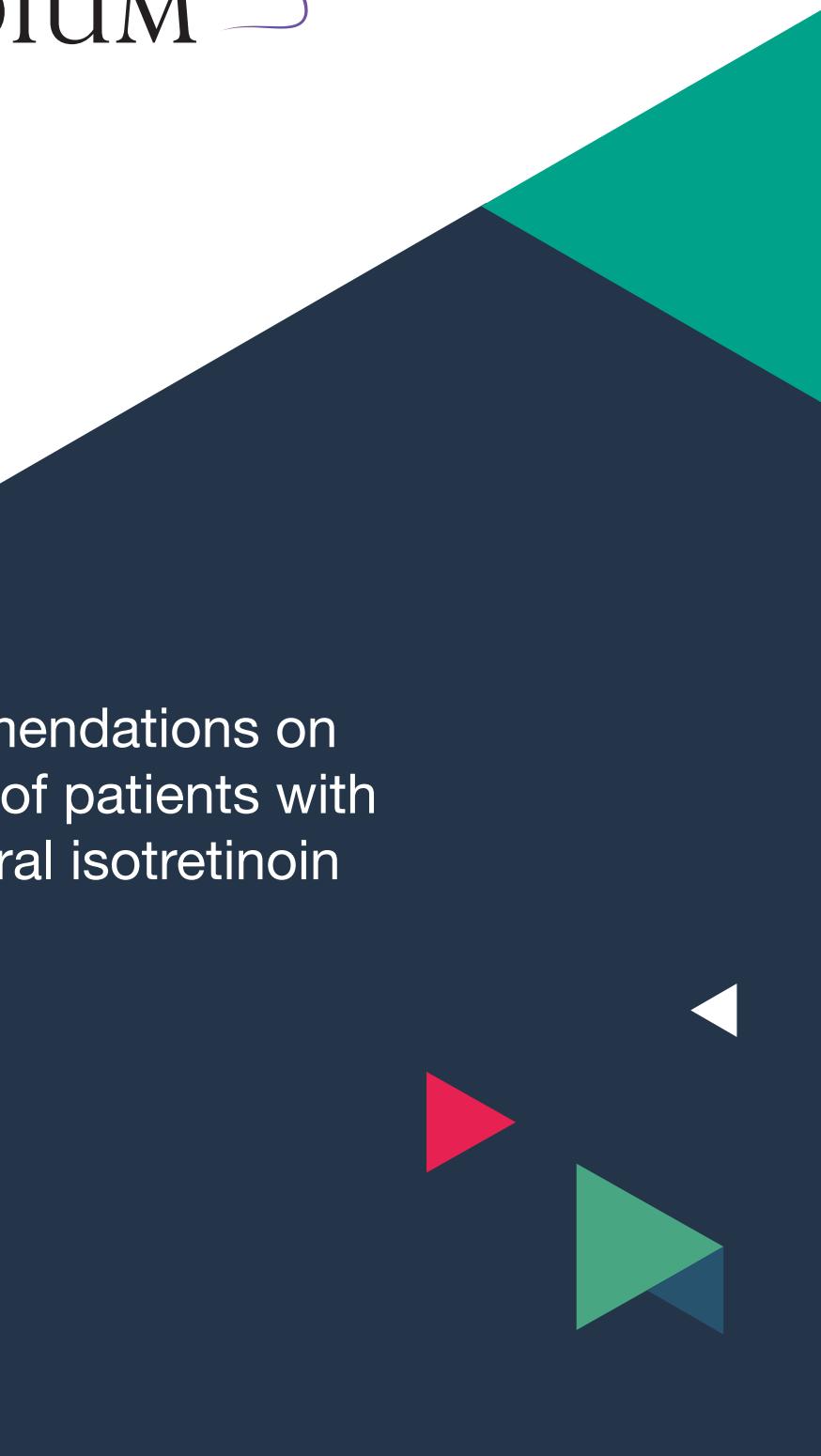


Acne

GUIDELINE
COMPENDIUM



Guideline recommendations on
the management of patients with
acne: Focus on oral isotretinoin



In Moderate to Severe Acne

Rx

ACNO

Isotretinoin 10 & 20 mg Capsules

Say NO to ACNE

Proven successful for patients with **Severe Acne**



78.4%

Patients achieved at least
90% clearance of nodules

74.3%

Patients having an excellent
response

Acne GUIDELINE COMPENDIUM



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SECTION 1

American Academy of Dermatology guideline recommendations for the treatment of acne

