

Truncal acne: a neglected entity



This article is written by well-respected acne experts and highlights the fact that non-facial acne is often ignored by the treating physician. Although the pathogenesis and clinical lesions seem to be the same, truncal acne is perhaps underdiagnosed and undertreated. Patients with truncal acne experience the same outcomes as those with facial acne such as pigmentary problems and scarring as well as psychological harm. Treatment can be more complicated due to inaccessibility on the back, coupled with the large surface area to be treated and bleaching of clothes or bedding when benzoyl peroxide is used.

James Q. Del Rosso, Linda Stein-Gold, Charles Lynde, Emil Tanghetti, Andrew F. Alexis. *J Drugs Dermatol.* 2019 Dec 1;18 (12):205-1208



Take the time when completing the history and physical examination to look for the presence of acne in non-facial areas.

The influence of social media on acne treatment



Some 130 university students with acne were surveyed to see if they accessed social media for acne treatment advice, whether changes were based on social media and if these changes aligned with the American Academy of Dermatology (AAD) clinical guidelines for acne management.

Almost half (45%) of respondents consulted social media for acne treatment advice. Of this group 51% were women, 41% were adolescents and 51% were young adults. The most used platforms were YouTube and Instagram (58% each). 81% tried an over-the-counter treatment and 40% tried dietary modification. However, only 31% of those consulting social media made changes fully aligned with the AAD clinical guidelines.

Ahmed Yousaf, Rachael Hagen, Emily Delaney, Stephen Davis, Zachary Zinn. *Pediatr Dermatol.* 2020 Mar; 37(2):301-304.



They're called 'influencers' for a reason and this study demonstrates their impact on acne patients. Be aware of your patients' information sources, especially social media; ask them and address any 'fake news'.

When bugs and drugs conspire: driving acneiform skin toxicity



The use of EGFR and MEK inhibitors is often complicated by acne like eruptions. A proposed mechanism is that the drugs act on *Cutibacterium acnes* to induce keratinocyte IL-36 gamma which then results in neutrophil recruitment. This may explain why the rashes are often pustular and folliculocentric and why antibiotic therapy can be helpful.

Allison C Billi, Mrinal K Sarkar, Johann E Gudjonsson. *J Clin Invest.* 2020 Mar 2; 130(3):1090-1092.

Acne vulgaris and risk of depression and anxiety: A meta-analytic review



In this month's blue journal, a meta-analysis of 42 studies included both depression and anxiety in acne, finding both conditions were more prevalent in adults (those aged 20 years and older) than adolescents (those aged 12-19 years) with acne. However, the depression link was much greater in adults. The authors propose that under-treatment of acne is a risk for psychological issues and recommend it should be treated aggressively using appropriate options, including isotretinoin.

Danielle V Samuels, Robert Rosenthal, Rick Lin, Soham Chaudhari, Misaki N Natsuaki. *J Am Acad Dermatol.* 2020 Aug; 83 (2):532-541

“ Older people are not immune to the psychological impact of acne with the study's authors suggesting the belief that acne is a 'teen skin condition' exacerbates older patients' anxiety and depression. Despite the increase of adult acne and the attention it has received in the general community, acne is often still seen to be a teen issue. As dermatologists, we have the opportunity to correct this myth and consider psychiatric screening or referrals. ”



Patient convenience - Dermatologist not required

An American healthcare company (Bausch Health Companies Inc) and its dermatology business (Ortho Dermatologics) have launched a new telemedicine platform on Dermatology.com.


The website enables patients to consult with a healthcare professional, order and receive prescriptions on demand for many dermatology products. Patients submit a photo of their skin problem and medical history via their mobile or computer. Once the submission is placed, which takes approximately three minutes, they receive an email confirming this submission has been reviewed by healthcare provider.

Within 24-hours a prescription is provided for one of the companies branded prescription products or the person receives a recommendation for a board-certified dermatologist for an in-person consultation. Products available include Retin-A® cream as well as Altreno®, the newer tretinoin lotion 0.05%, minocycline tablets and benzoyl peroxide foam.

So with the click of a button you can get a consultation, your medications dispensed without having to see a doctor or go to a pharmacy! It's already happening in Australia with some medications, so it may just be time before dermatologists become an optional extra.




