

Therapeutic Recommendations for the Treatment of Acne Vulgaris in the US

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SYNOPSIS

- Acne vulgaris and related sequelae, such as post-inflammatory dyspigmentation and scarring, negatively impact quality of life and are associated with increased rates of anxiety and depression¹⁻³
- Treatment of acne can be difficult due to its long treatment time course, chronicity, and low patient adherence⁴⁻⁶
- While national guidelines on acne diagnosis and treatment have been recently updated,⁴ there is a need for practical and easy-to-use guidance for healthcare practitioners who treat patients

OBJECTIVE AND METHODS

- A roundtable discussion with a panel of eight clinicians and dermatologists was held to provide recommendations for the diagnosis and treatment of acne
- Included herein are recommendations for appropriate pharmaceutical treatments based on clinical presentation and patient population, patient discussion points, and advice for clinicians regarding treatment

RESULTS

- The consensus was that successful acne treatment is contingent upon meeting three core goals: 1) correct diagnosis; 2) proper treatment regimen; and 3) patient adherence and education

1. Correct Diagnosis of Acne Vulgaris

- Acne should be diagnosed using both quantitative and qualitative assessments, taking into consideration the patient's lived experience with acne (Figure 1)
- Quantitative assessments include duration; lesion type and location; inflammation; acne-related sequelae; and family history of scarring
- Qualitative assessments determine how bothersome acne and/or sequelae are to patients and how much they impact quality of life
- Differential diagnoses should be performed to rule out acneiform lesions, genetic disorders, infections, and certain types of medications

2. Proper Treatment Regimen

- The main goal of treatment is to clear lesions as quickly as possible to manage and/or mitigate persistent sequelae such as scarring, post-inflammatory erythema, or post-inflammatory hyperpigmentation (PIH)
- For most patients, a combination topical treatment containing benzoyl peroxide and a retinoid and/or an antibiotic is recommended to address the multiple acne pathological processes (Table 1), though sequelae and patient characteristics should be taken in account (eg, PIH in patients with skin of color)
- Fixed-dose combinations are preferred to ensure proper skin coverage, simplify treatment complexity, and improve adherence
- Systemic therapy may be warranted in some patients based on their response to topical treatment and/or acne severity

3. Patient Adherence and Education

- For optimal outcomes, patients should be educated about their treatments and consequences of non-adherence; treatment regimens should be kept simple and realistic goals should be established to manage patient expectations (Figure 2)
- A patient handout on skin care best practices can be used to detail their overall skin care regimen, treatments, and subsequent visits (Figure 3)

Clinical Pearls

- Additional advice for clinicians regarding acne treatment is provided in Figure 4

