

ACNE

Acne usually starts shortly after puberty and begins because of hormonal changes and increased oil secretion. However, it is common to see patients (particularly women) in their 20's, 30's, and 40's with adult onset acne. Internal hormonal changes and starting/stopping/switching birth control pills may play a role. Acne develops when hair follicles, the site of acne, get plugged with dead skin cells; then sebum (oil) and bacteria accumulate and lead to acne. Stress may aggravate acne. Studies do not show any relationship between food and acne.

Types of acne lesions:

- **Blackhead** (open comedone): Oil and dead cells leave a black plug on the skin surface.
- **Whitehead** (closed comedone): Oil and dead skin cells leave a plug below the skin surface.
- **Papules** (red pimples and white pustules): The material in the plugged hair follicle seeps through the walls of the follicle and causes redness and tenderness.
- **Cyst**: A very deep, ruptured, inflamed follicle.

Acne therapy should help lessen the severity and reduce the amount of scarring, which could result from acne if left untreated. Different combinations of medications may need to be tried to determine which combination is best for you. **It will take 6 to 12 weeks to see results in most people. These medications only suppress acne; if you stop your therapy, it is likely to recur. Unless you were told by your MD to return sooner, we can refill your topical medicine for a year and your oral medicine for 6 months without an office visit.**

- **Topical antibiotics:** (Clindamycin, Erythromycin) These help decrease or kill skin bacteria.
- **Retinoids:** (Retin A, Differin, Avita, Tazorac) These unclog pores to eliminate blackheads and whiteheads.
- **Benzyl peroxides:** (Triaz, Benzac, Persagel, Brevoxyl, and Panoxyl) These unclog pores and prevent bacteria growth. They help prevent antibiotic resistance.
- **Azelex:** This unclogs pores and may help decrease bacteria.
- **Chemical Peels:** A series of chemical peels has been shown to help eliminate clogged pores/comedones and other acne lesions more rapidly. These procedures are usually not covered by insurance.
- **Oral antibiotics:** (Tetracycline, Doxycycline, Minocycline, Erythromycin, and others) Help decrease redness and kill bacteria. They are most helpful for red papules and cysts. **Oral antibiotics for acne have many more potential side effects. Our goal is to limit the dose and duration of oral antibiotic therapy as much as possible.** Oral antibiotics used for acne can cause sunburn, antibiotic resistance, brain swelling and may also discolor baby's teeth if used during pregnancy. In addition to the above side effects, Doxycycline can cause severe esophageal irritation which can be life-threatening. Minocycline can cause lupus, severe life-threatening allergic reactions, skin discoloration, diabetes, and thyroid disease.
- **Oral contraceptives:** (Ortho tri-cyclen, Orthocept, others) These are sometimes helpful in women.

Skin care:

- Wash your face 2 times per day with a mild soap or soap-free cleanser. (Dove, Oil of Olay foaming face wash, Cetaphil cleanser, Neutrogena or Purpose cleansers for sensitive skin) **DO NOT** use harsh soaps and do not scrub vigorously.
- Use a noncomedogenic moisturizer on any dry or irritated areas on your face (Purpose facial, Neutrogena facial, DML facial, Oil of Olay complete).
- All cosmetics, moisturizers, and sunscreens should be **noncomedogenic**, meaning that they will not clog your pores.

FOR WOMEN ONLY:

- *Oral antibiotics may decrease the effectiveness of oral contraceptives. A second method of contraception is advised if this concerns you.*
- *All prescribed acne medications should be discontinued if you decide to attempt pregnancy or when you become pregnant unless okay with your obstetrician.*