RECOMMENDATIONS FOR TOPICAL THERAPIES

- Benzoyl peroxide monotherapy or combinations with erythromycin or clindamycin are recommended for mild acne or in conjunction with a topical retinoid, or systemic antibiotic therapy for moderate-to-severe acne. Benzoyl peroxide is recommended for patients on topical or systemic antibiotic therapy
- Topical retinoids are recommended as monotherapy in primarily comedonal acne, or in combination with topical or oral antimicrobials in patients with mixed or primarily inflammatory acne lesions
- Combination therapy of topical agents should be used in the majority of patients with acne
- Azelaic acid is recommended in the treatment of post-inflammatory dyspigmentation
- Topical dapsone 5% gel is recommended for inflammatory acne, particularly in adult females.

RECOMMENDATIONS FOR SYSTEMIC ANTIBIOTICS

- Systemic antibiotics such as doxycycline and minocycline are recommended in the management of moderate and severe acne as well as inflammatory acne resistant to topical treatments

- Use of systemic antibiotics should be limited with reevaluation at 3-4 months to minimize the development of bacterial resistance
- Systemic antibiotics should be co-administered with topical therapy such as benzoyl peroxide or retinoids.

RECOMMENDATIONS FOR HORMONAL THERAPIES

- Combined oral contraceptives containing estrogen are recommended in the treatment of inflammatory acne in females
- Spironolactone is useful in acne management in selected females
- Low-dose oral corticosteroids are recommended in the treatment of acne in patients with well-documented adrenal hyperandrogenism.

RECOMMENDATIONS FOR MISCELLANEOUS THERAPIES

- Evidence recommending use and benefit of physical modalities in routine acne management such as pulsed dye laser, glycolic acid peels, and salicylic acid peels is limited
- Intralesional corticosteroid injections have shown efficacy in treating individual acne nodules.

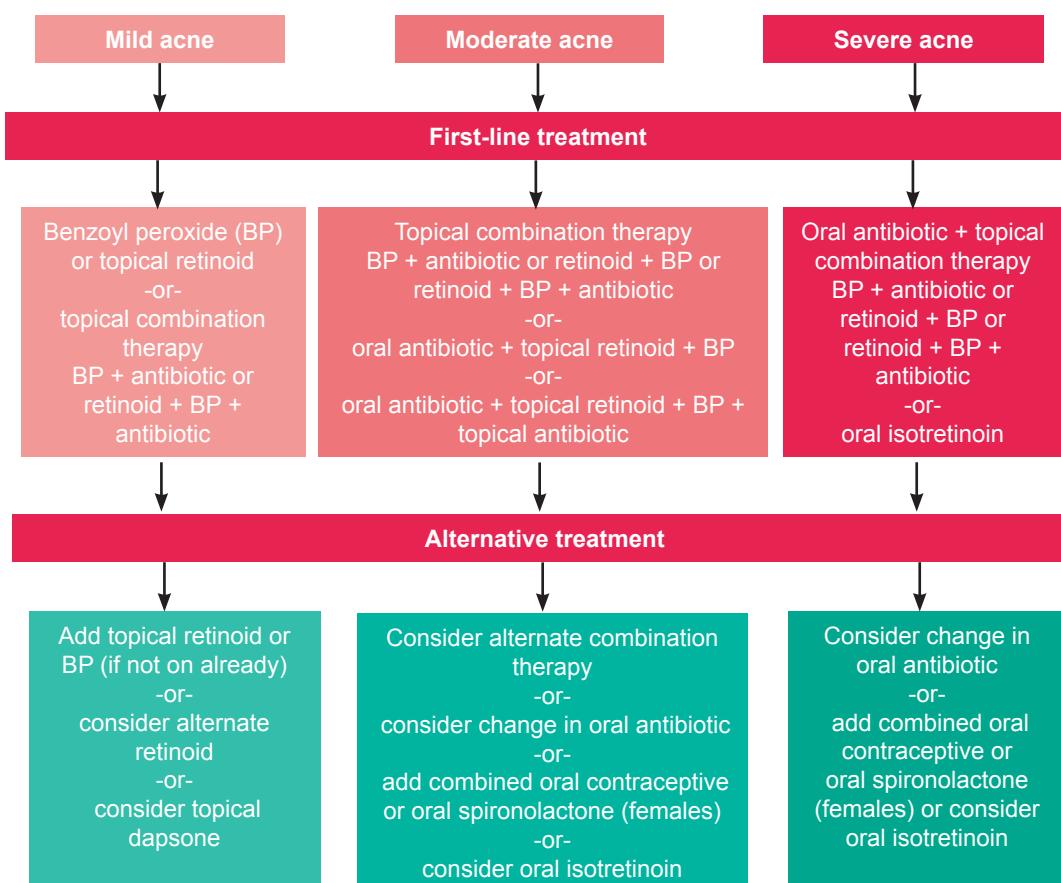
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RECOMMENDATIONS FOR ORAL ISOTRETINOIN IN ACNE