FIGURE 1. Assessment of Acne Vulgaris

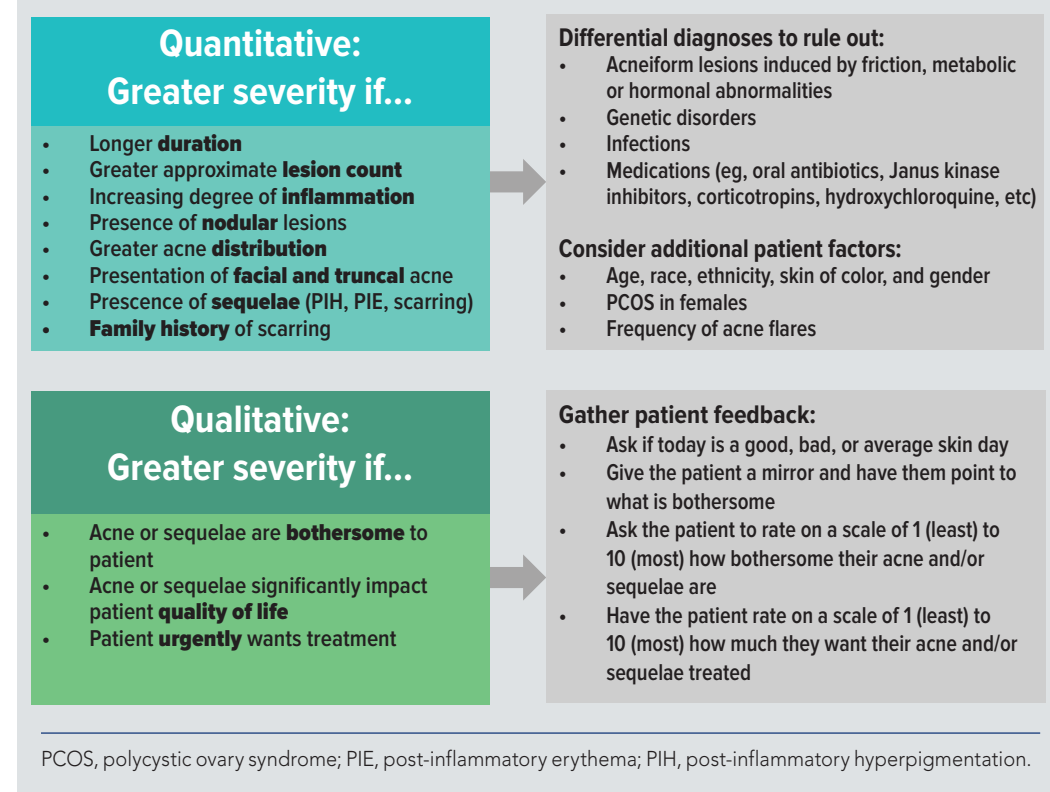


TABLE 1. Recommended Acne Vulgaris Treatments by Clinical Presentation

Scarring	Recommendations
Acne Severity	
Mild	<ul style="list-style-type: none"> Combination topical^{a,b} Topical retinoid^b BPO Azelaic acid Dapsone
Moderate	<ul style="list-style-type: none"> Combination topical^{a,b} Combination topical^{a,b} + oral antibiotic Combined hormonal contraceptive (females) Spironolactone (adult females) Combination topical^{a,b} + spironolactone (adult females) Clascoterone Oral isotretinoin + topical retinoid^b (post-isotretinoin maintenance) +/- combined hormonal contraceptive (females)
Severe	<ul style="list-style-type: none"> Combination topical^{a,b} Combination topical^{a,b} + oral antibiotic Combination topical^{a,b} + oral antibiotic + combined hormonal contraceptive (females) Oral isotretinoin + topical retinoid^b (post-isotretinoin maintenance) +/- combined hormonal contraceptive (females)
Sequelae (facial or truncal)	
PIE	<ul style="list-style-type: none"> Topical retinoid^b Combination topical^{a,b} Mild chemical peel OR laser treatment (as adjunctives to topical)
PIH	<ul style="list-style-type: none"> Topical retinoid^b Azelaic acid Mild chemical peel OR laser treatment (as adjunctives to topical)
Scarring	<ul style="list-style-type: none"> Topical retinoid^b Mild chemical peel OR laser treatment (as adjunctives to topical)

^aFixed-dose BPO + retinoid, BPO + clindamycin, or BPO + retinoid + clindamycin are recommended.
^bTolerability may vary by formulation and dose.
 BPO, benzoyl peroxide; PIE, post-inflammatory erythema; PIH, post-inflammatory hyperpigmentation.

