Therapeutic Recommendations for the Treatment of Acne Vulgaris in the US

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SYNOPSIS

- Acne vulgaris and related sequelae, such as post-inflammatory dyspigmentation and scarring, negatively impact quality of life and are associated with increased rates of anxiety and depression¹⁻³
- Treatment of acne can be difficult due to its long treatment time course, chronicity, and low patient adherence⁴⁻⁶
- While national guidelines on acne diagnosis and treatment have been recently updated,4 there is a need for practical and easy-touse guidance for healthcare practitioners who treat patients

OBJECTIVE AND METHODS

- A roundtable discussion with a panel of eight clinicians and dermatologists was held to provide recommendations for the diagnosis and treatment of acne
- Included herein are recommendations for appropriate pharmaceutical treatments based on clinical presentation and patient population, patient discussion points, and advice for clinicians regarding treatment

RESULTS

- The consensus was that successful acne treatment is contingent upon meeting three core goals: 1) correct diagnosis; 2) proper treatment regimen; and 3) patient adherence and education
- 1. Correct Diagnosis of Acne Vulgaris
- Acne should be diagnosed using both quantitative and qualitative assessments, taking into consideration the patient's lived experience with acne (Figure 1)
- Quantitative assessments include duration; lesion type and location; inflammation; acne-related sequelae; and family history of scarring
- Qualitative assessments determine how bothersome acne and/or sequelae are to patients and how much they impact quality of life
- Differential diagnoses should be performed to rule out acneiform lesions, genetic disorders, infections, and certain types of medications

2. Proper Treatment Regimen

- The main goal of treatment is to clear lesions as quickly as possible to manage and/or mitigate persistent sequelae such as scarring, post-inflammatory erythema, or post-inflammatory hyperpigmentation (PIH)
- For most patients, a combination topical treatment containing benzoyl peroxide and a retinoid and/or an antibiotic is recommended to address the multiple acne pathological processes (**Table 1**), though sequelae and patient characteristics should be taken in account (eg, PIH in patients with skin of color)
- Fixed-dose combinations are preferred to ensure proper skin coverage, simplify treatment complexity, and improve adherence
- Systemic therapy may be warranted in some patients based on their response to topical treatment and/or acne severity

3. Patient Adherence and Education

- For optimal outcomes, patients should be educated about their treatments and consequences of non-adherence; treatment regimens should be kept simple and realistic goals should be established to manage patient expectations (Figure 2)
- A patient handout on skin care best practices can be used to detail their overall skin care regimen, treatments, and subsequent visits (Figure 3)

Clinical Pearls

Additional advice for clinicians regarding acne treatment is provided in Figure 4

FIGURE 1. Assessment of Acne Vulgaris

Differential diagnoses to rule out: **Quantitative:** Acneiform lesions induced by friction, metabolic Greater severity if... or hormonal abnormalities Genetic disorders Longer duration Infections Medications (eg, oral antibiotics, Janus kinase Greater approximate lesion count Increasing degree of inflammation inhibitors, corticotropins, hydroxychloroquine, etc) Presence of **nodular** lesions Greater acne distribution Consider additional patient factors: Presentation of facial and truncal acne Age, race, ethnicity, skin of color, and gender Prescence of sequelae (PIH, PIE, scarring Family history of scarring Frequency of acne flares **Gather patient feedback: Qualitative:** Ask if today is a good, bad, or average skin day Greater severity if... Give the patient a mirror and have them point to what is bothersome Acne or sequelae are **bothersome** to Ask the patient to rate on a scale of 1 (least) to 10 (most) how bothersome their acne and/or Acne or sequelae significantly impact sequelae are patient quality of life Have the patient rate on a scale of 1 (least) to Patient **urgently** wants treatment 10 (most) how much they want their acne and/or sequelae treated

PCOS, polycystic ovary syndrome; PIE, post-inflammatory erythema; PIH, post-inflammatory hyperpigmentation.