- Oral isotretinoin is recommended in patients with severe nodular acne and it is an appropriate treatment option in patients with treatment-resistant moderate acne
- It is effective in the management of acne associated with physical scarring or psychosocial distress
- Low doses of isotretinoin can be effective in treating the acne as well as reducing the frequency and severity of medication-associated adverse effects

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TREATMENT ALGORITHM FOR THE MANAGEMENT OF MILD, MODERATE AND SEVERE ACNE: AAD RECOMMENDATIONS



Source: Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris [published correction appears in J Am Acad Dermatol. 2020 Jun;82(6):1576]. *J Am Acad Dermatol.* 2016;74(5):945-73.e33.

SECTION 2

European evidence-based (S3) guideline recommendations for the treatment of acne

TREATMENT RECOMMENDATIONS FOR COMEDONAL ACNE

- Topical retinoids can be recommended for the treatment of comedonal acne (Medium strength of recommendation)
- Azelaic acid and benzoyl peroxide can be considered for the treatment of comedonal acne (Low strength of recommendation)

TREATMENT RECOMMENDATIONS FOR PAPULOPUSTULAR ACNE

Mild-to-moderate papulopustular acne

- Fixed dose combinations of adapalene + benzoyl peroxide and benzoyl peroxide + clindamycin are strongly recommended for the treatment of mild-to-moderate papulopustular acne (High strength of recommendation)
- Azelaic acid, benzoyl peroxide, topical retinoids can be recommended for the treatment of mild-to-moderate papulopustular acne (Medium strength of recommendation)
- Combination of a systemic antibiotic and adapalene can be recommended for the treatment of moderate papulopustular acne (Medium strength of recommendation)
- Fixed-dose combination of clindamycin and tretinoin can be recommended for the treatment of mild-to-moderate papulopustular acne (Medium strength of recommendation)
- Blue light monotherapy, oral zinc, systemic antibiotic in combination with azelaic acid can be considered for the treatment of mild-to-moderate papulopustular acne (Low strength of recommendation)
- Combination of a systemic antibiotic with adapalene

in fixed dose combination with benzoyl peroxide and combination of a systemic antibiotic with benzoyl peroxide can be considered for the treatment of moderate papulopustular acne (Low strength of recommendation)

- Fixed-dose combinations of erythromycin + isotretinoin and erythromycin + tretinoin can be considered for the treatment of mild-to-moderate papulopustular acne (Low strength of recommendation)

Severe papulopustular/moderate nodular acne

- Oral isotretinoin monotherapy is strongly recommended for the treatment of severe papulopustular/moderate nodular acne (High strength of recommendation)
- Systemic antibiotics in combination with adapalene with the fixed-dose combination of adapalene and benzoyl peroxide, or in combination with azelaic acid can be recommended for the treatment of severe papulopustular/moderate nodular acne (Medium strength of recommendation)
- Systemic antibiotics in combination with benzoyl peroxide can be considered for the treatment of severe papulopustular/moderate nodular acne (Low strength of recommendation)
- Hormonal anti-androgens in combination with systemic antibiotics and other topical therapies can be considered for the treatment of severe papulopustular/moderate nodular acne in women (Low strength of recommendation)

TREATMENT RECOMMENDATIONS FOR SEVERE NODULAR/CONGLOBATE ACNE

- Oral isotretinoin is strongly recommended as a monotherapy for the treatment of severe nodular/conglobate acne (High strength of recommendation)
- Systemic antibiotics in combination with the fixed-dose

combination of adapalene and benzoyl peroxide or in combination with azelaic acid can be recommended for the treatment of severe nodular/conglobate acne (Medium strength of recommendation)

- Systemic antibiotics in combination with adapalene or benzoyl peroxide can be considered for the treatment

of severe nodular/conglobate acne (Low strength of recommendation)

- Hormonal anti-androgens in combination with systemic antibiotic and topical therapies can be considered for the treatment of severe nodular/conglobate acne (Low strength of recommendation)

