

# Don't Freak Out over a Break Out!

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Why did I get acne?

OIL + DEAD SKIN + BACTERIA = ACNE

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### Why did I get acne?

HORMONE CHANGES WITH EACH MENSTRUAL CYCLE

**OIL**

TEENAGE HORMONES

THE TOP LAYER OF SKIN IS MADE UP OF DEAD SKIN CELLS

**DEAD SKIN**

GET NEW SKIN EVERY 4 WEEKS

P. ACNES

**BACTERIA**

STAPH EPIDERMIDIS

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### Why did I get acne?



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### How do I stop acne?

OCP

**OIL**

RETINOID

**DEAD SKIN**

RETINOID

**BACTERIA**

ANTIBACTERIAL AGENT

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ACNE TREATMENT

TARGET: OIL

- **ORAL CONTRACEPTIVE**
  - Highly encouraged when patients have perimenstrual acne flares
  - Best OCPs are those with **Drospirinone** like Ocella (KP), Yasmin, Yaz, Gianvi
    - These have a better anti-androgen effect than others
    - These are also associated with more blood clots.




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ACNE TREATMENT

TARGET: OIL + DEAD SKIN

- **RETINOIDS (TOPICAL)**
  - Increase keratinocyte proliferation and reduce keratinization (peeling effect that peels off acne, unclogs pores, and gets rid of dead skin)
  - Decreases sebum production (decreases oil production)
  - Stimulates collagen formation (repairs pitted/rolled scars, and is preventing wrinkles!)

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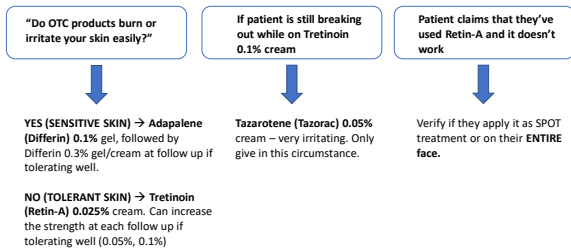
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SELECTING A TOPICAL RETINOID




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## ACNE TREATMENT

### TARGET: BACTERIA

- Everyone gets Benzoyl Peroxide 5% cleanser (unless allergic or cannot tolerate)
  - Kills P. acnes!
  - Comedolytic (breaks whiteheads)
  - Prevents antibiotic resistance
- I don't like benzoyl peroxide gel or cream because it is VERY irritating for most patients. They may use it as spot treatment however.
- Benzoyl peroxide cleanser can bleach clothing/towels so rinse off completely. I recommend using it in the shower.
- Do not use it right before applying retinoid.




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## ACNE TREATMENT

### TARGET: BACTERIA

- Topical antibiotic vs Oral antibiotic
- **NO PUSTULES**
  - Benzoyl peroxide 5% cleanser is sufficient
- **FEW PUSTULES**
  - **Clindamycin 1% Solution** — can apply BID and additionally as spot treatment.
  - I no longer prescribe erythromycin because P. acnes has developed resistance to it.
- **LOTS OF PUSTULES/NODULES**
  - **Doxycycline or Minocycline** 100mg BID for 3 months.
  - Take meds with food and do not lie down for 30 minutes after taking med.
  - I don't care about calcium intake with the medication. Take it with milk if you want!
  - Report any headache + blurry vision immediately.

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## ACNE TREATMENT WHEN SCARRING




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### ACNE TREATMENT WHEN SCARRING



- If you see scars, consider starting **ISOTRETINOIN** as soon as possible.
- Males: can start same day
- Females: have 30 day wait period and **MUST** be on 2 forms of contraception.
- Lab monitoring criteria: pregnancy test for females every month. Baseline lipid and liver function panel with repeat test at 2 months. Check again after increasing dose. Monthly labs at provider's discretion. (Lee et al. Laboratory Monitoring During Isotretinoin Therapy for Acne A Systematic Review and Meta-analysis. JAMA Dermatology. January 2016)

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### ACNE TREATMENT WHEN SCARRING