FIGURE 2. Improving Patient Adherence

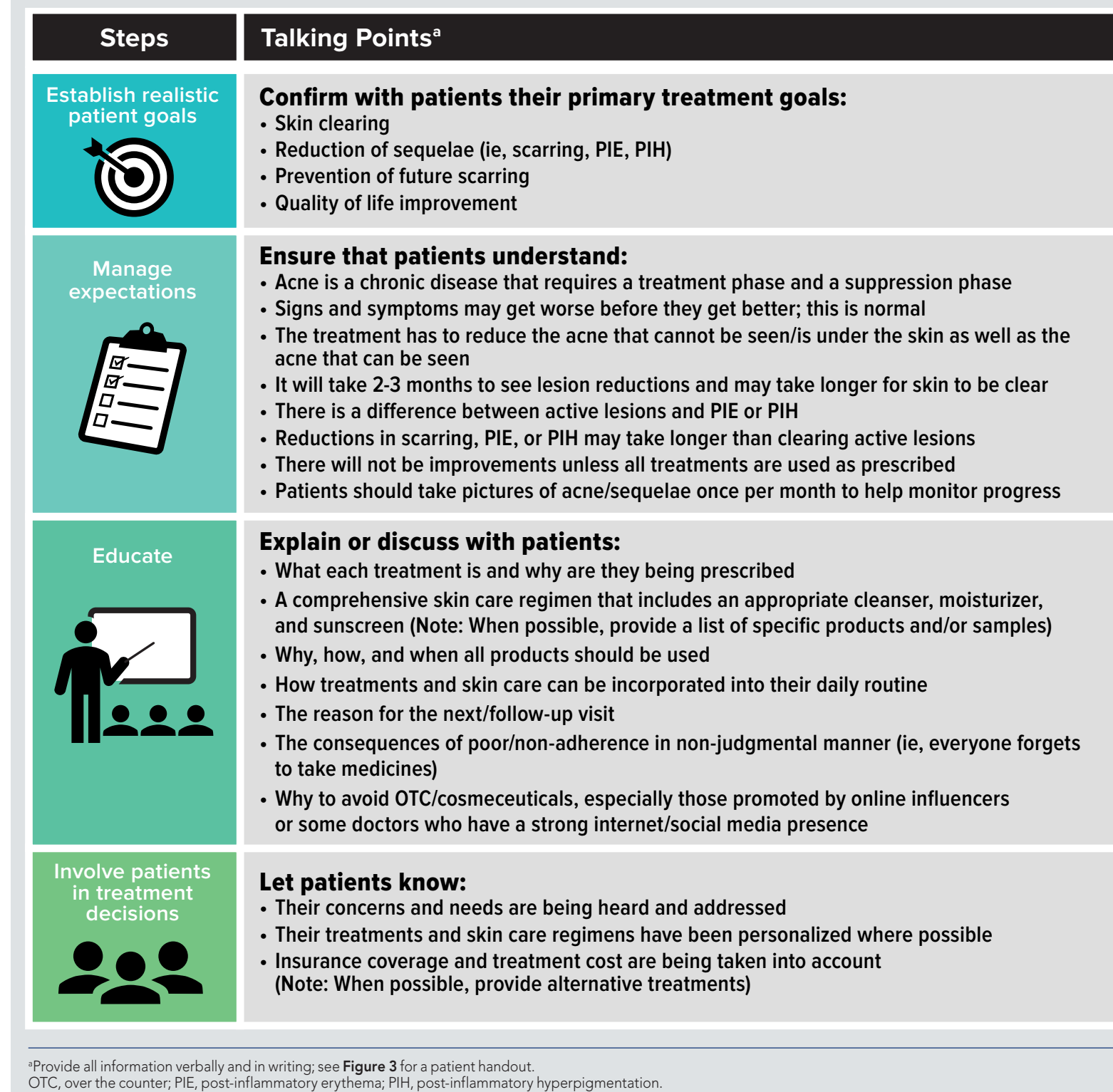


FIGURE 3. Patient Handout

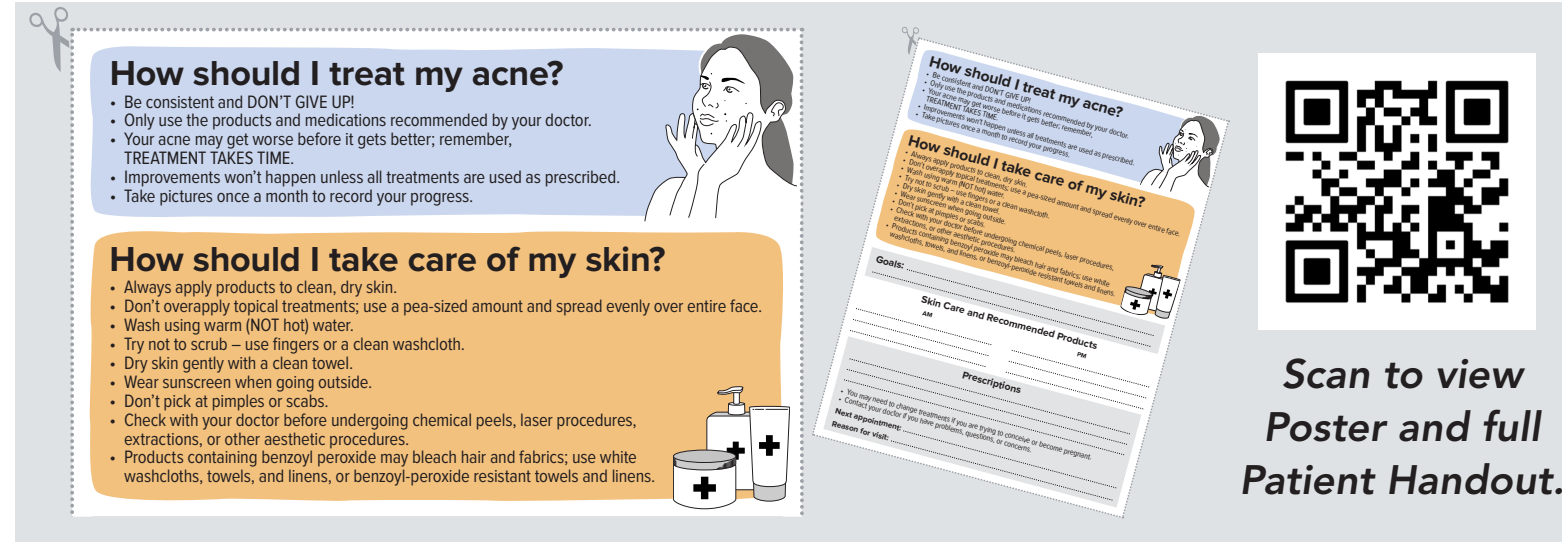


FIGURE 4. Clinical Pearls



CONCLUSIONS

- This practical guidance aims to assist clinicians in the successful diagnosis and treatment of acne vulgaris as well as patient management/education

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AUTHOR DISCLOSURES

James Q. Del Rosso has served as a consultant, investigator, and/or speaker for Ortho Dermatologics, AbbVie, Almirall, Amgen, Arcutis, Biofrontera, Cassiopea, Cutera, Dermavant, EPI Health, Evonmune, Galderma, Incyte, JEM Health, La Roche-Posay, LEO Pharma, Lilly, L'Oréal, MC2 Therapeutics, Novan, Nutrafol, Pfizer, Seno, Strata, Sun Pharma, UCB, and Vyne. Leon H. Kircik has served as either a consultant, speaker, advisor or an investigator for Allergan, Almirall, EPI Health, Galderma, Novartis, Ortho Dermatologics, and Sun Pharma. Emil Tanghetti has served as speaker for Novartis, Ortho Dermatologics, Sun Pharma, Lilly, Galderma, AbbVie, and Dermira; served as a consultant/clinical studies for Hologic, Ortho Dermatologics, and Galderma; and is a stockholder for Accure. Zoe D. Draelos received funding from Ortho Dermatologics. April Armstrong has served as research investigator and/or consultant to AbbVie, Janssen, Lilly, LEO Pharma, Novartis, UCB, Ortho