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ORAL ISOTRETINOIN IN THE TREATMENT OF ACNE

- The S3 European Acne Guidelines strongly recommend oral isotretinoin monotherapy for the treatment of severe papulopustular/moderate nodular acne
- In addition, it is strongly recommended as a monotherapy for the treatment of severe nodular/conglobate acne
- The recommendation for oral isotretinoin in severe cases is based on the good efficacy seen in clinical practice
- Systemic isotretinoin has demonstrated superior efficacy in the treatment of severe nodular/conglobate acne as compared to systemic antibiotics or topical therapy
- According to experts, the drug's safety concerns are manageable on careful initiation and monitoring of treatment
- Dosage considerations for isotretinoin
 - » Dosage of 0.3–0.5 mg/kg can be recommended for severe papulopustular acne/moderate nodular acne
 - » Dosage of ≥ 0.5 mg/kg can be recommended for conglobate acne
 - » Duration of the therapy is at least 6 months
 - » Treatment duration can be extended if sufficient response is not obtained

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Source: Nast A, Dréno B, Bettoli V, et al. European evidence-based (S3) guideline for the treatment of acne - update 2016 - short version. *J Eur Acad Dermatol Venereol.* 2016;30(8):1261-1268.

SECTION 3

Canadian clinical practice guideline recommendations for the treatment of acne

RECOMMENDATIONS FOR COMEDONAL ACNE

- Topical retinoids or benzoyl peroxide (Medium-strength recommendation)
- Fixed-dose combinations of adapalene-benzoyl peroxide and clindamycin-benzoyl peroxide (Medium-strength recommendation)
- Combination of clindamycin 1.2% and tretinoin 0.025% (as a gel) and combined oral contraceptives for women (Low-strength recommendation)

RECOMMENDATIONS FOR PAPULOPUSTULAR ACNE

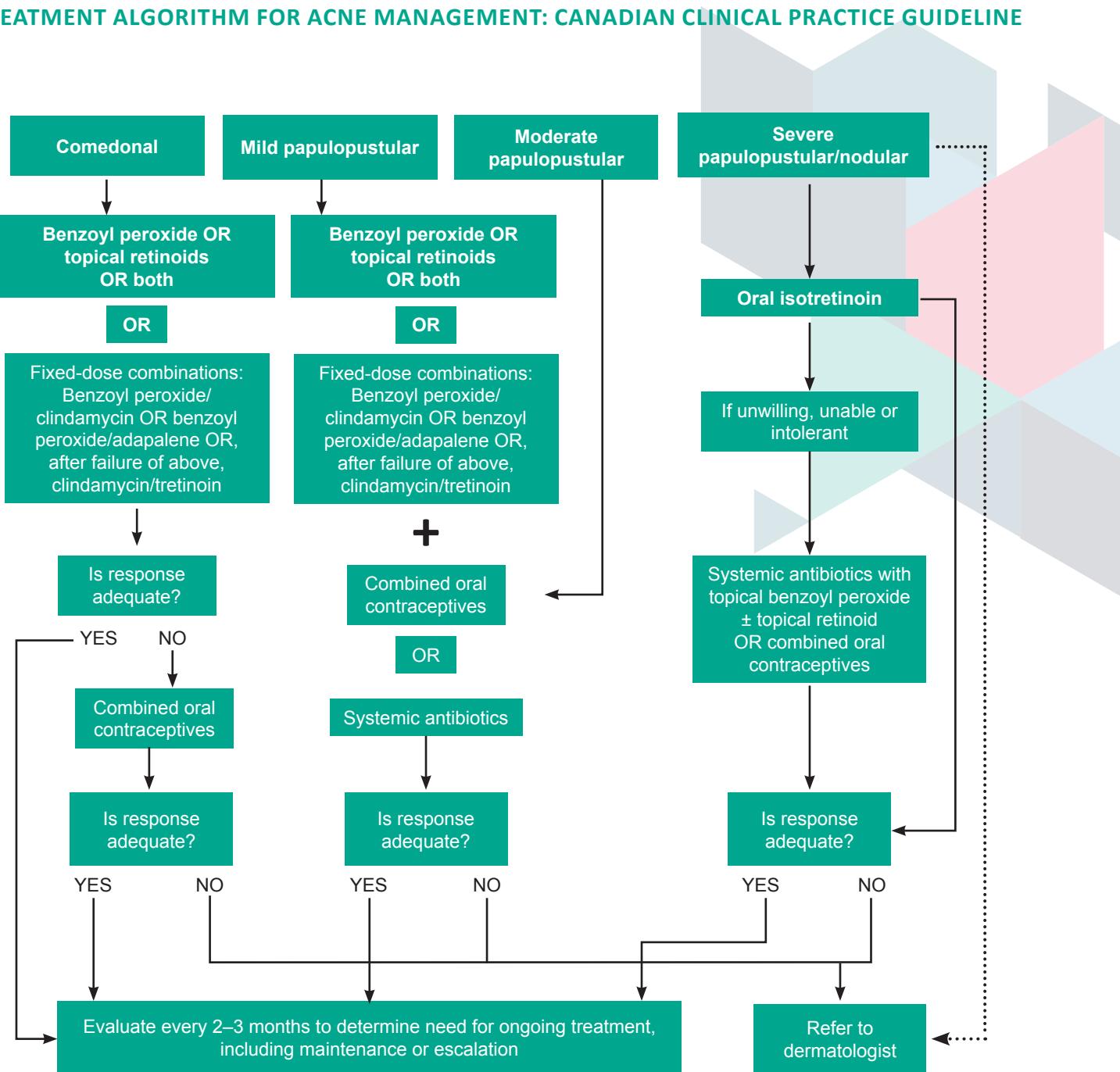
- Benzoyl peroxide monotherapy and topical retinoids monotherapy for localized mild-to-moderate papulopustular acne (High-strength recommendation)
- Fixed-dose combination of clindamycin 1% and benzoyl peroxide 5% and the fixed-dose combination of adapalene 0.1% and benzoyl peroxide 2.5% (as gels) for localized mild-to-moderate papulopustular acne (High-strength recommendation)

