

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:

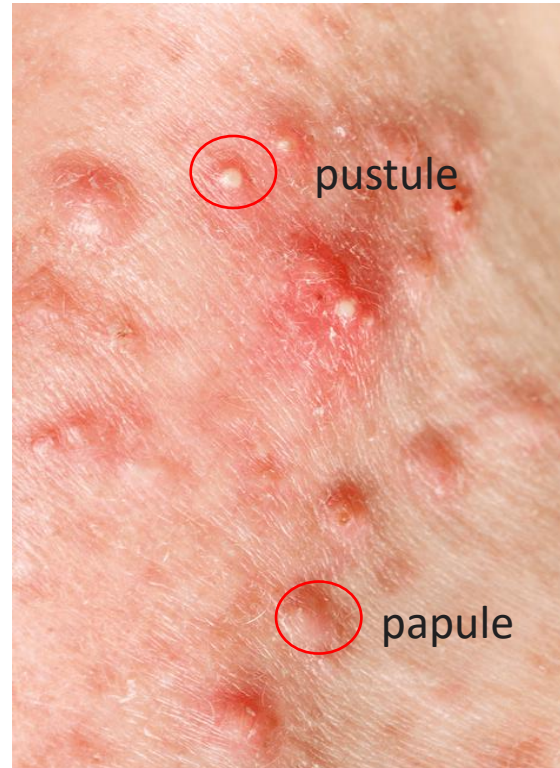
1. Increased sebum production
2. Hyperkeratinization of the uppermost section of the hair follicle
3. Inflammation
4. *Cutibacterium acnes* (*C. acnes* previously *P. acnes*)

How to grade acne

Comedonal



Inflammatory



Nodulocystic



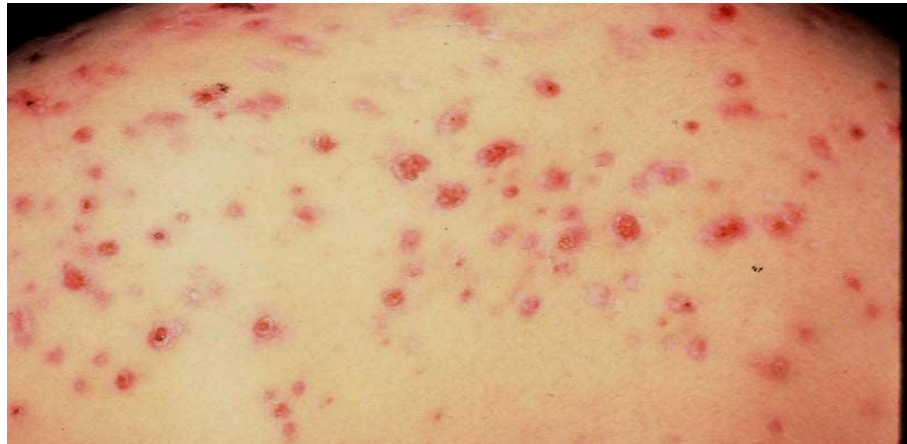
- Mild:



- 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



\$11



\$4 for 2 pack



\$15



\$6

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.



\$12 OTC

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

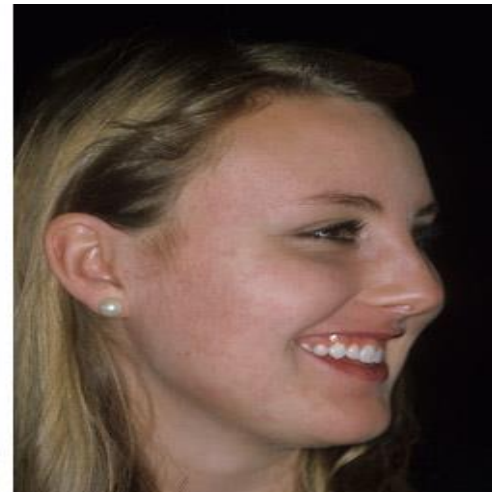


Oral antibiotics: Doxycycline

- 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

Mostly blackheads
and whiteheads
with scattered
papules and
pustules



Benzoyl peroxide
+/-
Topical
clindamycin

tretinoin/
adapalene

Moderate

Mostly papules and
pustules with some
blackheads and/or
whiteheads.
Minimal scarring



Benzoyl peroxide

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

isotretinoin

*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.

