ACNE

About acne

Acne is a common skin condition that affects most people at some point. It causes spots, oily skin and sometimes skin that's hot or painful to touch.

Acne most commonly develops on the:

- face – this affects almost everyone with acne
- back – this affects more than half of people with acne
- chest – this affects about 15% of people with acne

Types of spots

There are 6 main types of spot caused by acne:

- blackheads – small black or yellowish bumps that develop on the skin; they're not filled with dirt, but are black because the inner lining of the hair follicle produces pigmentation (colouring)
- whiteheads – have a similar appearance to blackheads, but may be firmer and won't empty when squeezed
- papules – small red bumps that may feel tender or sore
- pustules – similar to papules, but have a white tip in the centre, caused by a build-up of pus
- nodules – large hard lumps that build up beneath the surface of the skin and can be painful
- cysts – the most severe type of spot caused by acne; they're large pus-filled lumps that look similar to boils and carry the greatest risk of causing permanent scarring

Papules are small red bumps that may feel tender or sore.
Source: https://dermnetnz.org/Blackheads are small black or yellow lumps that form on the skin.
Source: https://dermnetnz.org/

What can I do if I have acne?

The self-help techniques below may be useful:

- Don't wash affected areas of skin more than twice a day. Frequent washing can irritate the skin and make symptoms worse
- Wash the affected area with a mild soap or cleanser and lukewarm water. Very hot or cold water can make acne worse
- Don't try to "clean out" blackheads or squeeze spots. This can make them worse and cause permanent scarring
- Avoid using too much make-up and cosmetics. Use water-based products that are described as non-comedogenic (this means the product is less likely to block the pores in your skin)
- Completely remove make-up before going to bed
- If dry skin is a problem, use a fragrance-free, water-based emollient

- Regular exercise can't improve your acne, but it can boost your mood and improve your self-esteem. Shower as soon as possible once you finish exercising, as sweat can irritate your acne
- Wash your hair regularly and try to avoid letting your hair fall across your face

Although acne can't be cured, it can be controlled with treatment. Several creams, lotions and gels for treating spots are available at pharmacies. If you develop acne, it's a good idea to speak to your pharmacist for advice.

Treatments can take up to 3 months to work, so don't expect results overnight. Once they do start to work, the results are usually good.

When to get professional advice

Pharmacy First Scotland: Acne treatment from your pharmacy

If you have acne you can get advice and treatment directly from a pharmacy. Find your local pharmacy on Scotland's Service Directory.

Acne isn't usually serious and can be treated by a pharmacist. If your acne is severe or appears on your chest and back, it may need to be treated with antibiotics or stronger creams that are only available on prescription. Your pharmacist can advise on whether you need to see your GP for further treatment.

If you develop nodules or cysts, they need to be treated properly through your GP to avoid scarring. Try to resist the temptation to pick or squeeze the spots, as this can lead to permanent scarring.

Why do I have acne?

Acne is most commonly linked to the changes in hormone levels during puberty, but can start at any age.

Certain hormones cause the grease-producing glands next to hair follicles in the skin to produce larger amounts of oil (abnormal sebum).

This abnormal sebum changes the activity of a usually harmless skin bacterium called P. acnes, which becomes more aggressive and causes inflammation and pus.

The hormones also thicken the inner lining of the hair follicle, causing blockage of the pores (opening of the hair follicles). Cleaning the skin doesn't help to remove this blockage.

Other possible causes of Acne

Acne is known to run in families. If both your mother and father had acne, it's likely that you'll also have acne.

Hormonal changes, such as those that occur during the menstrual cycle or pregnancy, can also lead to episodes of acne in women.

There's no evidence that diet, poor hygiene or sexual activity play a role in acne.

Read more about the causes of acne, including some common acne myths.

Who's affected?

Acne is very common in teenagers and younger adults. About 80% of people aged 11 to 30 are affected by acne.

Acne is most common in girls from the ages of 14 to 17, and in boys from the ages of 16 to 19.Most people have acne on and off for several years before their symptoms start to improve as they get older. Acne often disappears when a person is in their mid-twenties.