- Combination of clindamycin 1.2% and tretinoin 0.025% gel for localized mild-to-moderate papulopustular acne (Low-strength recommendation)
- Addition of systemic antibiotics to the abovementioned topical medications for more extensive moderate papulopustular acne (Medium-strength recommendation)
- Addition of combined oral contraceptives to the abovementioned topical medications for more extensive moderate papulopustular acne in women (Medium-strength recommendation)

RECOMMENDATIONS FOR SEVERE ACNE

- Oral isotretinoin is strongly recommended for severe papulopustular/nodular acne (High-strength recommendation). For nodular or conglobate acne, oral isotretinoin has demonstrated equivalent efficacy as that of oral tetracycline combined with topical adapalene for deep inflammatory lesions
- Systemic antibiotics in combination with benzoyl peroxide, with or without topical retinoids for severe acne (Medium-strength recommendation)

TREATMENT ALGORITHM FOR ACNE MANAGEMENT: CANADIAN CLINICAL PRACTICE GUIDELINE



Source: Asai Y, Baibergenova A, Dutil M, et al. Management of acne: Canadian clinical practice guideline. CMAJ. 2016;188(2):118-126.

SECTION 4

French guideline recommendations for the treatment of acne

RECOMMENDATIONS REGARDING SYSTEMIC TREATMENTS IN ACNE

Antibiotics

- Topical antibiotics have limited indications and if used, they must always be given in combination with a topical agent such as benzoyl peroxide, retinoid or azelaic acid
- Use of oral antibiotics such as lymecycline or doxycycline should be limited to 3 months and combined with topical treatment
- Other antibiotics have no major role in acne management.

