



## ACNE HOME CARE GUIDELINE

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*Revised 6-26-2018*

## TABLE OF CONTENTS

<b>Chapter 1 - Introduction – The Basics</b>	<b>2</b>
Complete Skin Analysis	2
1. Acne or Acne Imposter?	3
2. Skin Type	4
3. Acne Type	5
4. Acne Severity	6
5. Skin Conditions That Delay Treatment	7
6. Compromised Skin Conditions	7
7. Skin Sensitivity	8
8. Fitzpatrick Types	9
9. Environmental Conditions	10
10. Age	10
What Your Client Needs to Know	10
<b>Chapter 2 - Product Usage</b>	<b>11</b>
Weeks One through Six	11
Benzoyl Peroxide Timed Schedule	12
Amount of Product to Use	12
Weeks 7 and Beyond	13
Do's and Don'ts	14
Properties of Active Acne Ingredients	15
<b>Chapter 3 – Inflamed Acne</b>	<b>16</b>
<b>Chapter 4 – Noninflamed Acne</b>	<b>23</b>
<b>Chapter 5 – Combination Acne</b>	<b>30</b>
<b>Chapter 6 – Back Acne</b>	<b>33</b>
<b>Chapter 7 – Acne Rosacea (Subtype 2)</b>	<b>39</b>
<b>Chapter 8 – Troubleshooting</b>	<b>46</b>
<b>Chapter 9 – Pregnancy/Nursing</b>	<b>51</b>

# Chapter 1 – The Basics

## Acne Home Care Guideline

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This **Acne Home Care Guideline** is organized by acne type and acne severity. Included in each category are product choices for skin type, mature skin and Fitzpatrick 4+ types. It also includes a detailed explanation of specific recommendations for *how to adjust* a client's home care regimen every two weeks.

The typical beginning home care routine is written for each type and severity of acne, but you will always base your recommendations, especially the serum, on the results of the **Skin Sensitivity Test**.

**You MUST test your client's skin to discover which serum their skin can tolerate.**

Knowing, not guessing, their tolerance will guide you in making the most compatible choices for your client. Make sure the client's home care is not too strong. More is not better! If the home care regimen is too strong, the products will eventually dehydrate and/or burn the skin and will impede the process of getting clear.

There are ten things to take into consideration when doing skin analysis on your client. Doing this analysis will insure that you are giving your client the most appropriate products at the time of the analysis.

## Complete Skin Analysis

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The ten things to consider when assigning a home care regimen:

1. Acne or Acne Imposter?
2. Skin Type
3. Acne Type
4. Acne Severity
5. Skin Conditions
6. Other Skin Conditions (Proceed With Caution)
7. Skin Sensitivity
8. Fitzpatrick Type
9. Environmental Conditions
10. Age

# 1. Acne or Acne Imposter?

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Please review the training to get an in-depth explanation with pictures for these skin conditions. Sometimes it will be readily apparent when you are dealing with an acne imposter and not acne. Sometimes, as in the case of folliculitis, you may not be able to tell right away.

**Acne Rosacea** – Notice if there is a typical rosacea “pattern” on the face (see picture for rosacea). Also, ask them about the rosacea triggers – alcohol, spicy foods, sun and if their skin reacts to any of them. People with rosacea always answer with an emphatic yes to these questions. See protocol for treating subtype 2 rosacea in Chapter 7.

**Steatocystoma Multiplex** – You will notice that there is no pore opening. This condition looks like inflamed acne, but it is not inflamed. Ask them if the lesions are tender to the touch. They are pools of sebum, that when extracted, ooze a gelatinous fluid. You can only drain these, never get rid of them completely. This skin condition is rare, so you most likely will never see it. There is nothing we can do for it.

**Folliculitis** – Fungal Folliculitis is a fungal/yeast infection caused by genus *Malassezia*. It is brought on by friction, sweating, occlusive clothing, greasy emollient products, and/or antibiotics. It can mimic noninflamed acne, but you can tell by *how* it extracts. There is no real core, just mushy material. It can appear with acne or alone; and unlike acne, it “comes and goes”. It sometimes can be itchy. Use antifungal ingredients like mandelic, products with ketoconazole (we do not carry any). You can give your client a list of antifungal supplements to take (in certified section on website).

**Rosacea Fulminans aka Pyoderma Faciale** - It tends to affect only the face in women in their 20's to 30's. Characterized by large, very red painful lesions that occur mostly down the middle of the forehead, cheeks and chin. This condition can affect women who have never had acne in their life and then they have this horrible breakout right after a very stressful time in their life. So, what looks like severe inflamed acne is really a severe form of rosacea – Rosacea Fulminans. The lesions generally do not have a core when extracted – they just drain. Anti-inflammatory products help (mandelic and Acne Med) but these clients don't usually stay clear.

**Staph Infection** - Staph Infections on the face or the body can look much like acne, **but staph is much more severe**. One way to tell the difference is that the staph will not have symmetrical borders like a pimple or a pustule does. Telling acne and staph apart can be easy if the staph infection is large, as they will usually resemble boils. Do NOT treat. Send to the doctor immediately. Use the home care protocol for severe inflamed acne even while they are on antibiotics from the doctor. Make sure and sterilize your treatment room after seeing them.

