

Mild Acne

Scattered blackheads and whiteheads
and/OR
Few scattered papules and pustules, no scarring

Topical retinoid +/- benzoyl peroxide:

Adapalene/Differin 0.1% gel or tretinoin 0.025% cream

Benzoyl peroxide 4 or 5% for the face. Other options include 10% for chest and back and 2.5% for sensitive skin.

If starting both:

1. In the morning: Benzoyl peroxide face wash, then OTC acne friendly moisturizer
2. At night: Gentle non-medicated face wash, then retinoid, then OTC acne friendly moisturizer

Moderate Acne

Innumerable blackheads and whiteheads
OR
Numerous papules and pustules
OR
Involvement of the face, chest and back

Topical retinoid and benzoyl peroxide (see Mild Acne) and **Doxycycline x 3 month prescription**

>50kg: Doxycycline 100mg BID
<50kg: Doxycycline 50mg BID
Reassess acne in 1 month.

If improved, complete 3 month course of doxycycline and follow up.

If little to no improvement, refer to Dermatology and continue above medications if no SEs

If acne returns after 3 month course, continue retinoid and benzoyl peroxide and refer to

Severe Acne

Any scarring regardless of current level of active acne lesions
OR
Nodules, cysts or innumerable papules and pustules

Topical retinoid and benzoyl peroxide (see Mild Acne) and **Doxycycline x 3 month prescription**

>50kg: Doxycycline 100mg BID
<50kg: Doxycycline 50mg BID

Refer to Dermatology for isotretinoin start

Acne Treatment Algorithm:

1. Mild comedonal (blackheads and whiteheads)
 - a. Topical retinoid +/- benzoyl peroxide
 - i. Adapalene/Differin 0.1% gel or tretinoin 0.025% cream
 - ii. Benzoyl peroxide 4 or 5% for the face- prescription or OTC (see additional handout for OTC recommendations). Other options include 10% for chest and back and 2.5% for sensitive skin.
 - iii. If starting both:
 1. In the AM: Benzoyl peroxide face wash, then OTC acne friendly moisturizer
 2. In the PM: Gentle non-medicated face wash, then retinoid, then OTC acne friendly moisturizer
2. Mild inflammatory (few scattered papules and pustules, no scarring)
 - a. Topical retinoid and benzoyl peroxide (see instructions above)
3. Moderate comedonal and/or inflammatory (innumerable blackheads and whiteheads OR numerous papules and pustules OR involvement of the face, chest and back)
 - a. Topical retinoid and benzoyl peroxide (see above)
 - b. Doxycycline
 - i. >50kg: Doxycycline 100mg BID x 3 month prescription
 - ii. <50kg: Doxycycline 50mg BID x 3 month prescription
 - iii. Reassess acne in 1 month- if little to no improvement- refer to Dermatology and continue above medications if no side effects
 - iv. If improved, reassess in 3 months (1 month s/p finishing doxycycline).
 1. If acne returns after doxycycline course is complete, continue retinoid and benzoyl peroxide and refer to dermatology
 2. If acne remains improved, continue retinoid and benzoyl peroxide
4. Severe nodulocystic acne (any scarring regardless of current level of active acne lesions OR nodules, cysts or innumerable papules and pustules)
 - a. Start all three treatments: topical retinoid, benzoyl peroxide and doxycycline (as above)
AND
 - b. Refer to dermatology for possible isotretinoin start

General Counseling and Tips for Acne Medications:

Retinoids:

- Apply pea sized amount to entire face at night. If drying or irritating, start 2-3 times per week and increase to nightly as tolerated
- This is not a spot treatment
- Acne may worsen in the first 1-2 weeks, then will improve but can take 6-8 weeks to really be working it's best

Benzoyl peroxide:

- 4-5% is ideal for the face and can be used to the back/chest as well. For the back/chest, 10% can also be used
- Counsel that benzoyl peroxide can bleach clothing (will not bleach skin)
- If sensitive skin patient, start at 2.5%

Doxycycline:

- For acne, it is generally recommended for responsible antibiotic stewardship to limit courses to 3-4 months. If acne improves while on doxycycline, but then returns once the course is complete, please refer to dermatology.
- When starting doxycycline it is important to counsel on taking the medication with food to avoid GI upset, with a large glass of water to avoid irritation of the esophagus and to practice sun protective measures such as sunscreen and hats due to increased sun sensitivity on doxycycline. Doxycycline is also rarely associated with pseudotumor cerebri, which would present as changes in vision, headaches or dizziness; if the patient experiences these symptoms they should stop the medication and contact their provider.

Post inflammatory hyperpigmentation (PIH):

- Moisturizing and sun protection are most important to promote healing and improvement of dark spots
- Products OTC that contain niacinamide or azelaic acid may help with PIH, but nothing works 100% of the time
- PIH will improve with time and can take 3-6 months to return to normal skin tone. If acne is picked at, it can take 6 months or more
- It is important to educate the patient and families that PIH is temporary and is not true scarring. To stop PIH, we need to stop the acne first to prevent more dark spots.
- Skin picking is a common finding in acne patients and can lead to significant PIH. Addressing skin picking behaviors as a part of the acne treatment plan is important for overall improvement of the skin. If there is a patient where skin picking is an ongoing concern, please refer to our dermatology team and we can facilitate them being seen by our dermatology psychologist.