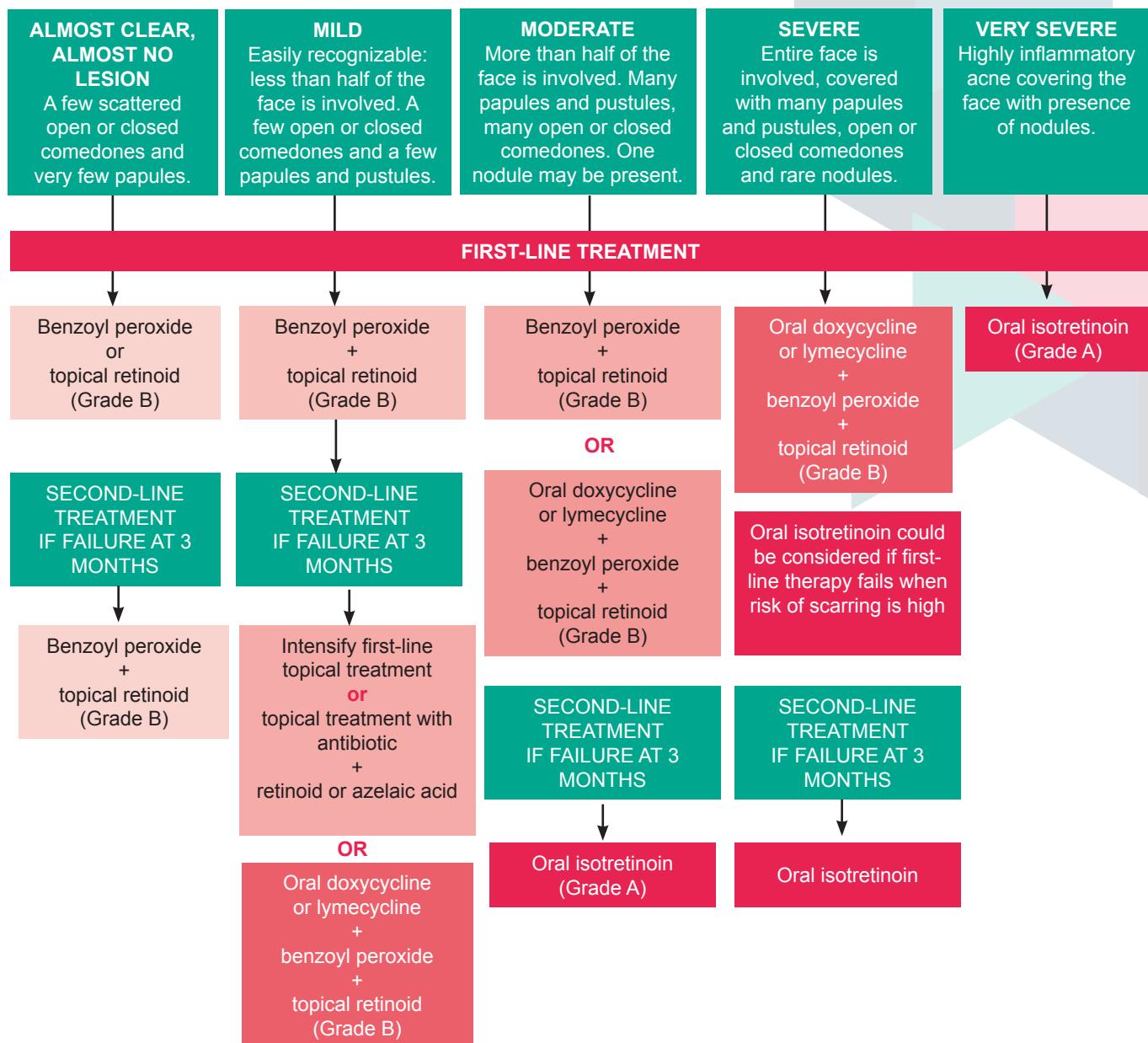
Hormonal therapy

- If birth control is required, a combined estrogen-progestin contraceptive containing levonorgestrel is recommended as first-line therapy and norgestimate is recommended as the second-line choice
- On persistence of acne despite dermatological treatments, other hormonal therapies such as cyproterone acetate/ethinylestradiol can be considered as alternatives
- Patients must be informed about the risk of thromboembolic events and risk factors for thromboembolism should be assessed before initiation of treatment.

ORAL ISOTRETINOIN

- Isotretinoin is recommended as a first-line treatment for severe acne
- In addition, it is recommended as a second-line treatment for moderate-to-severe acne
- There is ample evidence to support that isotretinoin does not increase the risk of inflammatory bowel disease
- No risk of depression or suicide attempts have been reported in adolescent acne patients taking isotretinoin
- Physicians can use the Adolescent Depression Rating Scale to detect mood changes in adolescents
- Patient's primary-care physician should be informed regarding the isotretinoin prescription and general good practice recommendations for isotretinoin prescription are mandatory
- Oral isotretinoin is prescribed at 0.5 mg/kg/day in moderate-to-severe acne cases
- In case of numerous and severe comedones, oral isotretinoin should be started at a lower dose (0.2-0.3 mg/kg/day) to minimize the risk of an acne flare according to Consensual Working Group opinion

TREATMENT ALGORITHM FOR THE MANAGEMENT OF ACNE IN ADULTS AND ADOLESCENTS: FRENCH GUIDELINES



Grade A : Established scientific evidence.