**Perioral Dermatitis** - Perioral Dermatitis is often confused for acne as it is characterized by clusters of tiny inflamed papules, sometimes pustules, around the chin, nose and mouth area. It is typically itchy and rash like, which should be the first indication that it is not acne. These small groups of papules do not respond to regular acne treatment and in fact can often be exacerbated by exfoliants (AHAs) and benzoyl peroxide. They can use a light moisturizer.

**Keratosis Pilaris** - These bumps are small, rough, and look like patches of goose bumps on arms, back, and/or thighs. It's a condition that affects up to 40 percent of the population.

## 2. Skin Type

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Skin Types are determined by:

- Genetics
- Age
- Isotretinoin (if taken)

For the most part, people are born with their skin type. It has to do with the size of the oil glands. Some people get dry skin and dehydrated skin confused. Dry skin means the type of skin one has (not much oil production at all); whereas dehydrated skin is a skin condition where the skin does not have enough moisture in it. This may be from harsh products or a harsh environment.

The blue zones on the faces below are the T-zones of each skin type. As oil production increases with each skin type, the T-zone becomes wider and the follicle size becomes larger.

As we age, the skin becomes less oily. Environments affect skin conditions. Skin conditions are not inherent but what your skin is temporarily affected by, like climate, medications, products, etc. For example, skin will be oilier in humid climates, drier in dry climates. The exception is the use of isotretinoin (Accutane™) which can affect skin type. It will make the skin less oily than before as it affects sebum output.

	<b>Very Dry Skin Type</b> <ul style="list-style-type: none"><li>• Pore size is extremely small</li><li>• T-zone in nose only (if any at all)</li><li>• Never feels oily after cleansing</li></ul>
	<b>Dry Skin Type</b> <ul style="list-style-type: none"><li>• Pore size is small</li><li>• T-zone extends to the inner corner of the eye</li><li>• May feel oily 10 to 12 hours after cleansing</li></ul>
	<b>Normal Skin Type</b> <ul style="list-style-type: none"><li>• Pore size is medium</li><li>• T-zone extends to inner corner of iris</li><li>• May feel oily 7 to 9 hours after cleansing</li></ul>
	<b>Oily Skin Type</b> <ul style="list-style-type: none"><li>• Pore size is large</li><li>• T-zone extends to the middle of the eye</li><li>• May feel oily 4 to 6 hours after cleansing</li></ul>
	<b>Very Oily Skin Type</b> <ul style="list-style-type: none"><li>• Pore size is very large</li><li>• T-zone extends to the entire face</li><li>• May feel oily 1 to 3 hours after cleansing</li></ul>

### 3. Acne Type

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- Inflamed – pimples, pustules, cysts, nodules
- Noninflamed – blackheads, whiteheads (open and closed comedones)
- Combination of inflamed and noninflamed

**Inflamed Acne**



**Noninflamed Acne**



**Combination Acne**



## 4. Acne Severity

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You will assess whether your client's acne is mild, moderate, or severe:

- mild = 10 lesions or less,
- moderate = 10 to 30 lesions,
- severe = 30+ lesions.

You don't need to count the lesions – just make an estimate. If the client has combination acne, note the severity of the inflamed AND the severity of the noninflamed acne.



## 5. Skin Conditions That Delay Treatment

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If you see any of the following on your client's skin, you MUST delay any testing or treatment of the skin until the skin has normalized. (See Module 2 Video 5 for pictures of these conditions):

1. Sunburned
2. Windburned
3. Overexfoliated
4. Too Dehydrated
5. Active Herpes Simplex outbreak (cold sores) – tell your client to take Abreva and come back when healed.
6. Allergic Reaction
7. Laser Hair Removal

## 6. Compromised Skin Conditions (Proceed With Caution)

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You can proceed with the consultation and treatment, but be sure to take the precautions necessary for these conditions. For all of them, you cannot put active acne products (serums, Acne Med and peel solutions) on the affected areas – you must occlude the areas with petroleum jelly before applying products.

1. Eczema
2. Seborrheic Dermatitis
3. Excoriated (Picked)
4. Cuts/Abrasions
5. Psoriasis



## 7. Skin Sensitivity

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You will always base your **serum recommendations** on the results of the **Skin Sensitivity Test**.

**You MUST test your client's skin to discover which serum their skin can tolerate.**

Knowing your client's tolerance will guide you in making the most compatible choices for their skin. Make sure the client's home care is not too strong. More is not better! If the home care regimen is too strong, the products will eventually dehydrate and/or burn the skin and will impede the process of getting clear.

