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Acne

Practice Based Small Group Learning

INTRODUCTION

The management of acne presents numerous challenges for the primary care practitioner. Many products are available, yet evidence-based product information may be lacking. Treatment approaches differ depending on the severity of acne. Specific populations, such as adult women, pregnant women, patients with Black or Coloured skin, and adolescents, require specifically tailored treatment plans. Because full response may take months, patient compliance issues may arise, and patient education is of prime importance in managing this disorder.

OBJECTIVES

This module will enable clinicians to:

- Assess acne grade and prescribe treatment appropriately, including when and for how long to prescribe oral medications. Oral isotretinoin will be discussed, although this is usually prescribed by dermatology teams, as there are significant side-effects that Primary Care clinicians should be aware of.
- Effectively treat specific populations, including adult women and patients with Black or Coloured skin.
- Employ patient education techniques and a stepwise approach to management to improve patient compliance with acne treatment.
- Assess the psychological impact of acne on the individual.

CASES

Case 1: Hannah, age 16

Hannah presents to you to discuss her acne, which has been a problem for the past year. She had previously been prescribed daily 5% benzoyl peroxide aqueous gel and 0.05% isotretinoin cream about six months ago, but Hannah stopped using them because her skin became very red and dry, and her acne worsened. She has also spent a substantial amount of money on beauticians, but this has not helped either. She is visibly upset as she tells you about her skin issues.

Although typical adolescent acne is the most likely diagnosis for Hannah, what else would you like to know?

Part Two

The history reveals no symptoms of hyperandrogenism; Hannah is taking no medications and is not sexually active. She cleanses her skin with soap and applies foundation to conceal the acne lesions. On examination, she has scattered papules, pustules, and comedones on her face, but no nodules, back or chest lesions, or any evidence of scarring or hyperpigmentation. There are no signs of secondary causes of acne. You have Hannah complete the Cardiff Acne Disability Index questionnaire (Appendix 1), and her score is 10 out of 15 (moderate).

How would you approach management/treatment?