In some cases, acne can continue into adult life. About 5% of women and 1% of men have acne over the age of 25.

COMA

A coma is a state of unconsciousness where a person is unresponsive and cannot be woken.

It can result from injury to the brain, such as a severe head injury or stroke. A coma can also be caused by severe alcohol poisoning or a brain infection (encephalitis).

People with diabetes could fall into a coma if their blood glucose levels suddenly became very low (hypoglycaemia) or very high (hyperglycaemia).

What is a coma?

Someone who is in a coma is unconscious and has minimal brain activity. They're alive, but can't be woken up and show no signs of being aware.

The person's eyes will be closed and they'll appear to be unresponsive to their environment. They won't normally respond to sound or pain, or be able to communicate or move voluntarily.

Someone in a coma will also have very reduced basic reflexes such as coughing and swallowing. They may be able to breathe on their own, although some people require a machine to help them breathe.

Over time, the person may start to gradually regain consciousness and become more aware. Some people will wake up after a few weeks, while others may go into a vegetative state or minimally conscious state.

Caring for and monitoring a person in a coma

Doctors assess a person's level of consciousness using a tool called the Glasgow Coma Scale. This level is monitored constantly for signs of improvement or deterioration. The Glasgow Coma Scale assesses three things:

- eye opening – a score of one means no eye opening, and four means opens eyes spontaneously
- verbal response to a command – a score of one means no response, and five means alert and talking

- voluntary movements in response to a command – a score of one means no response, and six means obeys commands

Most people in a coma will have a total score of eight or less. A lower score means someone may have experienced more severe brain damage and could be less likely to recover.

In the short term, a person in a coma will normally be looked after in an intensive care unit (ICU). Treatment involves ensuring their condition is stable and their body functions, such as breathing and blood pressure, are supported while the underlying cause is treated.

In the longer term, healthcare staff will give supportive treatment on a hospital ward. This can involve providing nutrition, trying to prevent infections, moving the person regularly so they don't develop bedsores, and gently exercising their joints to stop them becoming tight.

What you can do as a visitor

The experience of being in a coma differs from person to person. Some people feel they can remember events that happened around them while they were in a coma, while others don't.

Some people have reported feeling enormous reassurance from the presence of a loved one when coming out of a coma.

When visiting a friend or loved one in a coma, you may find the advice below helpful:

- when you arrive, announce who you are
- talk to them about your day as you normally would – be aware that everything you say in front of them might be heard
- show them your love and support – even just sitting and holding their hand or stroking their skin can be a great comfort

Research has also suggested that stimulating the main senses – touch, hearing, vision and smell – could potentially help a person recover from a coma.

As well as talking to the person and holding their hand, you might want to try playing them their favourite music through headphones, putting flowers in their room or spraying a favourite perfume.

Recovering from a coma

A coma usually only lasts a few weeks, during which time the person may start to gradually wake up and gain consciousness, or progress into a different state of unconsciousness called a vegetative state or minimally conscious state.

- a vegetative state – where a person is awake but shows no signs of being aware of their surroundings or themselves
- a minimally conscious state – where a person has limited awareness that comes and goes

Some people may recover from these states gradually, while others may not improve for years, if at all.

People who do wake up from a coma usually come round gradually. They may be very agitated and confused to begin with.

Some people will make a full recovery and be completely unaffected by the coma. Others will have disabilities caused by the damage to their brain. They may need physiotherapy, occupational therapy and psychological assessment and support during a period of rehabilitation, and may need care for the rest of their lives.

The chances of someone recovering from a coma largely depend on the severity and cause of their brain injury, their age and how long they've been in a coma. But it's impossible to accurately predict whether the person will eventually recover, how long the coma will last and whether they'll have any long-term problems.

Further information and support on coma

For further information and support from healthcare professionals and the families of people in a coma, you may find the following websites helpful:

- Brain and Spine Foundation
- Headway: the brain injury association
- ICUsteps: the intensive care patient support charity

COUGH

A cough is a reflex action to clear your airways of mucus and irritants such as dust or smoke. It's rarely a sign of anything serious.

