1. Gentle face wash
  2. Tretinoin 0.05%
  3. Moisturizer
  By mouth: doxycycline 100mg BID
Case 2

• How would you grade this?
• What treatment plan would you choose?
Case 2

- Moderate inflammatory acne

Treatment plan:

Morning:
1. Benzoyl peroxide face wash
2. Moisturizer + spf

Night:
1. Gentle face wash
2. Tretinoin 0.05%
3. Moisturizer

By mouth: doxycycline 100mg BID

- Reassess in 3-4 months need for dermatology
- Consider OCPs or spironolactone either at this visit or follow-up due to distribution
Case 3

• How would you grade this?
• What treatment plan would you choose?
Case 3

- Moderate to severe comedonal acne

**Treatment plan:**

**Morning:**
1. Benzoyl peroxide face wash
2. Moisturizer + spf

**Night:**
1. Gentle face wash
2. Tretinoin 0.05%
3. Moisturizer

- Reassess in 2-3 months
Strategies to avoid treatment failure

• Set realistic timeline expectations – 6 wks!
• Simplify regimen - Avoid too many things to do (face wash, cream, lotion, pills, etc.)
• Moisturize!
• Doxycycline
  • To avoid GI upset → always take with food
  • Strategize on how to remember to take daily pill
• OCPs
  • Review common side effects and that they can switch it up, there are four options
  • Strategize on now to remember to take daily pill
• Benzoyl peroxide
  • Write down a couple of brand options: having to buy OTC is a huge barrier → prescribe when possible and stress why this is important
• Retinoids
  • Remind patients that it takes 6 weeks to work
  • Warn about redness, peeling irritation → can decrease the use to 1-2 times week and use moisturizer
What is acne and why do I have pimples?

The medicaments for "pimples" is acne. Most people at least have acne, especially during their teenage years. You've got acne if you're not in the middle of it and it's not as bad as you think it is. It's not acne, it's the result of changes that occur during puberty.

SKIN HYGIENE

Washing your face is part of taking good care of your skin. Skin cleansers are important and support the medications your doctor prescribes for your acne.

Avoid using water while washing your face or if the water is too hot, it will irritate your face. Many people wash their face with gentle cleansers and water, not soap. It's important to use a gentle cleanser and water, not soap, when washing your face with acne.

In general, mild facial soaps and cleansers are better for acne-prone skin. The soaps labeled "face" or "sensitized skin" are usually better than those labeled "normal skin" or "dandruff scalp"!

Some medications may contain alcohol, PG, or other ingredients that can irritate your skin. Avoid using these medications to treat acne, as they can irritate your skin.

If you're not using acne medication or if you're not using acne medication prescribed by your doctor, you're just treating the symptoms of acne. It's important to treat the causes of acne, not just the symptoms.

I'm not going to "pop" pimples or pick at your face, as this can delay healing and may lead to scarring or leave dark spots behind. Picking/popping acne can also cause a serious infection.

I'm not going to change your physician if it's not working, especially if you're using a steroid or other medicament.

I'm not going to change your prescribed soap, as it can cause skin irritation.

If you're using acne medication, try to wash your face once a day, especially if you're using a steroid or other medicament.

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The acne is too dry to be treated with a cleanser.

PREGNANCY AND ACNE

If you are pregnant, planning pregnancy or breastfeeding, please discuss with your doctor as your acne medications may need to be altered.

ACNE MEDICATIONS

If you have acne and the over-the-counter products do not work, you may need a prescription medication to help. Your doctor will tell you if you are one of those people. The good news is that acne treatments are really safe and effective.

TIPS FOR USING YOUR ACNE MEDICATIONS CORRECTLY

Apply your medication to clean, dry skin.

Apply the medicine to the entire area of your face that gets acne. The medicine is not evenly distributed over the face, so you should apply it to the face that gets acne.

Avoid applying to affected areas of the face, chest, back.

If dry, apply non-medicated, non-comedogenic moisturizer of your choice to affected areas.

Take medication by mouth.

EVENING

Wash acne with clean, non-medicated wash. Use a non-medicated cleanser.

Apply moisturizer to affected areas of the face, chest, back.

If dry, apply non-medicated, non-comedogenic moisturizer of your choice to affected areas.

Take medication by mouth.

OTHER:

If you're using acne medication, the medication is not as effective and you should not use it.

This medicinal product contains salicylic acid, salicylate, and other ingredients that can irritate your skin. Avoid using these medications to treat acne, as they can irritate your skin.

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Treatment Plan

SAMPLE ACNE TREATMENT PLAN

MORNING:
☐ Wash face with:
  ☐ Gentle, non-medicated wash
  ☐ Benzoyl peroxide ___%  
  ☐ Salicylic acid cleanser
  ☐ Other ______________________

☐ Apply ______________________ to affected areas
  of ___ face ___ chest ___ back

☐ If dry, apply non-scented, non-comedogenic
  moisturizer of your choice to affected areas.

☐ Take ______________________ by mouth.

EVENING:
☐ Wash face with:
  ☐ Gentle, non-medicated wash
  ☐ Benzoyl peroxide ___%  
  ☐ Salicylic acid cleanser
  ☐ Other ______________________

☐ Apply ______________________ to affected areas
  of ___ face ___ chest ___ back

☐ If dry, apply non-scented, non-comedogenic
  moisturizer of your choice to affected areas.

☐ Take ______________________ by mouth
  ______ times a day.
Questions?

Contact the PHN Quality team if you would like guidance on how to implement the content from today’s talk into your practice workflow or EMR templates.

PHN@childrensnational.org