TABLE 1. Recommended Acne Vulgaris Treatments by **Clinical Presentation**

Scarring	Recommendations
Acne Severity	
Mild	 Combination topical^{a,b} Topical retinoid^b BPO Azelaic acid Dapsone
Moderate	 Combination topical^{a,b} Combination topical^{a,b} + oral antibiotic Combined hormonal contraceptive (females) Spironolactone (adult females) Combination topical^{a,b} + spironolactone (adult females) Clascoterone Oral isotretinoin + topical retinoid^b (post-isotretinoin maintenance) +/- combined hormonal contraceptive (females)
Severe	 Combination topical^{a,b} Combination topical^{a,b} + oral antibiotic Combination topical^{a,b} + oral antibiotic + combined hormonal contraceptive (females) Oral isotretinoin + topical retinoid^b (post-isotretinoin maintenance) +/- combined hormonal contraceptive (females)
Sequelae (facia	or truncal)
PIE	Topical retinoid ^b Combination topical ^{a,b} Mild chemical peel OR laser treatment (as adjunctives to topical)
PIH	 Topical retinoid^b Azelaic acid Mild chemical peel OR laser treatment (as adjunctives to topical)
Scarring	Topical retinoidb Mild chemical peel OR laser treatment (as adjunctives to topical)
E: 1.1. BBG	rationald BBO Lalindamyoin or BBO Lastinaid Lalindamyoin are recommended

^aFixed-dose BPO + retinoid, BPO + clindamycin, or BPO + retinoid + clindamycin are recommended. ^bTolerability may vary by formulation and dose.

BPO, benzoyl peroxide; PIE, post-inflammatory erythema; PIH, post-inflammatory hyperpigmentation.

FIGURE 2. Improving Patient Adherence

Steps

Talking Points^a

Establish realistic patient goals (D

Confirm with patients their primary treatment goals:

- Skin clearing
- · Reduction of sequelae (ie, scarring, PIE, PIH)
- Prevention of future scarring
- Quality of life improvement

Manage expectation

Ensure that patients understand:

- Acne is a chronic disease that requires a treatment phase and a suppression phase
- Signs and symptoms may get worse before they get better; this is normal
- The treatment has to reduce the acne that cannot be seen/is under the skin as well as the acne that can be seen
- It will take 2-3 months to see lesion reductions and may take longer for skin to be clear
- There is a difference between active lesions and PIE or PIH
- Reductions in scarring, PIE, or PIH may take longer than clearing active lesions
- There will not be improvements unless all treatments are used as prescribed
- Patients should take pictures of acne/sequelae once per month to help monitor progress

Educate

Explain or discuss with patients:

- What each treatment is and why are they being prescribed
- A comprehensive skin care regimen that includes an appropriate cleanser, moisturizer, and sunscreen (Note: When possible, provide a list of specific products and/or samples)
- Why, how, and when all products should be used
- How treatments and skin care can be incorporated into their daily routine
- The reason for the next/follow-up visit
- The consequences of poor/non-adherence in non-judgmental manner (ie, everyone forgets to take medicines)
- Why to avoid OTC/cosmeceuticals, especially those promoted by online influencers or some doctors who have a strong internet/social media presence

Involve patients decisions

Let patients know:

- Their concerns and needs are being heard and addressed
- Their treatments and skin care regimens have been personalized where possible
- Insurance coverage and treatment cost are being taken into account (Note: When possible, provide alternative treatments)

^aProvide all information verbally and in writing; see **Figure 3** for a patient handout.
OTC, over the counter; PIE, post-inflammatory erythema; PIH, post-inflammatory hyperpigmentation.

FIGURE 3. Patient Handout

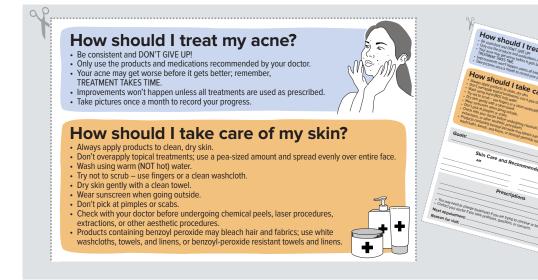


FIGURE 4. Clinical Pearls



Treat acne early and aggressively to prevent/reduce physical and emotional sequelae.



