

Suggestions for treatment

Treatment Options ¹	Acne Severity
<p>1st line</p> <ul style="list-style-type: none"> • Benzoyl peroxide (BP) • Topical retinoid <p>2nd line options</p> <ul style="list-style-type: none"> • Topical retinoid + BP² • Topical antibiotic^{3,4} + BP • Topical antibiotic^{3,4} + retinoid + BP⁵ <p>3rd line options</p> <ul style="list-style-type: none"> • Oral antibiotic⁴ + BP (avoid monotherapy) • Oral antibiotic⁴ + BP + topical retinoid • Oral isotretinoin⁶ (<i>Accutane</i>, <i>Claris</i>) <p>Combined oral contraceptives</p> <p>Spironolactone or low dose^{6,8} oral isotretinoin</p>	<p>Mild to moderate</p> <p>↓</p> <p>Moderate to severe (not responding to topical treatment*)</p> <p>↓</p> <p>*Severe presentations (e.g. nodulocystic acne or acne fulminans) may require initiation of therapy with 3rd line options.</p> <p>Used in women for mild, moderate or severe acne (1st, 2nd or 3rd line)⁷ often in combination with other options</p> <p>Adult onset acne in women</p>

- 1 – Wait 8 to 12 weeks before changing from one therapy to another.
- 2 – It is reasonable to consider topical retinoids with BP as second line therapy, especially if the goal is to minimize antibiotic use. Evidence for the effect of benzoyl peroxide plus a topical retinoid versus either agent alone is inconsistent. (There is consistent evidence that topical clindamycin + BP is superior to BP alone).
- 3 – **Do not** switch from one topical antibiotic to another. Change to oral agent if antibiotic treatment desired (inflammation present).
- 4 – **Long term therapy** with topical or oral antibiotics is **not recommended** due to concerns of developing resistance.
 - Topical or oral antibiotics are used only to gain a measure of control over inflammatory lesions and should be **stopped** when there is no further inflammation.
 - Response to topical or oral antibiotics usually occurs within 3 months. Once patients respond (no further inflammation) consider “stepping down” to benzoyl peroxide or a topical retinoid to **maintain** response.
- 5 – The addition of benzoyl peroxide may address resistance concerns and may lead to better outcomes. Separate the application of benzoyl peroxide products from other topical products by applying one in the morning and the other in the evening.
- 6 – When starting oral isotretinoin discontinue other therapies.
- 7 – **1st** line in women also wanting birth control or add on treatment to 1st and 2nd line therapies in women with no contraindications. Some suggest use ahead of oral antibiotics.
- 8 – Expert opinion suggests 20 mg oral isotretinoin daily X 6 months as treatment option for adult onset acne.