Medicaid coverage as of 01/2020

	MD				DC		VA	
	Amerigroup	Priority Partners	United Healthcare	Maryland Physicians Care	Amerigroup	Amerihealth	Anthem health keepers	United Healthcare
Retinoid	tretinoin cream 0.025%. 0.05% and 0.1%	tretinoin cream 0.025%. 0.05% and 0.1%	Differin 0.1% gel (DAW) tretinoin cream 0.025%. 0.05% and 0.1%	tretinoin cream 0.025%. 0.05% and 0.1% (45gm tube) adapalene 0.1% gel (45gm)	tretinoin cream 0.025%. 0.05% and 0.1% Differin 0.1% gel (DAW)	tretinoin cream 0.025%. 0.05% and 0.1%	Retin-A cream 0.025%. 0.05% and 0.1%	tretinoin cream 0.025%. 0.05% and 0.1%
Benzoyl Peroxide (BP)	Benzoyl peroxide wash liquid 5%	No liquid/wash covered	No liquid/wash covered	Benzoyl peroxide wash liquid 2.5% and 5%	Benzoyl peroxide wash liquid 5%	none	Benzoyl peroxide wash liquid 5%	Benzoyl peroxide wash liquid 5%
Clindamycin	Clindamycin gel 1%	Clindamycin gel or lotion 1%	Clindamycin gel or lotion 1%	Clindamycin gel or lotion 1%	Clindamycin gel 1%	Clindamycin gel or lotion 1%	Clindamycin swab 1%	Clindamycin swab 1%
BP-Clinda	Clinda-benzoyl peroxide gel 1.2-5%	Clinda-benzoyl peroxide gel 1.2-5%	none	Not covered **Neutrogena on the spot treatment is covered	Clinda-benzoyl peroxide gel 1.2-5%	none	Clinda-benzoyl peroxide gel 1.2-5%	Clinda-benzoyl peroxide gel 1-5%
Doxycycline	Doxycycline monohydrate 100mg capsule	Doxycycline monohydrate 100mg capsule	Doxycycline monohydrate 100mg capsule	Doxycycline monohydrate 100mg capsule	Doxycycline monohydrate 100mg capsule	Doxycycline monohydrate 100mg capsule	Doxycycline monohydrate 100mg capsule	Doxycycline monohydrate 100mg capsule

Commercial Insurance coverage as of 01/2020

	CareFirst BCBS	Aetna Standard Plan	Cigna Standard Plan
Retinoid	Need PA: adapalene/Differin and tretinoin cream 0.025%. 0.05% and 0.1%	tretinoin cream 0.05% and 0.1% and adapalene 0.1% gel	tretinoin gel 0.025%. and 0.1%
Benzoyl Peroxide (BP)	Benzoyl peroxide 5.25% and 2.5% wash	Not covered	Not covered
Clindamycin	Clindamycin gel or lotion 1%	Clindamycin gel, swab or lotion 1%	Clindamycin gel, swab or lotion 1%
BP-Clinda	Clinda-benzoyl peroxide gel 1.2-5%	Clinda-benzoyl peroxide gel 1.2-5%	Not covered
Doxycycline	Doxycycline monohydrate or hyclate 100mg capsule	Doxycycline monohydrate 100mg capsule	Doxycycline monohydrate 100mg capsule

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:

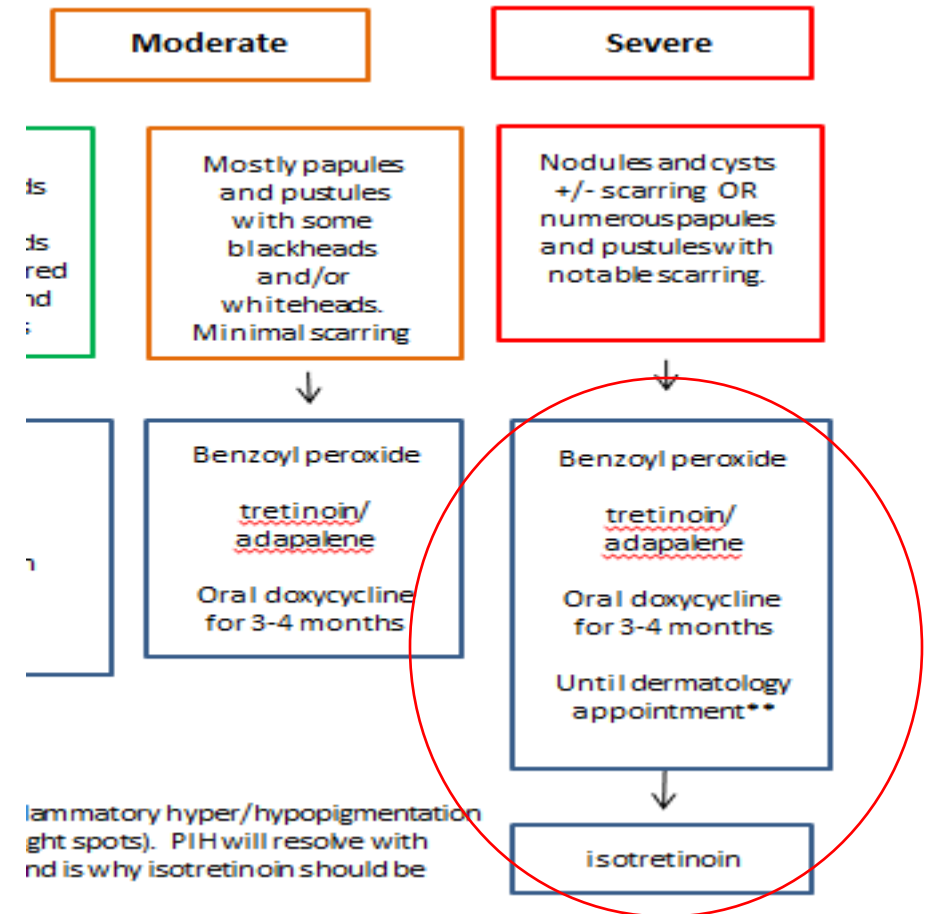
Morning:

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:

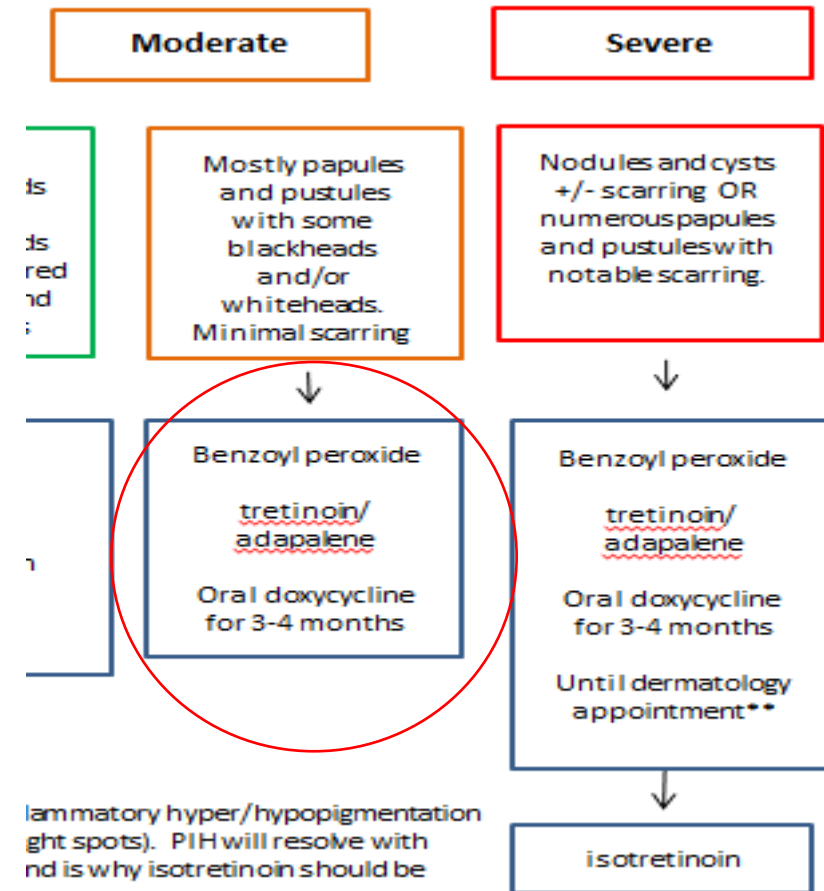
1. Benzoyl peroxide face wash
2. Moisturizer +spf