Most coughs clear up within 3 weeks and don't require any treatment.

A dry cough means it's tickly and doesn't produce any phlegm (thick mucus). A chesty cough means phlegm is produced to help clear your airways.

Cough self-help guide

Complete our self-help guide to check your symptoms and find out what to do next.

Cough

Before using this guide

If you're asking on behalf of someone else, please make sure the person is:

- conscious and alert
- responding normally to you

If not, phone 999 and ask for an ambulance.

Coronavirus (COVID-19)

If you're worried about coronavirus, read our coronavirus guidance.

Start guide

Speak to a pharmacist for:

- advice about coughs
- cough treatments

Find your local pharmacy

Speak to a GP if:

- you've had a cough for more than 3 weeks
- your cough is particularly severe
- you cough up blood
- you experience shortness of breath, breathing difficulties or chest pain
- you have any other worrying symptoms, such as unexplained weight loss, a persistent change in your voice, or lumps or swellings in your neck

If your GP is unsure what's causing your cough, they may refer you to a hospital specialist for an assessment. They may also request some tests, such as a chest X-ray, allergy tests, breathing tests, and an analysis of a sample of your phlegm to check for infection.

If you're concerned about coronavirus (COVID-19): visit our coronavirus page.

Short-term coughs

Common causes of a short-term cough include:

- an upper respiratory tract infection (URTI) that affects the throat, windpipe or sinuses – examples are a cold, flu, laryngitis, sinusitis or whooping cough
- a lower respiratory tract infection (LRTI) that affects your lungs or lower airways – examples are acute bronchitis or pneumonia
- an allergy, such as allergic rhinitis or hay fever
- a flare-up of a long-term condition such as asthma, chronic obstructive pulmonary disease (COPD) or chronic bronchitis
- inhaled dust or smoke
- coronavirus (COVID-19)

In rare cases, a short-term cough may be the first sign of a health condition that causes a persistent cough.

Persistent coughs

A persistent cough may be caused by:

- a long-term respiratory tract infection, such as chronic bronchitis
- asthma – this also usually causes other symptoms, such as wheezing, chest tightness and shortness of breath
- an allergy
- smoking – a smoker's cough can also be a symptom of COPD
- bronchiectasis – where the airways of the lungs become abnormally widened
- postnasal drip – mucus dripping down the throat from the back of the nose, caused by a condition such as rhinitis or sinusitis
- gastro-oesophageal reflux disease (GORD) – where the throat becomes irritated by leaking stomach acid
- a prescribed medicine, such as an angiotensin-converting enzyme inhibitor (ACE inhibitor), which is used to treat high blood pressure and cardiovascular disease

In most cases, a doctor won't worry whether a cough is dry or chesty, but will need to know if you are producing much more or darker phlegm than usual.

Rarely, a persistent cough can be a symptom of a more serious condition, such as lung cancer, heart failure, a pulmonary embolism (blood clot on the lung) or tuberculosis.

Coughs in children

Coughs in children often have similar causes to those mentioned above. For example, respiratory tract infections, asthma and GORD can all affect children.

Causes of coughs that are more common in children than adults include:

- bronchiolitis – a mild respiratory tract infection that usually causes cold-like symptoms
- croup – this causes a distinctive barking cough and a harsh sound known as stridor when the child breathes in
- whooping cough – look out for symptoms such as intense, hacking bouts of coughing, vomiting, and a 'whoop' sound with each sharp intake of breath after coughing

Occasionally, a persistent cough in a child can be a sign of a serious long-term condition, such as cystic fibrosis.

Read more about what to do if your child has cold or flu symptoms

Cough treatments

Treatment isn't always necessary for short-term coughs because it's likely to be a viral infection that will get better on its own within a few weeks.

Do

- rest
- drink plenty of fluids
- take painkillers such as paracetamol or ibuprofen

Cough medicines and remedies

Although some people find them helpful, medicines that claim to suppress your cough or stop you bringing up phlegm are not usually recommended. This is because there's little evidence to suggest they're any better than simple home remedies, and they're not suitable for everyone.

