

# Patient Guidelines for Acne

Treating acne successfully can take a long time, so don't give up!

Failing to take treatment regularly as prescribed is very common!

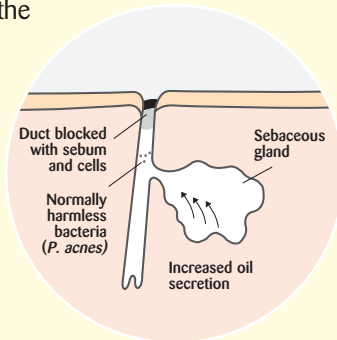
If a particular treatment is not successful there are others you can try!

Acne is a common skin disorder, which can affect 80% of adolescents. Fortunately acne usually improves with age, although in some cases it may persist well beyond the teenage years. Hormones called androgens stimulate the sebaceous glands (small oil glands adjacent to the fine hairs on the face, back and chest), to produce oil (sebum), sometimes in excess quantities which blocks the duct resulting in blackheads and/or whiteheads. Doctors refer to these as comedones. When red spots are present (papules and pustules) this is due to inflammation.

## Comedonal Acne

Excess sebum, and cells from the lining, block the duct and form a plug:

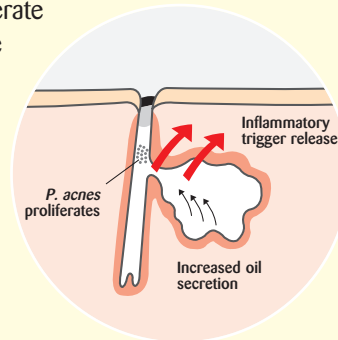
- below the surface – whitehead
- at the surface – blackhead



## Inflammatory Acne

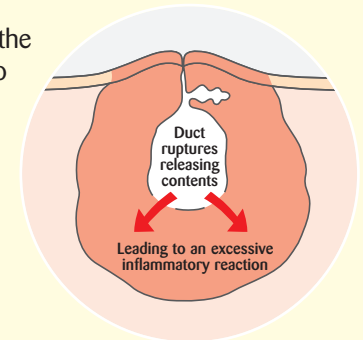
Skin bacteria (*P.acnes*) which are normally harmless, proliferate causing breakdown of the excess sebum which triggers an inflammatory (red) response:

- Papules – inflamed (red) pimples
- Pustules – spots containing pus



## Nodular or Cystic Acne

The most severe type of acne lesion. Rupture of the duct wall releases contents into the surrounding skin, leading to more severe inflammation, pain and swelling. Nodules extend deep into the area that contains the skin's structural support **and, in severe cases, the resulting tissue damage can lead to scarring.**



It is important to treat acne at an early stage. This should prevent it getting worse and reduce the risk of residual skin damage.

Acne severity can be broken down into three types to help identify the best treatment options.

**Mild** – Blackheads and whiteheads (non inflammatory), some papules and pustules (inflamed, red pimples and spots).

**Moderate** – More numerous papules and pustules (redness) with possible mild scarring. Medical advice should be sought to treat the inflammation and help reduce the risk of residual skin damage or scarring.

**Severe** – As for moderate acne plus nodular abscesses, leading to possibility of more extensive scarring – usually will need referral to a specialist.

## Fact and Fiction

- **Acne is not infectious or contagious**
- **Acne is not caused by eating too much greasy food**
  - there is no proven link between diet and acne, however, eating a sensible diet is beneficial to overall health.
- **Acne is not caused by dirt**
  - the colour of a blackhead is due to pigment in the cells blocking the pore.
- **Sexual activity does not influence acne**
  - however, in acne patients, the skin is oversensitive to normal levels of male sex hormones (androgens) which are present in **both** males and females.
- **Acne can become worse for women 2-7 days before their period, probably due to hormonal changes**



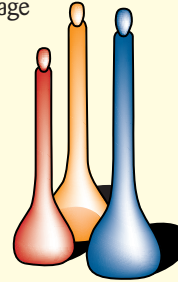
### The following can also make acne worse:

- **Certain types of employment**
  - eg; contact with chemicals and oils.
- **Sweating and a humid atmosphere**
  - eg; humid climate on holiday or a hot kitchen.
- **Some medicines**
  - eg; anti-epilepsy treatments and corticosteroids.
- **Some cosmetics**
  - however you can try cosmetics specially designed for sensitive skin (which may be labelled as 'non-comedogenic').



## How can you help?

- **Wash affected area twice a day** – do not scrub your skin or use harsh abrasives, as this may worsen your acne.
  - Shampoo hair regularly.
- **Try not to squeeze or pick spots** which may force the inflammation into deeper tissue and cause scarring.
- **Red inflamed spots can be treated** with an anti-inflammatory medication at an early stage to help prevent residual skin damage.
- **Your pharmacist can offer helpful advice**, and has access to a range of licensed treatments that are only available behind the pharmacy counter – they carry the letter P on their packaging.



- **Follow all instructions supplied with your treatment** - this will give your skin the best chance of improving.
  - Apply treatment to the **whole** of the affected area and not just to individual spots.
- **Follow the two month rule:**
  - If your skin is not significantly better within two months, visit your GP for alternative treatment.
  - Write down names of treatments that you have already tried and give these to your doctor.
- **If your skin becomes dry**, try applying the treatment in the morning and a moisturiser at night.
  - Use a water based moisturiser – greasy or oily creams and foundations can block the pores.

## Treatment outlook

Treatment choice will depend on previous experience, patient acceptability and the type of spots present (whether comedonal or red, inflammatory acne).

Over-the-counter treatments can include ingredients such as benzoyl peroxide.

Treatments available from your GP include:

- Topical anti-acne preparations
- Anti-inflammatory treatments such as nicotinamide
- Oral antibiotics
- And for women only, short term oral hormone treatment

For very severe acne, specific treatments are available with specialist (usually hospital) supervision.



### Mild Acne

Usually only need treatments you apply to the skin (topical).

### Moderate Acne

Needs a topical treatment, possibly with a tablet (oral) treatment.

### Severe Acne

Same as for moderate but with closer supervision and more frequent visits to the GP. May need referral to a specialist.

### Useful contacts:

Acne Support Group,  
P.O Box 9  
Newquay  
TR9 6WG  
Tel: 0870 870 2263.  
[www.stopspots.org](http://www.stopspots.org)

NHS Direct,  
Tel: 0845 4647