

MILD ACNE			
Drug	Dose	Duration	+/- Notes
First line treatment:			
Benzoyl Peroxide 5% w/w gel (<i>Acnecide</i> [®])	Apply twice weekly to affected area to start and slowly increase frequency as tolerated. Once tolerated it can be applied every 24 hours.	Can take up to 2 months to take effect. If effective consider ongoing treatment.	<ul style="list-style-type: none"> • This product may bleach hair & colour fabrics. • Can cause photosensitivity.
Predominantly comedones:			
Adapalene 0.1% w/w cream or gel (<i>Differin</i> [®])	Apply twice weekly to affected area to start and slowly increase frequency as tolerated. Once tolerated it can be applied every 24 hours	Review after 3 months. If effective consider ongoing treatment.	<ul style="list-style-type: none"> • Contraindicated in pregnancy. • Apply after washing to dry skin. • Can cause photosensitivity.
Adapalene can be used in combination with Benzoyl Peroxide (see table above) or as a combination product (table below)			
Adapalene 0.1%/ Benzoyl Peroxide 2.5% gel (<i>Epiduo</i> [®])	Apply twice weekly to affected area to start and slowly increase frequency as tolerated.	Review after 3 months. If effective consider ongoing treatment.	<ul style="list-style-type: none"> • Contraindicated in pregnancy. • Apply after washing to dry skin. • This product may bleach hair & colour fabrics. • Can cause photosensitivity.
Inflammatory lesions (pustules)			
Clindamycin/ Benzoyl peroxide 10 mg/g + 50 mg/g Gel (<i>Duac</i> [®])	Apply twice weekly to affected area to start and slowly increase frequency as tolerated. Once tolerated it can be applied every 24 hours	Review and limit use to 3 months if possible (max. 6 months).	<ul style="list-style-type: none"> • Topical antibiotics should not be used alone nor in combination with oral antibiotics as there is an increased risk of antibiotic resistance. • This product may bleach hair & colour fabrics. • Can cause photosensitivity.

Combination of inflammatory lesions and comedones

1st choice option

Adapalene 0.1%/ Benzoyl Peroxide 2.5% gel (<i>Epiduo</i> [®])	Apply twice weekly to affected area to start and slowly increase frequency as tolerated. Once tolerated it can be applied every 24 hours.	Review after 3 months. If effective, consider ongoing treatment.	<ul style="list-style-type: none"> • Contraindicated in pregnancy • Apply after washing to dry skin. • This product may bleach hair & colour fabrics. • Can cause photosensitivity.
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2nd line option: if above causes severe irritation or for hyperpigmentation

Azelaic acid 15% gel (<i>Skinoren</i> [®])	Apply every 12 hours	Review after 3 months. If effective, consider ongoing treatment.	

MODERATE ACNE NOT RESPONDING TO TOPICAL TREATMENT

(Seek Specialist Advice in Pregnancy)

- Oral antibiotic should be reviewed if no response seen after 12 weeks of therapy
- *Oral and topical antibiotic should not be used in combination as there is an increased risk of antibiotic resistance.

Drug	Dose	Duration	+/- Notes
1st choice options			
Lymecycline	408mg every 24 hours	Review and limit use to 3 months if possible (max. 6 months)	<ul style="list-style-type: none"> • Contraindicated for children <12yrs old and pregnancy • Can cause photosensitivity • Lymecycline 408mg equivalent to 300 mg of tetracycline base)
PLUS Topical agent from table above (except Duac [®])*	As above	To be continued during & after for maintenance	
2nd choice option			
Doxycycline	100mg every 24 hours	Review and limit use to 3 months if possible (max. 6 months)	<ul style="list-style-type: none"> • Not suitable for children <12yrs old and pregnancy. • Can cause photosensitivity

<p>PLUS</p> <p>Topical agent from table above (except Duac®)*</p>	<p>As above</p>	<p>To be continued during & after for maintenance</p>	
<p>OR</p>			
<p>Trimethoprim</p> <p>PLUS</p> <p>Topical agent from table above (except Duac®)*</p>	<p>200mg every 12 hours for 1 month then 300mg every 12 hours for 3 months</p> <p>As above, to continue during and after oral antibiotic to prevent recurrence.</p>	<ul style="list-style-type: none"> • Not suitable in pregnancy. • Caution re Stevens Johnson Syndrome/ Toxic Epidermal Necrolysis). • Monitor full blood count when on trimethoprim long term. 	
<p>Please note:</p> <ul style="list-style-type: none"> • Repeat treatment, if necessary, should be with a previously effective antibiotic. • Minocycline is not routinely used for management of acne vulgaris but if transcribing from secondary care advise patient of and monitor for abnormal LFT's, irreversible cutaneous pigmentation and reversible drug induced lupus. Minocycline can cause a blue-grey discolouration of inflamed skin. 			
<p>SEVERE ACNE</p>			
<p>Treatment as per moderate acne but refer for specialist advice. Consider referral for isotretinoin in the following instances:</p> <ul style="list-style-type: none"> • Presence of nodulocystic acne • Failure of two different oral antibiotic courses (two 3-6 month courses) with appropriate topical agent. • Presence of scarring. 			