Fixed-dose combination treatments are the optimized approach to address the needs of most patients with acne.



The patient needs to be involved in their treatment and feel that their concerns are being addressed; personalize treatment regimens whenever possible.



Carefully explain the risks and benefits of over-the-counter products and whether they should be incorporated in the treatment regimen.



It is important to address PIE and PIH, with the latter occurring more commonly in patients with skin of color; ensure that photo-protection, including sunscreen, is used.



Topical retinoids can be used during the summer months even hough sun exposure is increased; all patients should be encouraged to use sunscreen year-round, regardless of treatment.



Topical retinoids are safe for pediatric patients. Dosing can be decreased initially to reduce irritation and then increased as tolerated.

PIE, post-inflammatory erythema; PIH, post-inflammatory hyperpigmentation

CONCLUSIONS

■ This practical guidance aims to assist clinicians in the successful diagnosis and treatment of acne vulgaris as well as patient management/education

REFERENCES

Scan to view

Poster and full

Patient Handout.

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AUTHOR DISCLOSURES

James Q. Del Rosso has served as a consultant, investigator, and/or speaker for Ortho Dermatologics, AbbVie, Almirall, Amgen, Arcutis, Biofrontera, Cassiopea, Cutera, Dermavant, EPI Heath vommune, Galderma, Incyte, JEM Health, La Roche-Posay, LEO Pharma, Lilly, L'Oreal, MC2 Therapeutics, Novan, Nutrafol, Pfizer, Sente, Strata, Sun Pharma, UCB, and Vyne. Leon H. Kircik has served is either a consultant, speaker, advisor or an investigator for Allergan, Almirall, EPI Health, Galderma, Novartis, Ortho Dermatologics, and Sun Pharma. Emil Tanghetti has served as speaker for No Ortho Dermatologics, Sun Pharma, Lilly, Galderma, AbbVie, and Dermira; served as a consultant/clinical studies for Hologic, Ortho Dermatologics, and Galderma; and is a stockholder for Accure. Zoe D Ortho Dermatologics. April Armstrong has served as research investigator and/or consultant to AbbVie, Janssen, Lilly, LEO Pharma, Novartis, UCB, Ortho Dermatologic Dermira, Sanofi, Regeneron, BMS, Dermavant, and Modernizing Medicine. Valerie Callender has served as an investigator, consultant, or speaker for Acne Store, Almirall, Aerolase, AbbVie, Allerga Aesthetics, Avava, Avita Medical, Beiersdorf, Cutera, Dermavant, Eirion Therapeutics, Eli Lilly, Galderma, Janssen, Jeune Aesthetics, L'Oréal, Ortho Dermatologics, Pfizer, Prollineum, Regeneron, Scientis Sente, SkinBetter Science, SkinCeuticals, Symatese, Teoxane, and UpToDate. Neal Bhatia has served as advisor, consultant, and investigator for AbbVie, Almirall, Biofrontera, BI, Brickell, BMS, EPI Health Ferndale, Galderma, InCyte, ISDIN, J&J, LaRoche-Posay, LEO Pharma, Ortho Dermatologics, Regeneron, Sanofi, Sun Pharma, Verrica, and Vyne. Steven Feldman has received research, speaking and/ or consulting support from BMS. Eli Lilly and Company, GlaxoSmithKline/Stiefel, AbbVie, Janssen, Aloytech, vTv Therapeutics, Bristol-Myers Squibb, Samsung, Pfizer, Boehringer Ingelheim, Amgen Dermavant, Arcutis, Novartis, Novan, UCB, Helsinn, Sun Pharma, Almirall, Galderma, Leo Pharma, Mylan, Celgene, Ortho Dermatologics, Menlo, Merck & Co, Qurient, Forte, Arena, Biocon, Accordant Argenx, Sanofi, Regeneron, the National Biological Corporation, Caremark, Teladoc, Eurofins, Informa, UpToDate and the National Psoriasis Foundation; he is founder and part owner of Causa Research