The Medicines and Healthcare products Regulatory Agency (MHRA) recommends that over-the-counter cough and cold medicines shouldn't be given to children under the age of six. Children aged 6 to 12 should only use them on the advice of a pharmacist or doctor.

A homemade remedy containing honey and lemon is likely to be just as useful and safer to take. Honey shouldn't be given to babies under the age of one because of the risk of infant botulism.

Treating the underlying cause

If your cough has a specific cause, treating this may help. For example:

- asthma can be treated with inhaled steroids to reduce inflammation in your airways
- allergies can be treated by avoiding things you're allergic to and taking antihistamines to dampen down your allergic reactions
- bacterial infections can be treated with antibiotics
- GORD can be treated with antacids to neutralise your stomach acid and medication to reduce the amount of acid your stomach produces
- COPD can be treated with bronchodilators to widen your airways

If you smoke, quitting is also likely to help improve your cough. Read more about stopping smoking.

Contact your GP or, if your GP's closed, phone 111 if your child:

- is under 3 months old and has a temperature of 38°C or above
- is older than 3 months and has a temperature of 39°C or above
- has fewer wet nappies or nappies that seem drier than usual or has a dry nappy for over 12 hours
- isn't getting better after a few days
- is taking less than half their usual amount during their last 2 or 3 feeds

If you're very concerned about your child trust your instincts and phone your GP or 111 for advice, or phone 999 in an emergency.

CORONAVIRUS (COVID-19)

Most people no longer need to take a coronavirus test. To prevent the spread of infection, you should try to stay at home if you're unwell. You can still access testing if you have a health condition which means you're eligible for coronavirus treatments.

Coronavirus, and other respiratory infections such as flu, can spread easily and cause serious illness in some people. Vaccinations are very effective at preventing serious illness from coronavirus. But there's still a chance you might catch coronavirus, or another respiratory infection, and pass it on to other people.

Symptoms Coronavirus

To prevent the spread of coronavirus, try to stay at home and avoid contact with other people if you have symptoms of a respiratory infection such as coronavirus and you:

- have a high temperature or
- do not feel well enough to go to work or carry out normal activities

Try to do this until you no longer have a high temperature (if you had one) or until you feel better.

Symptoms of coronavirus include:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath

- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that's unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea
- feeling sick or being sick

How to help your symptoms

Do

- drink fluids like water to keep yourself hydrated
- get plenty of rest
- wear loose, comfortable clothing – don't try to make yourself too cold
- take over-the-counter medications like paracetamol – always follow the manufacturer's instructions

Antibiotics will not relieve your symptoms or speed up your recovery.

You might continue to have a cough or feel tired after your other symptoms have improved. This does not mean that you're still infectious.

Phone 999 or to go A&E if:

You or your child:

- seems very unwell, is getting worse or you think there's something seriously wrong – children and babies in particular can get unwell very quickly
- gets sudden chest pain
- is so breathless they're unable to say short sentences when resting, or breathing suddenly gets worse – in babies their stomach may suck under their ribs
- starts coughing up blood
- collapses, faints, or has a seizure or fit for the first time
- has a rash that does not fade when you roll a glass over it, the same as meningitis

Speak to your GP if:

- your symptoms worsen
- you're concerned about your symptoms
- you have symptoms that you can no longer manage at home
- you're worried about your child, especially if they're under 2 years

If your GP is closed, phone 111. In an emergency phone 999.

It's particularly important to get help if you're at increased risk of becoming more unwell from coronavirus such as if you're pregnant, aged 60 or over, or have a weakened immune system.

Testing Coronavirus

Most people in Scotland no longer need to test for coronavirus.

Who can still access free NHS testing?

You can still access testing if you have a health condition which means you're eligible for coronavirus treatments.

Order tests online if you're eligible

Testing helpline

If you're eligible for free NHS tests and you cannot place an order online, phone 0800 008 6587. The helpline is free from mobiles and landlines. Lines are open Monday to Friday from 9am to 5pm and on Saturdays from 9am to 1pm. Lines are closed on Sundays and bank holidays. They have a translation service. SignVideo (a free online British Sign Language interpreter service) is also available.