Identifying the impacts of acne: A Delphi survey of patients and clinicians

 This study was designed to identify the most prominent impacts identified by acne patients and by their clinicians. The qualitative phase generated 64 items in three themes: psychological, sociological and treatment-related. Consensus for importance was achieved at 34 items by patients and 43 by clinicians. Patient identified highest ranked items were being self-conscious; feeling unattractive; feeling uncomfortable in own skin; unattractive to others; would not want pictures taken; envious of people with clear skin; and the time and effort spent concealing scarring. Clinicians only identified feeling unattractive.


Jerry Tan, Marc P Frey, Diane Thiboutot, Alison Layton, Anne Eady. *J Cutan Med Surg* . May/Jun 2020;24(3):259-266

“ This Delphi survey provides evidence for establishing a good clinical history, getting to the bottom of how patients feel and how acne impacts them. ”

 Patients can be referred to the following organisations:
Beyond Blue - 1300 22 4636. Lifeline Australia - 13 11 14. Kids Helpline - 1800 55 1800.

Topical benzoyl peroxide for acne - the latest Cochrane review


Here is what Cochrane concludes after reviewing 120 trials.

 Current evidence suggests that benzoyl peroxide (BPO) as monotherapy or add-on treatment may be more effective than placebo or no treatment for improving acne, and there may be little to no difference between BPO and either adapalene or clindamycin. Our key efficacy evidence is based on participant self-assessment; trials of BPO versus erythromycin or salicylic acid did not report this outcome. For adverse effects, the evidence is very uncertain regarding BPO compared with adapalene, erythromycin or salicylic acid. However, risk of treatment discontinuation may be higher with BPO compared with placebo or no treatment. Withdrawal may be linked to tolerability rather than to safety. Risk of mild to moderate adverse events may be higher with BPO compared with clindamycin. Further trials should assess the comparative effects of different preparations or concentrations of BPO and combination BPO versus monotherapy. These trials should fully assess and report adverse effects and patient-reported outcomes measured on a standardised scale.

Yang Z, Zhang Y, Lazic Mosler E, Hu J, Li H, Zhang Y, Liu J, Zhang Q. *Cochrane Database Syst Rev*. 2020 Mar 16;3(3):CD011154

“ Most, if not all of us, have used or recommended topical benzoyl peroxide for acne. Therefore, I found it quite strange that as a “widely used acne treatment. . . it’s efficacy and safety have not been clearly evaluated.” So what it says is that benzoyl peroxide is better than placebo or nothing and it may actually be just as good as adapalene or clindamycin! The key efficacy evidence was based on participant self-assessment. And yes, withdrawal may be due to people not being able to tolerate it rather than safety issues. And yes we always need more trials! ”


Tazarotene 0.045% lotion for moderate to severe acne

 Three papers discuss the use of a new tazarotene 0.045% lotion which is based on polymeric emulsion technology and has been found to be useful in moderate to severe acne.

Tanghetti’s paper provides results from two phase 3 trials of 1614 subjects nine years and older with moderate to severe acne. The trials show that tazarotene 0.045% lotion provides statistically significant greater efficacy than vehicle in terms of lesion reduction and treatment success. It also had a favourable safety and tolerability profile.

Cook-Bolden’s paper looks at male patients who are deemed often neglected in acne management. They also note there is poor adherence to topical medication in adult men “where tactile and sensory perceptions are low”. The pooled analysis from the previous paper showed the lotion provided greater efficacy and better tolerability in adult males (about 18 years old) compared with adolescent males.

Bhatia’s paper was a pooled analysis of the first paper and found the lotion was well tolerated across racial and ethnic sub-populations which included black and Hispanic populations.

 Watch this space for the new tazarotene lotion which may prove to be slightly more effective in males aged over 18 years than under 18 years old.

Emil A. Tanghetti et al. *Tazarotene 0.045% Lotion for Once-Daily Treatment of Moderate-to-Severe Acne Vulgaris: Results from Two Phase 3 Trials J Drugs Dermatol*. 2020 Jan 1;19 (1):70-77. Fran E. Cook-Bolden et al. *Treatment of Moderate-to-Severe Acne Vulgaris in Adult Males J Drugs Dermatol* . 2020 Jan 1;19 (1):78-85. Neal Bhatia et al. *Novel Polymeric Tazarotene 0.045% Lotion for Moderate-to-Severe Acne: Pooled Phase 3 Analysis by Race/Ethnicity J Drugs Dermatol* . 2020 Jul 1;19 (7):727-734.



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