



ACNE PATIENT INFORMATION

Acne is a skin disease affecting the pilosebaceous unit (oil glands). When these pores do not drain properly, the oil attracts unique bacteria to be trapped causing inflammation to occur. Clinical manifestations range from mild to severe, such as comedones (whiteheads and blackheads) or cysts. Acne can also be described as inflammatory or non-inflammatory.

Several factors contribute to acne:

1. Hormonal- In the presence of androgen (a type of hormone), oil glands, also called sebaceous glands, enlarges and produces more sebum, which is most prevalent during puberty.
2. Bacterial- A specific type of bacteria called *Propionibacterium acnes* are found in these oily follicles and stimulate more inflammation.
3. Genetics- History of family members (parents or siblings)
4. External factors- mechanical trauma, cosmetics, topical steroids or some oral medications (such as lithium)

Due to these multiple factors, **combination therapy is the mainstay of treatment.**

Your clinician would like to treat your acne with:

TOPICAL TREATMENTS (Many of these are NOT approved for use during pregnancy or breastfeeding.)

- Topical Antibiotics** (ex: Clindamycin®, Duac®, BenzaClin®, Klaron®). These topical medications will kill the bacteria in the pores.
- Topical Exfoliating Agent** (ex: Differin®, Retin-A®, Tazorac®). These are drying agents that will help unplug and normalize the pore. (Note: Make sure you discontinue this medication **ONE** week prior to waxing.)

ORAL TREATMENTS (For all oral treatments, you may NOT be pregnant or breastfeeding.)

- Oral Antibiotics** (ex: doxycycline, minocycline, Bactrim®, Keflex®). Tetracyclines (doxycycline and minocycline) are the most commonly used oral antibiotics to treat moderate to severe acne. They are safe to take for months at a time. Some side effects to these medications include: sun sensitivity, stomach upset, and heartburn. If you experience a sudden onset of rash or severe unusual headache, discontinue the medication and contact your clinician immediately.
- Aldactone®** (generic: spironolactone). This oral medication blocks testosterone (a hormone that aggravates acne) over a long course of treatment. Since this medication is also used as a diuretic, baseline blood work is needed to check your electrolytes and liver function.
- Birth Control Pills (Females only)**. In order to decrease hormonal fluctuations that affect acne, we recommend taking birth control pills (Yaz® or Yazmin®). We advise you to discuss with your OB/GYN or Primary Care Doctor to be screened and to check if you are eligible to be on this pill.
- Accutane®** (generic: isotretinoin). This oral medication is a retinoid (Vitamin A derivative like Retin-A) used to treat severe acne that does not respond to the above medications. Accutane® helps clear acne for years and the average period of treatment is five to seven months, however, the duration of treatment may be adjusted based on severity. Please ask your clinician for more information regarding this treatment plan.

ALTERNATIVE TREATMENTS (ASK YOUR CLINICIAN TO REVIEW THESE FOLLOWING PROCEDURES IN DETAIL)

- Microdermabrasion & light chemical peels** help improve skin texture, decrease pore size, decrease mild scarring & increase absorption of your topical treatments
- Blue Spectrum Light Therapy** consists of a concentrated visible light that kills bacteria in the oil ducts. It is safe for pregnancy & nursing. At times, **ALA** (a topical solution) may be applied prior to the Blue Light exposure in order to enhance light penetration.
- Pulse Dye Laser (PDL)** decreases inflammation and improves certain acne scars.

Recommended facial cleansers, moisturizers & cosmetics:

- Cetaphil® CeraVe® (Note: Look for “non-comeodogenic” cleansers & moisturizers)
- Clinique®, Prescriptives® make-up

AM Regimen:

1. _____
2. _____
3. _____

PM Regimen:

1. _____
2. _____
3. _____