Grade B : Scientific presumption

Source: Le Cleach L, Lebrun-Vignes B, Bachelot A, et al; French Acne Guidelines Working Group and Centre of Evidence of Dermatology. Guidelines for the management of acne: recommendations from a French multidisciplinary group. *Br J Dermatol.* 2017;177(4):908-913.

SECTION 5

South-East Asia study alliance guideline recommendations for the treatment of acne

OVERVIEW

- The South-East Asia (SEA) study alliance group has provided consensus recommendations regarding grading of acne in SEA; most appropriate treatment options for mild, moderate and severe acne in SEA, as well as maintenance therapy; antibiotic resistance in the region and appropriate antibiotic use as well as recommended skin care for patients with acne
- The SEA study group recommends the use of topical medications such as retinoids, benzoyl peroxide, salicylic acid, retinoid and benzoyl peroxide combination or retinoid and benzoyl peroxide combination with or without antibiotics in mild acne; topical retinoid with topical benzoyl peroxide and an oral antibiotic for moderate acne; and oral isotretinoin for severe acne in case of failure of first-line treatment
- They also focus on the maintenance treatment with the help of topical retinoids with or without benzoyl peroxide
- The group recommends not to use topical antibiotics as monotherapy in order to prevent the development of antibiotic resistance

- Skin care regimens comprise of cleansing, moisturizing and sun protection
- For better adherence, patient education and good communication is recommended with advice regarding the characteristics of the skin care products to be used.

RECOMMENDATIONS FOR MILD ACNE

Topical retinoids, topical benzoyl peroxide, and the combinations of topical retinoids and benzoyl peroxide with or without antibiotics are recommended while topical salicylic acid, azelaic acid, and sulfur are alternative treatment options.

RECOMMENDATIONS FOR MODERATE ACNE

Oral antibiotics such as doxycycline, tetracycline, minocycline, lymecycline, and erythromycin along with topical retinoids and topical benzoyl peroxide are recommended while topical salicylic acid, azelaic acid and hormonal therapy (in females) serve as alternative treatment options.

RECOMMENDATIONS FOR SEVERE ACNE

Oral isotretinoin is a recommended treatment option while hormonal therapy (in females) can be an alternative treatment option.

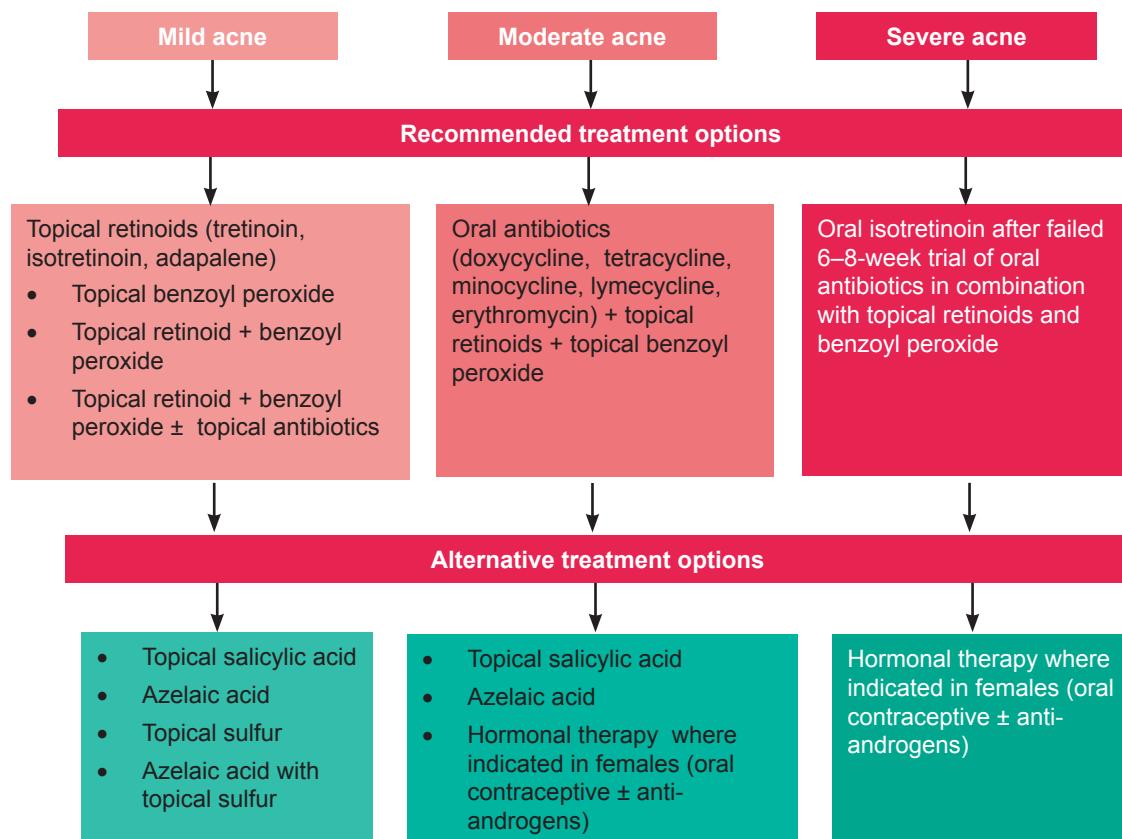
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ORAL ISOTRETINOIN IN ACNE

