

Acne

Antibiotic containing therapies should be reserved for use in combination with benzoyl peroxide (BPO) or a topical retinoid in cases of treatment failure. Combination therapy may limit the development of resistance.

The decision to start oral antibiotics should be made when a fair trial of topical agents has failed knowing that therapy is only suppressive and therefore needs to be continued long-term (i.e. 4- 6 months) and there is the possibility of emerging drug resistance.

Key Points:

- Topical antibiotics are no more effective than benzoyl peroxide or topical retinoid alone in mild to moderate acne.
- Topical and systemic antibiotics are equally effective and the choice depends on the extent of disease, side effects and patient preference.
- Topical and systemic antibacterial agents should not be given concomitantly because of the risk of bacterial resistance
- A non-antibacterial containing topical preparation (BPO or retinoid) should always be used in combination with topical or oral antibiotics to limit development of resistance.
- Response to each treatment step should be assessed at 6-8 weeks and progressed to next step if not responding
- Do not continue treatment with antibiotics for longer than necessary (but give an adequate course to allow a response).
- Refer to dermatologist for consideration of oral isotretinoin if: scarring acne, resistant disease, repeated recurrence on cessation of oral antibiotics or marked psychosocial sequelae.

Drug	Dose	Duration
Mild acne (comedones +/- mild inflammatory lesions):		
First line: Self-care: wash with mild soap; do not scrub; avoid make-up; OTC BPO.		
Second line: topical retinoid or BPO.		
If irritation occurs stop until settled then restart less frequently eg alternate days, and build up gradually. If still not tolerated consider 10% azeleic acid cream Continue with topical therapy as long as benefit continues.		
Moderate acne (comedones + inflammatory papules and pustules):		
First line: Topical combination product		
<ul style="list-style-type: none"> • retinoid plus BPO 		
Or		
<ul style="list-style-type: none"> • antibiotic plus BPO 		
Or		
<ul style="list-style-type: none"> • antibiotic plus retinoid. Assess at 6 weeks. 		
Second line: proceed to oral antibiotics (for choices see the table below) plus topical BPO or retinoid (but not topical antibiotics). Assess at 6 weeks. Consider combined oral contraceptive pill in females.		

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Third-line: try a different oral antibiotic whilst continuing topical BPO/retinoid. If there is a beneficial response, carry on oral antibiotic for 4-6 months.
Continue topical BPO/retinoid as maintenance treatment.

Severe (nodules and cysts): Refer to dermatology. Continue treatment with oral antibiotic plus topical retinoid/BPO whilst awaiting appointment

Systemic antibiotic therapy choices:

Drug	Dose	Duration
Lymecycline	Adult and child >12yrs: 408mg OD	3-6 months max
OR		
Doxycycline	Adult and child >12yrs: 100mg OD	3-6 months max
If tetracyclines are not tolerated or trying to become pregnant, see the Nottinghamshire Formulary for other treatment options.		
In children under 12: Erythromycin	250mg OD or 125mg BD	3-6 months max