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:

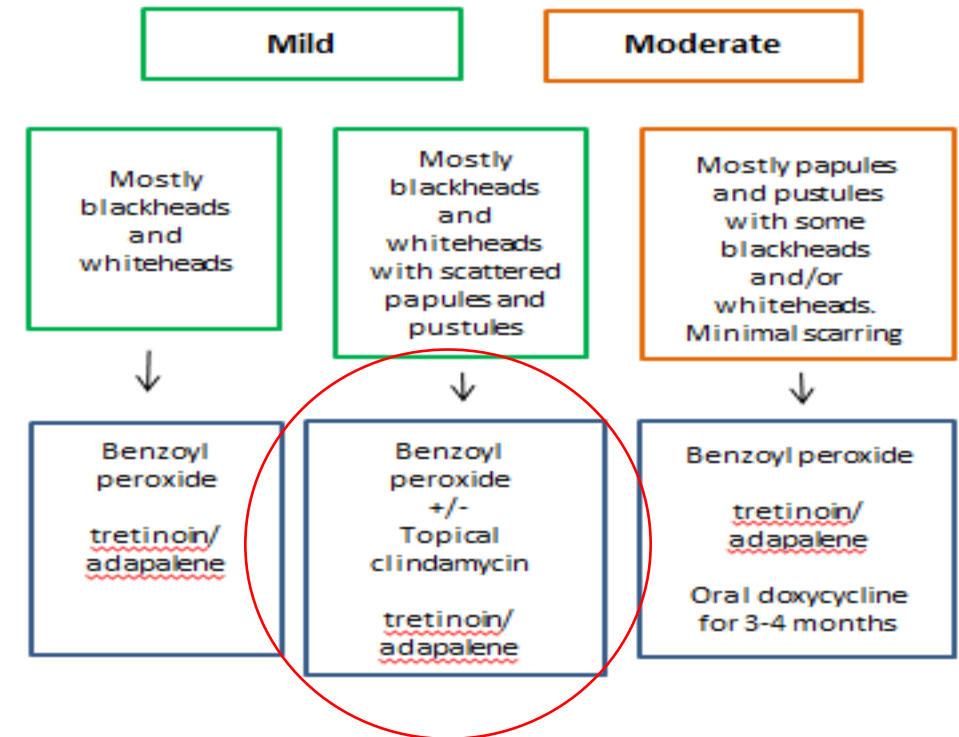
Morning:

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 how 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

SPD Acne Handouts

PATIENT PERSPECTIVES

What is acne and why do I have pimples?

The medical term for "pimples" is acne. Most people get at least some acne, especially during their teenage years. Why you get acne is complicated. One common belief is that acne comes from being dirty. This is not true; rather, acne is the result of changes that occur during puberty.

Your skin is made of layers. To keep the skin from getting dry, the skin makes oil in little wells called "sebaceous glands" that are found in the deeper layers of the skin. "Whiteheads" or "blackheads" are clogged sebaceous glands. "Blackheads" are not caused by dirt blocking the pores, but rather by oxidation (a chemical reaction that occurs when the oil reacts with oxygen in the air). People with acne have glands that make more oil and are more easily plugged, causing the glands to swell. Hormones, bacteria (called P. acne) and your family's likelihood to have acne (genetic susceptibility) also play a role.