Dermatologics, Dermira, Sanofi, Regeneron, BMS, Dermavant, and Modernizing Medicine. Valerie Callender has served as an investigator, consultant, or speaker for Acne Store, Almirall, Aerolase, AbbVie, Allergan Aesthetics, Avava, Avita Medical, Beiersdorf, Cutera, Dermavant, Eirion Therapeutics, Eli Lilly, Galderma, Janssen, Jeune Aesthetics, L'Oréal, Ortho Dermatologics, Pfizer, Prolinuum, Regeneron, Scientis, Seno, SkinBetter Science, SkinCeuticals, Symtose, Teoxane, and UpToDate. Neal Bhatia has served as advisor, consultant, and investigator for AbbVie, Almirall, Biofrontera, BI, Brickell, BMS, EPI Health, Ferndale, Galderma, Incyte, ISDIN, J&J, LaRoche-Posay, LEO Pharma, Ortho Dermatologics, Regeneron, Sanofi, Sun Pharma, Verrica, and Vyne. Steven Feldman has received research, speaking and/or consulting support from BMS, Eli Lilly and Company, GlaxoSmithKline/Schering, AbbVie, Janssen, Alvotech, VTO Therapeutics, Bristol-Myers Squibb, Samsung, Pfizer, Boehringer Ingelheim, Amgen, Dermavant, Arcutis, Novartis, Novan, UCB, Helsinn, Sun Pharma, Almirall, Galderma, Leo Pharma, Mylan, Celgene, Ortho Dermatologics, Menlo, Merck & Co, Guerent, Forte, Arena, Biocron, Accordant, Argenx, Sanofi, Regeneron, the National Biological Corporation, Caremark, Teladoc, Eurofins, Informa, UpToDate and the National Psoriasis Foundation; he is founder and part owner of Causa Research and holds stock in Sensal Health.