

# Treatment of Acne Vulgaris

## Clinical Guideline



**This guideline supports initial treatment of patients with Acne Vulgaris and includes information for referral to the Children's Wisconsin Dermatology Clinic.**

To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

Diagnosis/symptoms/Causes	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Dermatology Clinic:	What can referring provider send to Dermatology Clinic?	Specialist's workup will likely include:
<p><b>Comedonal acne vulgaris</b></p> <p><b>Signs and symptoms</b> Closed comedones (white heads) and open comedones (black heads) over the face, back, and/or chest.</p> <p><b>Causes</b> Excess oil production and clogging of pores.</p> <p>More information is available from the American Acne &amp; Rosacea Society: <a href="#">National Pediatric Acne Treatment Guidelines</a></p>	<p><b>Diagnosis and Treatment</b> Diagnosis is based on history and physical exam. Determine patient's motivation to treat.</p> <ul style="list-style-type: none"> <li>Twice daily washing with gentle cleanser</li> <li>Non comedogenic moisturizer after washing</li> <li>Allow the area to dry for 5 min before applying the medication.</li> <li>Nightly use of a retinoid topical medication               <ul style="list-style-type: none"> <li>Adapalene 0.1% gel is available OTC</li> <li>Adapalene 0.1% cream, Adapalene 0.3% gel available as RX</li> <li>Tretinoin of various strengths available as RX. Start with tretinoin 0.025% cream nightly and then escalate at follow-up.</li> </ul> </li> </ul>	<p>Patients and families should be motivated and able to adopt a skin care regimen that will likely require at least twice daily washing and application of a topical medication. Prior to referral, the patient should have tried and failed <u>ALL</u> the following unless there is a contraindication:</p> <ul style="list-style-type: none"> <li>Twice daily face washing with gentle cleanser</li> <li>Nightly application of OTC adapalene 0.1% gel for at least 3 months</li> <li>Avoidance of comedogenic products to affected areas.</li> </ul>	<p><b>How to refer</b></p> <ol style="list-style-type: none"> <li><b>In Children's Epic:</b> place an ambulatory referral to CHW Dermatology.</li> <li><b>External providers:</b> <ul style="list-style-type: none"> <li><b>In your instance of Epic -</b> Place an external referral order to CHW DERMATOLOGY CLINICS, or</li> <li><b>Fax (414-607-5288) or</b></li> <li><b><a href="#">Online ambulatory referral</a></b></li> </ul> </li> </ol>	<p>No workup is typically needed for comedonal acne unless the patient is presenting with mid-childhood acne (1-6 years of age).</p> <p><b>After referral to Dermatology Clinic:</b></p> <ul style="list-style-type: none"> <li>Patient will be required to have effectiveness of treatment reassessed after 2-3 months' use before escalation of therapy</li> <li>If the patient is doing well, refills may be provided by a referring provider depending on comfort level and follow-up in dermatology would only be required for additional concerns or worsening acne.</li> </ul>

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	<ul style="list-style-type: none"> <li>Avoidance of comedogenic products (oil, body moisturizer, ointments) on face. Tie hair up at night if hair oil is needed.</li> </ul> <p><b>**IMPORTANT** Oral antibiotic therapy is NOT effective for comedonal acne.</b></p>			
<p><b>Inflammatory acne vulgaris</b></p> <p><u>Signs and symptoms</u></p> <p>Inflamed papules, pustules over the face, back, and/or chest. When comedones are present, this is referred to as "mixed inflammatory and comedonal acne vulgaris"</p> <p><u>Causes</u></p> <p>Excess oil production leading to clogging of pores followed by inflammation in the skin.</p>	<p><u>Diagnosis and Treatment</u></p> <p>Diagnosis is based on history and physical exam. Determine patient's motivation to treat. If patient is prepubertal, determine if there are other secondary sex characteristics that might point to precocious puberty.</p> <p>Start treatment listed under "comedonal acne vulgaris" along with one or more of the following:</p> <ul style="list-style-type: none"> <li>Low strength 5% or less benzoyl peroxide wash once daily</li> <li>Topical clindamycin (gel, lotion, or solution) in the AM. This should be used in conjunction with benzoyl</li> </ul>	<p>Refer for any of the following:</p> <ul style="list-style-type: none"> <li>Scarring</li> <li>Contraindication to or failure of aforementioned treatments</li> <li>Patient/family considering Accutane (isotretinoin) therapy</li> <li>Concern of underlying cause of acne (signs of androgen excess, precocious puberty, etc.)</li> </ul>	<p><b>See above</b></p>	<p>Workup may involve the following:</p> <ul style="list-style-type: none"> <li>Bloodwork to rule out underlying endocrinopathy in select patients.</li> <li>Bloodwork +/- urine pregnancy in preparation for Accutane (isotretinoin) course.</li> <li>Referral to additional specialties if needed (adolescent medicine, endocrine, headache clinic)</li> </ul> <p><b>After referral to Dermatology Clinic:</b></p> <ul style="list-style-type: none"> <li>For those started on Accutane (isotretinoin), patients and family should expect to follow up with dermatology every month for 5-10 months.</li> <li>For all others, patients and family should expect to follow up with dermatology every 2-3</li> </ul>

