

ACNE

DRM-4 Protocol and Pathway – Dermatology Specialty (29/03/2011)

Patient presents

Mild comedonal acne



Moderate inflammatory acne



Severe nodulocystic scarring acne



Red flag

Severe cystic acne with scarring

Commence systemic antibiotic therapy and refer immediately for consideration of systemic isotretinoin, indicating the reasons justifying an urgent referral.

Primary Care Treatment

Mild to Moderate

- Keratolytic wash
- Benzoyl Peroxide 2.5 to 10%
- Topical Retinoids (Tretinoin)
- Topical Antibiotics-Erythromycin 2%, Clindamycin 1% or combination therapy

Moderate to Severe Acne

Systemic Therapy Should be continued for at least 6 months. Review patient at 2 -3 months.

- 1st line; Oxytetracycline 500mg bd one hour before food or erythromycin 500mg bd.
- 2nd line; Doxycycline 100mg od or Minocycline 100mg od lymecycline 408mg od.
- Under 12y old; erythromycin 250mg bd
- In women consider additional Co-Cyprindiol (Dianette) if not responding to antibiotic therapy.

Detailed Therapeutic Tips on next page.

Referral to Community Dermatology Service

- Patients who have not responded to Primary care treatment and do not want or are unsuitable for Oral Isotretinoin (Roaccutane, a Red Drug).
- For additional advice and support.

Referral to Consultant Dermatologist

- Patients who are suitable for Oral Isotretinoin and have tried at least 2 different antibiotics for at least 6 months each.
- Patients with severe extensive nodules or scars.
- Patients with severe Psychological effects

Key

Patient presents

GP level intervention

Alternative Outpatient Service

Acute hospital

Red flag

Useful information for patients

www.stopspots.org

www.m2w3.com/acne

www.bad.org.uk

Links to Map of Medicine and other external sources

•<http://eng.mapofmedicine.com/evidence/map/acne1.html>

•<http://www.pathways.scot.nhs.uk/Dermatology/Dermatology%20Acne%2023Sep05.htm>

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Therapeutic Tips

- Benzoylperoxide starting at 2.5% increasing to 5% or 10% may help reduce irritant effects.
- Topical retinoids can cause irritation therefore build up frequency and duration of application over 2-3 weeks.
- Assess response to oral antibiotics at 2 to 3 months. If poor response, change to alternative oral antibiotic but continue for 6 months minimum.
- Minocycline may have additional side effects therefore preferred as second line.
- Regular follow up in Primary Care to encourage patient compliance and to ensure that response to treatment is satisfactory.
- Patients referred to Dermatology should continue prescribed treatment until seen in the out-patient clinic.