Introduction

Acne is one of the ten most common diseases worldwide, and the inflammatory skin disease seen most frequently by community physicians and dermatologists. It is defined as a chronic disease because of its characteristic prolonged course and acute or insidious relapses or recurrences over time, and the associated social and psychological consequences that negatively affect quality of life.

Confirming the diagnosis is rarely a problem as there are some important clinical signs that distinguish acne from other similar skin problems (see Chapter 3).

Over the past decade, knowledge of acne pathophysiology and etiologic factors has expanded, resulting in the development of novel treatments. However, the vast number of therapeutic options that are now available can pose a challenge to the prescribing clinician, and the emergence of antibiotic-resistant strains of Propionibacterium acnes (P. acnes) may result in reduced efficacy to treatment. As resistant P. acnes can be transferred to close contacts, important guidance on antibiotic use has been developed with the aims of reducing the likelihood of antimicrobial resistance emerging as well as removing resistant strains of P. acnes.

- Benzoyl peroxide is able to rapidly reduce both sensitive and resistant strains of P. acnes and should be used in combination with all antibiotics prescribed for acne.
- Oral antibiotics should not be used for mild disease.
- Antibiotics should be avoided as monotherapy in acne management.
- Topical retinoids impact on the microcomedones (the precursor of inflammatory and non-inflammatory lesions) and should be considered as part of a regimen to expedite improvement and hence reduce exposure to antibiotics.

While the recent introduction of several new anti-acne agents that target clinical lesions and improve patient outcomes has afforded greater flexibility in the treatment of acne, successful management still relies on careful selection of agents according to clinical presentation, underlying etiology and individual patient needs. A thorough patient
evaluation should take into account acne severity, duration of disease, predominant lesion type, patient age, skin type, lifestyle, motivation and the presence of coexisting conditions. Consideration of all these factors, along with appropriate education when choosing a specific treatment program, can enhance patient satisfaction and adherence to medication, both of which are essential to achieve optimum outcomes. Early effective treatment will reduce the likelihood of scarring.

Primarily aimed at family practitioners, nurse prescribers, pharmacists and dermatology trainees, this fully updated second edition of *Fast Facts: Acne* provides a concise overview of the clinical features of the condition, reviews available treatments – including their respective modes of action and potential adverse events – and advises on treatment selection with the implicit goals of minimizing the physical and emotional scarring associated with this challenging disease.