BEDFORDSHIRE ACNE SUMMARY PATHWAY

NHS
Bedfordshire
Clinical Commissioning Group

Severe

Nodular abscesses/cysts
+
Predominance inflammatory papules/ pustules leading to more extensive scarring

Moderate

Increased inflamed lesions
+
Increased papules/pustules

- Already scarring
- Risk of Scarring
- Unlikely to scar

Mild

Open + closed non-inflammatory comedones
+
some papules/pustules

Refer to specialist Dermatology Service

- Pre-treatment blood test for isotretinoin
- If female patient, consider commencing combined oral contraceptive pill at least one month prior to treatment.*
- The use of barrier methods alone is not sufficient contraceptive cover for commencing treatment with isotretinoin
- Follow the pregnancy prevention programme (refer to isotretinoin SPC www.medicines.org.uk)
- Prescribe oral antibiotic in combination with a topical drug (Benzoyl peroxide or a topical retinoid) as an interim treatment.
- If evidence of psychosocial morbidity refer to Psychiatry

1st line: topical antibacterial + either benzoyl peroxide or topical retinoid

2nd line: topical retinoid + benzoyl peroxide (this option may be poorly tolerated)

3rd line: oral antibiotic + either benzoyl peroxide or a topical retinoid

Promote self-care.
Mild soap/cleanser to wash 1-2 times per day
Water based emollient if dry skin problem

1st line: topical retinoid or benzoyl peroxide (especially if papules and pustules are present)

2nd line: Azelaic acid (if both topical retinoids and benzoyl peroxide are poorly tolerated)

***If female (UKMEC 1 single UKMEC 2 condition) consider COC (combined oral contraceptive) (if not contraindicated):**

1st line: 30mcg ethinylestradiol and 150mcg levonorgestrel. Recommended choice*: Ovranette® or Rigevidon® (branded generics of Microgynon 30®) which is both cost-effective and has lowest VTE risk, should be used first line irrespective of presenting symptoms as any COC may improve the symptoms, unless previously tried

2nd line: COC with progestogen that has minimal androgenic effect; desogestrel, gestodene, or norgestimate. Recommended choice(s): Cilest®, or Gedarel® 30/150 (branded generic of Marvelon®), or Millinette® 30/75 (branded generic of Femodene®)

3rd line: COC with anti-androgen progesterone. These should be reserved where symptoms remain uncontrolled following an adequate trial (minimum 3 months) of at least 2 other COCs, including one with progestogen that has minimal androgenic effect.

Co-cyprindiol (Dianette®, ethynylestradiol/cyproterone) should not be used solely for contraception due to risk of VTE. Yasmin® (ethinylestradiol/drospirenone) and Qlaira® (estradiol valerate/dienogest): No conclusive evidence of superiority over other currently available COCs and are therefore not cost effective options. Yasmin is associated with increased VTE risk.

Benzoyl Peroxide

Gel 2.5%, 5%, 10%

Cream 5%

Wash 10%

Topical Antibacterials

1st Line: Clindamycin 1% topical solution in alcohol or lotion (Dalacin ®)

2nd Line: Erythromycin 2% solution (reserved when clindamycin contraindicated e.g. pregnancy)

Topical Retinoid

1st line: adapalene cream/gel 0.1% (Differin)

Pharmaceutical specials are not recommended

Oral Antibiotics

1st Line: Tetracyclines:
Lymecycline 408 mg once daily p.o.
OR Doxycycline 100mg daily p.o.

2nd Line: Erythromycin 500mg twice daily p.o. (when tetracyclines are contraindicated (e.g. pregnancy) or not tolerated)

- Do not prescribe oral antibiotics alone
- Do not combine a topical and oral antibiotic
- Oral antibiotics should be reviewed after 6 weeks and continued up to a maximum duration of 3 months