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	<p>peroxide cleanser to limit antibiotic resistance.</p> <ul style="list-style-type: none"> <li>Oral antibiotic therapy with doxycycline 100 mg twice daily if severe. This should also be used in conjunction with benzoyl peroxide cleanser to limit antibiotic resistance.</li> </ul> <p>Monotherapy with oral antibiotic should be avoided</p>			months until acne is well controlled
<p><b>Nodulocystic acne</b></p> <p><u>Signs and symptoms</u> Inflamed, sometimes tender, nodules, cysts, +/- crusted papules, comedones, scarring</p> <p><u>Causes</u> Excess oil production leading to clogging of pores followed by inflammation in the skin. Some proinflammatory conditions may predispose some individuals to this type of acne.</p>	<p><u>Diagnosis and Treatment</u> Diagnosis is based on history and physical exam.</p> <p>Treatment is often more aggressive for this type of acne and typically requires management by dermatology. Referring providers can initiate oral antibiotic therapy with one of the following (unless contraindicated) prior to appointment with dermatology:</p> <ul style="list-style-type: none"> <li>Doxycycline 100 mg twice daily</li> </ul>	<p><b>Refer to dermatology immediately. Consider calling dermatology nursing line to expedite appointment if scarring/inflammation is severe @ 414/266-6434.</b></p>	<p><b>See above</b></p>	<p>Workup may involve the following:</p> <ul style="list-style-type: none"> <li>Bloodwork to rule out underlying endocrinopathy in select patients.</li> <li>Bloodwork +/- urine pregnancy in preparation for Accutane (isotretinoin) course.</li> <li>Referral to additional specialties if needed (adolescent medicine, endocrine, headache clinic)</li> </ul> <p><b>After referral to Dermatology Clinic:</b></p> <ul style="list-style-type: none"> <li>For those started on Accutane (isotretinoin), patients and family should expect to follow</li> </ul>

Diagnosis/symptoms/Causes	Referring provider’s initial evaluation and management:	When to initiate referral/ consider refer to Dermatology Clinic:	What can referring provider send to Dermatology Clinic?	Specialist’s workup will likely include:
	Discussion of birth control methods for patients of childbearing potential.			up with dermatology every month for 5-10 months. <ul style="list-style-type: none"> <li>For all others, patients and family should expect to follow up with dermatology every 2-3 months until acne well controlled</li> </ul>
<div> <div>           Send referrals to  <b>Children’s Wisconsin</b> </div> <div>  </div> <div> <p><b>Internal referral via Children’s Epic</b>            Send an ambulatory referral to Dermatology</p> <p><b>External referral via Epic</b>            Send to CHW DERMATOLOGY CLINICS</p> </div> <div> <p><b>Via fax: 414-607-5288</b></p> </div> <div>  </div> </div>				

Approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

Medical Disclaimer

This Clinical Guideline (CG) is designed to provide a framework for evaluation and treatment. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician’s judgement. Adherence to this CPG is voluntary. Decisions to adopt recommendations from this CG must be made by the clinician in light of available resources and the individual circumstances of the patient. Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children’s Hospital and Health System, Inc., nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information.