SKIN HYGIENE

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

- Wash your face twice a day, once in the morning and once in the evening (which includes any showers you take).
- Avoid over-washing/over-scrubbing your face as this will not improve the acne and may lead to dryness and irritation, which can interfere with your medications.
- In general, milder soaps and cleansers are better for acne-prone skin. The soaps labeled "for sensitive skin" are milder than those labeled "deodorant soap."
- "Acne washes" may contain salicylic acid. Salicylic acid fights oil and bacteria mildly but can be drying and can lead to irritation, so hold off using it unless recommended by your doctor. Scrubbing with a washcloth or loofah is also not advised as this can irritate and inflame your acne.
- If you use makeup or sunscreen make sure that these products are labeled "won't clog pores" or "won't cause acne" or "non-comedogenic," which means it will not cause or worsen acne.
- Try not to "pop pimples" or pick at your acne, as this can delay healing and may lead to scarring or leave dark spots behind. Picking/popping acne can also cause a serious infection.
- Wash or change your pillow case 1-2 times per week, especially if you use hair products.
- If you play sports, try to wash right away when you are done. Also, pay attention to how your sports equipment (shoulder pads, helmet strap, etc.) might rub against your skin and be making your acne worse!

#1: ACNE

WHAT CAN I DO TO HELP THE ACNE GO AWAY?

Some lifestyle changes can be beneficial in helping acne as well. Stress is known to aggravate acne, so try to get enough sleep and daily exercise. It is also important to eat a balanced diet. Some people feel that certain foods (like pizza, soda or chocolate) worsen their acne. While there aren't many studies available on this question, strict dietary changes are unlikely to be helpful and may be harmful to your health. If you find that a certain food seems to aggravate your acne, you may consider avoiding that food.

HOW SHOULD I USE MY ACNE MEDICATIONS?

Acne is a common condition that may vary in severity. A number of topical and/or oral medications can be used for its treatment. Two to three months of consistent daily treatment is often needed to see maximal effect from a treatment regimen. That is how long it takes the skin layers to shed fully and recycle or "grow out." Remember that acne medications are supposed to prevent acne, and the goal is maintaining clear skin. Talk to your doctor if you are not using your acne medications as you had originally discussed. Let them know any problems you are having. Common reasons for people to not use their medications include the following:

- I used the medication prescribed by my doctor before and it did not work then; why should I use it again now?
- The medication I was prescribed cost too much!
- I did not like the way the medication felt on my skin. For example, it left my skin too dry or too greasy!
- The medication was too hard to use!
- I can't remember to do it!
- The medication had side effects that I did not like!
- The acne plan was too complicated; I need something simpler to do!

ACNE MEDICATIONS

If you have acne and the over the counter products are not working, 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 work really well when used properly.

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 medications work by preventing new breakouts. Spot treatment of individual pimples does not do much.
- Sometimes it is the combination of medicines that helps make the acne go away, not any single medication. Just because one medication may not have worked before does not mean it won't work when used in combination with another.
- The medications are not vanishing creams (they are not magic!) – they take weeks to months to work. Be patient and use your medicine on a daily basis or as directed for six weeks before you ask whether your skin looks better. Try not to miss more than one or two days each week.
- Don't stop putting on the medicine just because the acne is better. Remember that the acne is better because of the medication, and prevention is the key.

PREGNANCY AND ACNE TREATMENT

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

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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.
- When applying topical medications to the face, use the "5-dot" method. Take a small pea-sized amount and place dots in each of 5 locations of your face: mid-forehead, each cheek, nose, and chin. Then rub in. You should not see a "film" of the medication on your skin; if you do, you're probably using too much.
- Topical medications may lead to dryness where you use them. This almost always improves as your skin gets used to the medication (about 2-3 weeks). Some tips to get you through this time include waiting 15-20 minutes after washing before applying the topical medication and starting out with use every 2-3 days, gradually working up to "every day" use.
- Taking oral medications with food often helps with symptoms of upset stomach.

OTHER:



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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.

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