




Acne

Acne is a very common problem in the Australian community, managed by GPs at a rate of 0.4 per 100 encounters. It can affect adults and children as well as adolescents, and has the potential for serious psychological sequelae. While many patients effectively treat their acne with OTC products, GPs play an important role in managing more severe and/or resistant disease. Like many dermatological conditions, GP registrars are likely to have had limited prior experience in managing acne, and need guidance to appropriately assess and manage such patients.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Pathophysiology of acne • Risk factors for acne, including acnegenic medications and occupation • Assessment of type and severity of acne, and differential diagnoses • Indication for investigations, including identification of secondary causes • Drug treatment options for acne, including adverse effects • Indications for dermatology referral 				
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> • Read the Dermnet NZ chapter on Acne 				
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • The hallmark of acne vulgaris is the comedone – if absent, acne is unlikely • Take a careful history of previous medication use • Explore adherence - many patients do not persevere with treatment for long enough to be effective • Explore the psychological impact on the patient • Discuss and dispel common myths associated with acne • Folliculitis, rosacea and perioral dermatitis are common acne masquerades • Discussion of correct skin care is essential in management • Benzoyl peroxide can bleach clothes and sheets • Avoid topical retinoids in women who are planning to become pregnant, are pregnant or are breastfeeding • Topical therapies are potentially irritating and should be introduced gradually • Topical or oral antibiotics should not be prescribed as monotherapy • Antibiotics are effective via their anti-inflammatory, not antibiotic, action • Minocycline has the potential for serious side effects • Scarring acne warrants urgent referral • Regular scheduled review is essential 				
RESOURCES 	<table border="1"> <tr> <td data-bbox="335 1845 430 1980">Read</td><td data-bbox="430 1845 1489 1980"> <ul style="list-style-type: none"> • eTG chapter on Acne • 2017 AFP article Acne in adolescents • 2017 MJA article Modern management of acne </td></tr> <tr> <td data-bbox="335 1980 430 2038">Listen</td><td data-bbox="430 1980 1489 2038"> <ul style="list-style-type: none"> • 2022 NPS Medicinewise podcast Episode 49: All about the skin: eczema, acne and antibiotics </td></tr> </table>	Read	<ul style="list-style-type: none"> • eTG chapter on Acne • 2017 AFP article Acne in adolescents • 2017 MJA article Modern management of acne 	Listen	<ul style="list-style-type: none"> • 2022 NPS Medicinewise podcast Episode 49: All about the skin: eczema, acne and antibiotics
Read	<ul style="list-style-type: none"> • eTG chapter on Acne • 2017 AFP article Acne in adolescents • 2017 MJA article Modern management of acne 				
Listen	<ul style="list-style-type: none"> • 2022 NPS Medicinewise podcast Episode 49: All about the skin: eczema, acne and antibiotics 				
FOLLOW UP & EXTENSION ACTIVITIES	<ul style="list-style-type: none"> • Registrar to undertake clinical reasoning challenge and discuss with supervisor 				

Acne

Clinical Reasoning Challenge

Helen brings in her 16-year-old daughter Alice to see you. Alice has had troublesome acne over the past 12 months which has worsened recently. Alice denies any other symptoms and has a regular menstrual cycle. She has no significant PMHx, is a non-smoker and non-drinker, and does not take any regular medication.

QUESTION 1. What are the MOST IMPORTANT features on further history? Write, in note form, four IMPORTANT features.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

QUESTION 2. What investigations (if any) would you order to confirm your diagnosis? List, in note form only, up to two IMPORTANT investigations you would order.

- 1 _____
- 2 _____

QUESTION 3. You discuss with Alice and Helen an initial trial of topical therapy. List, in note form only, the three main groups of topical agents from which you might prescribe.

- 1 _____
- 2 _____
- 3 _____

QUESTION 4. After a trial of topical therapy, Alice returns with only minimal improvement. You wish to commence an oral agent. List, in note form only, the MOST IMPORTANT factors in selecting the most appropriate oral agent.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Acne

ANSWERS

QUESTION 1

What are the MOST IMPORTANT features on further history? Write, in note form, four IMPORTANT features.

- Current skin care and cleaning practices
- Previous acne medications and duration of use
- Psychological impact of acne (mood, anxiety, social isolation)
- Occupational exposure e.g. sunscreen, heat, grease in fast-food outlets

QUESTION 2

What investigations (if any) would you order to confirm your diagnosis? List, in note form only, up to two IMPORTANT investigations you would order.

- Nil
- There is no need for routine investigations in this case.
- Consider investigations for secondary causes e.g. PCOS in the presence of other features e.g. hirsutism.

QUESTION 3

You discuss with Alice and Helen an initial trial of topical therapy. List, in note form only, the three main groups of topical agents from which you might prescribe.

- Benzoyl peroxide
- Retinoids (includes adapalene)
- Topical antibiotics

QUESTION 4

After a trial of topical therapy, Alice returns with only minimal improvement. You wish to commence an oral agent. List, in note form only, the MOST IMPORTANT factors in selecting the most appropriate oral agent.

- Risks
- Contraindications
- Side effects
- Cost
- Patient preference