Everyone else

Unless you have a health condition which means you're eligible for coronavirus treatments, you're not eligible for free NHS testing. You should not order online or phone for a test. You will not be able to get one this way.

You can buy tests from some pharmacies and shops, in person and online.

Stay at home advice

There are things you can do to reduce the spread of infection if you have symptoms, have tested positive, or are a close contact.

If you aren't eligible for testing and you have symptoms of a respiratory infection such as coronavirus and have a high temperature or do not feel well enough to go to work or carry out normal activities, try to stay at home and avoid contact with other people. Try to do this until you no longer have a high temperature (if you had one) or until you feel better.

If you have a positive coronavirus test result, try to stay at home and avoid contact with other people for 5 days after the day you took your test, or from the day your symptoms started (whichever was earlier). You should count the day after you took the test as day 1.

If a child or young person aged 18 or under has a positive coronavirus test result, they should try to stay at home and avoid contact with other people for 3 days after the day they took the test or from the day their symptoms started (whichever was earliest), if they can. Children and young people tend to be infectious for less time than adults.

If you've had a positive test result, and have completed 5 days of self-isolation

Although many people will no longer be infectious to others after 5 days, some people may be infectious to other people for up to 10 days from the start of their infection.

If you have a high temperature or still feel unwell after the 5 days, continue to try to stay at home. Try to stay at home until you:

- feel well enough to go back to normal activities

- no longer have a high temperature (if you had one)

This will help reduce the risk of spreading the virus.

You should avoid meeting people at higher risk of becoming seriously unwell from coronavirus, especially those whose immune system means that they are at higher risk of serious illness from coronavirus for 10 days after the day you took your test.

If you've received a positive test result and have been following the stay at home advice, you do not need to test after the 5 day period unless you've been advised to do so by a health professional.

How to reduce the spread of infection

Do

- work from home if you can – if you can't, talk to your employer about your options
- if you've been asked to attend a medical or dental appointment in person, tell them about your symptoms or positive test
- ask friends, family or neighbours to get food and other essentials for you, if you wish
- tell people you have recently been in contact with that you're feeling unwell or have tested positive so they can be aware of symptoms
- keep your distance from the people you live with if you can
- ventilate rooms you have been in by opening windows and leaving them open for at least 10 minutes after you have left the room
- wear a well-fitting face covering made with multiple layers or a surgical face mask if you do leave home or in shared areas in your home, especially if you live with someone with a weakened immune system
- regularly clean frequently touched surfaces, such as door handles and remote controls, and shared areas such as kitchens and bathrooms
- if you do leave home, exercise outdoors in places where you will not have close contact with other people
- cover your mouth and nose when you cough or sneeze
- wash your hands regularly with soap and water for 20 seconds or use hand sanitiser after coughing, sneezing, blowing your nose, and before you eat or handle food
- tell anyone who needs to come into your home that you have symptoms or have tested positive so they can protect themselves

Don't

- do not have close contact with anyone who is at higher risk, especially individuals with a weakened immune system, if you can avoid it
- do not go to crowded places or anywhere that is enclosed or poorly ventilated if you do leave home
- do not touch your face with unwashed hands, if you can avoid it

Children and young people aged 18 and under

Respiratory infections are common in children and young people, particularly during the winter months. Symptoms can be caused by several respiratory infections including the common cold, coronavirus and RSV.

For most children and young people, these illnesses will not be serious. They'll soon recover following rest and plenty of fluids.

Very few children and young people with respiratory infections become seriously unwell.

When to stay at home

Children and young people with mild symptoms who are otherwise well, can continue to attend their education setting. Mild symptoms include a runny nose, sore throat, or slight cough.

Children and young people who are unwell and have a high temperature should stay at home and avoid contact with other people, where they can. They can go back to school, college or childcare, and resume normal activities when they no longer have a high temperature and they're well enough to attend.

It's not recommended that children and young people are tested for coronavirus unless advised to by a healthcare professional.

Children and young people who usually go to school, college or childcare and who live with someone who has a positive coronavirus test result should continue to attend as normal.