- Oral isotretinoin is recommended in severe nodular or conglobate acne or acne at the risk of permanent scarring
- Level of evidence and strength of recommendation for oral isotretinoin is 1A
- Oral isotretinoin may be administered at a dose of 0.5-1 mg/kg/day
- Treatment with oral isotretinoin is initiated if a patient with acne fails a 6-8-week trial of combined oral antibiotics and topical retinoids with benzoyl peroxide.

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TREATMENT ALGORITHM FOR THE MANAGEMENT OF MILD, MODERATE AND SEVERE ACNE: SOUTH-EAST ASIA STUDY ALLIANCE GROUP RECOMMENDATIONS



Source: Goh CL, Abad-Casintahan F, Aw DC, et al. South-East Asia study alliance guidelines on the management of acne vulgaris in South-East Asian patients. *J Dermatol.* 2015;42(10):945-953.

COMPARATIVE SUMMARY OF GUIDELINES SHOWING SIMILARITY AND DIFFERENCES RELATED TO IMPORTANT TREATMENT RECOMMENDATIONS IN ACNE MANAGEMENT

Management option	AAD guideline	GUIDELINES			
		European S3 guideline	Canadian clinical practice guideline	French guideline	South-East Asia study alliance guideline
Topical retinoids	Recommended as monotherapy in comedonal acne and as combination therapy in mixed or inflammatory lesions	Recommended in comedonal acne and papulopustular acne	Recommended in comedonal, papulopustular and severe acne	Recommended in mild, moderate and severe acne	Recommended in mild, moderate and severe acne
Azelaic acid	Recommended for post-inflammatory dyspigmentation	Considered in comedonal acne; recommended in papulopustular and conglobate acne	-	Second-line treatment in mild acne	Recommended for mild-to-moderate papulopustular acne
Benzoyl peroxide	Recommended in mild-to-moderate and moderate-to-severe acne	Considered in comedonal acne; recommended in papulopustular and conglobate acne	Recommended in comedonal, papulopustular and nodular acne	Recommended in mild, moderate and severe acne	Recommended in mild, moderate and severe acne
Topical antibiotics	Not recommended as monotherapy	Not recommended	-	Limited indications for monotherapy	Not recommended as monotherapy
Systemic/oral antibiotics	Recommended in combination with topical therapy in moderate and severe acne as well as inflammatory acne resistant to topical treatments	Recommended in papulopustular and conglobate acne in combination with other therapies	Recommended in moderate and severe papulopustular acne in combination with topical therapies	Limited to 3 months, combined with topical treatment	Recommended in moderate acne in combination with topical therapies
Hormonal therapy	Recommended in females with inflammatory acne	Can be considered in severe papulopustular and nodular acne in combination with systemic antibiotics and topical therapies	Can be considered in women with severe acne	In indications of birth control and persistent acne even after topical therapies and systemic antibiotics	Can be used in select females with severe acne
Oral isotretinoin	Recommended in severe nodular acne; appropriate treatment option in treatment-resistant moderate acne	Strongly recommended in severe papulopustular and severe nodular acne	Strongly recommended in severe papulopustular/nodular acne	Recommended as a first-line treatment for severe acne and as a second-line treatment for moderate-to-severe acne	Recommended in severe nodular or conglobate acne or acne at the risk of permanent scarring
Miscellaneous therapies	Topical dapson gel, intralesional corticosteroid injections	Blue light monotherapy, oral zinc	-	-	Skin care regimens comprise of cleansing, moisturizing and sun protection

Rx

ACNO

Isotretinoin 10 & 20 mg Capsules

In

- Severe nodulocystic acne
- Severe papulopustular acne
- Moderate to severe nodular acne
- Patients prone to significant scarring





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