#### • ISOTRETINOIN DOSAGE

- Start 0.5mg/kg/day for the first month
- Increase to 1mg/kg/day as tolerated by patient
- Goal cumulative dose: 120-150mg/kg → avg 6-8 month duration
- However, if still breaking out at the end of treatment, consider continuing up to **220-250mg/kg** for lower recurrence rate (Blastiak RC, Stamey CR, Burkhardt CN, Lugo-Somolinos A, Morrell DS. High-dose isotretinoin treatment and the rate of retreat, relapse, and adverse effects in patients with acne vulgaris. JAMA Dermatol. 2013;149:1392-1398.)
- Take with fatty food or glass of whole milk.




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HORMONAL ACNE

- Typically woman in her 30s-40s still having acne in a beard distribution
- Flares with menses.
- May also have PCOS.

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### HORMONAL ACNE TREATMENT

#### SPIRONOLACTONE

- Potassium sparing diuretic
- Anti-androgen effect!
- Start at 50mg/day. Can go up to 150mg/day.
- Continue OCP or IUD while on spironolactone – can feminize a male fetus!
- Check baseline potassium and kidney function. Check again 2-3 months later, and then check periodically at provider discretion.
- Associated with breast tenderness, irregular menses, dizziness (from low BP), hyperkalemia only in the setting of kidney disease.
- Spironolactone is also great for treating hirsutism (PCOS) and androgenic alopecia in women.

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### ACNE TREATMENT WHEN PREGNANT

- Avoid Benzoyl Peroxide and Salicylic acid Cleanser (Category C)
- Ok to use Glycolic acid cleanser
- Ok to use Clindamycin solution (Category B)
- Can use RX Azelaic acid 15% gel (Finacea). Good for PIH/melasma. Non-formulary. (Category B)
- Can use Keflex or Azithromycin if you need oral antibiotics (Category B)
- No tetracyclines or retinoids (Category D and X).




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### ACNE REGIMENS BY ACNE TYPE

- Primarily comedonal acne**
- BP 5% wash + topical retinoid (Differin / Retin-A)  
or
  - Epiduo (BP+Differin 0.1%)  
or Epiduo Forte (BP+Differin 0.3%)




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ACNE REGIMENS BY ACNE TYPE

**Inflammatory acne – few pustules**

- BP 5% wash + Clindamycin 1% solution + Topical Retinoid
- Can use BP wash and Clindamycin solution on back/chest as well.
- Consider OCP if patient endorses peri-menstrual flares.



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ACNE REGIMENS BY ACNE TYPE

**Pustular / Nodulocystic acne**

- BP 5% wash + Topical Retinoid
- Doxycycline/ Minocycline
- Consider OCP if patient endorses peri-menstrual flares.



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ACNE REGIMENS BY ACNE TYPE

**Inflammatory/Cystic acne with scarring**

- Isotretinoin
- OCP



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ACNE REGIMENS BY ACNE TYPE

**Hormonal acne – beard distribution**

- BP 5% wash + Topical retinoid
- Spironolactone
- OCP
- +/- Doxycycline/Minocycline




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ACNE REGIMENS BY ACNE TYPE

**Acne while pregnant**

- Glycolic acid cleanser
- Azaleic acid 15% gel
- Clindamycin 1% solution
- Keflex / Azithromycin if needed




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GENERAL PRINCIPLES FOR ACNE TREATMENT

- Advise patient not to pick/squeeze/pop acne – more likely to scar.
- Use SPF 30 Sunscreen every day because all acne meds are likely to make photosensitive.
- Explain to patient that they are likely to get worse before they get better. "Medications are pushing out the acne under your skin. Stick to the regimen and you WILL get better."
- Patient can expect to see improvement at 8 week mark so they must be patient. Takes 4 weeks to make new skin anyway!
- Follow your acne patients every 3 months to keep adjusting their regimen. Let them know they should come back if they are not improved.




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Anyone still freaking out?

- Hope not!
- Any questions?

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