### Steps for doing the test:

1. Cleanse with Ultra Gentle Cleanser and tone with Calming Toner.
2. Apply 8% Mandelic Serum for inflamed, combination and moderate/severe noninflamed. Test Vitamin A Corrective serum for mild noninflamed.
3. Ask if they feel any tingling, and if they do, ask, "On a scale of one to ten, one being you hardly feel anything and ten being very irritating, what number would you give it?"
4. If the client feels a 2 or less, proceed to Step 7 below. If they feel more than a 2, you will then test the 5% Mandelic Serum for inflamed or combination acne on the opposite lower cheek. If you get a number higher than 3, cleanse the serum off with water.
5. If you are proceeding to the other cheek to test Mandelic 5%, ask if the client feels any tingling and if so, what degree of tingling they feel. If they feel a 2 or less, then that is the serum they will use.
6. If the client feels more than a 2 with both of the serums tested, you could opt to test other serums, like the Salicylic Serum (if they have inflamed acne) or the Glycolic 5% Serum (if they have noninflamed acne). Test these on other parts of the face.
7. Once you find a serum that the clients feels at a 2 or less, put the serum all over their face and ask if they still feel the same degree of tingling just to be sure that the client can tolerate it.
8. If a client cannot tolerate any serum (feels over a 2 on a 1-10 scale of tingling, stinging, and/or burning), don't give them one. Have them follow the home care instructions for Week 1 & 2, minus the serum. Most of the time, the benzoyl peroxide (Acne Med) will make their skin less sensitive over time and you can test their skin again in 2 weeks.

**\*\*IMPORTANT – If they feel a 0 with Mandelic 8%, there is no need to test Mandelic 11% or 15%. We have found that even if they can tolerate the higher strengths (on the face), it is just too drying in the beginning.**

## 8. Fitzpatrick Skin Types

Fitzpatrick scale						
skin type:	I	II	III	IV	V	VI
skin tone:	light	fair	medium	olive	brown	dark
	Very white or freckled	White	White to Olive	Brown	Dark Brown	Black
	Always burns	Usually burns	Sometimes burns	Rarely burns	Rarely burns	Rarely burns
	Never tans	Sometime tans	Always tans	Always tans	Always tans	Always tans

When determining your client's home care regimen, another variable you must consider besides skin and acne type, is their Fitzpatrick type. As you already know, you must do a **Skin Sensitivity Test** to determine what serum they will be using.

The darker someone's skin is, the more cautious you have to be about strong products. Always be more conservative, especially with benzoyl peroxide, when assigning products. If their acne warrants Acne Med 5%, but they are a Fitzpatrick IV or higher, give them Acne Med 2.5%. You can always adjust their regimen up later on if their skin doesn't react to the Acne Med 2.5%.

Below is a picture of hyperpigmentation from benzoyl peroxide use. Don't worry, because the pigmentation is new, it will lift much more easily than pigmentation that is caused by the sun or melasma. To lift the pigmentation, give your client a gentler routine. Examples of this may be giving them a weaker serum or Acne Med and/or decreasing the frequency of use of active products. It will still take some time – give it four to six weeks. Assure your client of this, if this happens.



## 9. Environmental Conditions

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You must take environment into consideration when assigning a home care regimen. If your client is in a climate that is hot and dry or cold and dry, you must give them a more hydrating basic regimen and be more conservative with active products.

## 10. Age

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You must take age into consideration when assigning a home care regimen. As people (especially women) age, they tend to produce less oil. You must give them a more hydrating basic regimen and be more conservative with active products.

## What Your Clients Need to Know

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- Tell your clients that this is *not* an overnight process. It takes an average of 3 to 4 months to get their acne clear (up to 5 or 6 months if they have moderate to severe noninflamed acne). There WILL be breakouts during that time.
- Even though they are experiencing breakouts, this does not mean that the program is not working. Acne lesions could have started to form *up to three months prior* and are just now surfacing. The products will keep new acne lesions from forming, and you will extract the old lesions as they surface. That is why it takes a minimum three months to achieve clear skin. (This is a great thing to say in a consultation).
- Tell your clients that home care compliance is the number one factor in getting and staying clear. Without compliance, their skin will chronically break out.
- Tell them up front that they may experience some peeling or dry skin from time to time. You, as their acne specialist will coach them in adjusting their routine so this will be kept to a minimum. It will be important for them to know to contact you for those adjustments.

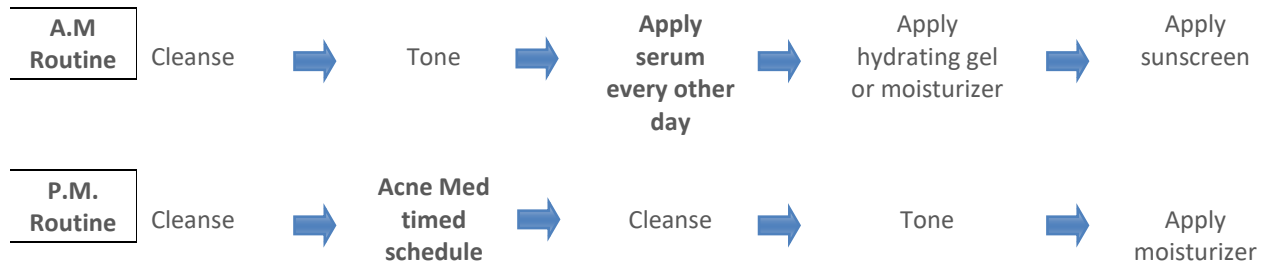
# Chapter 2- Product Usage

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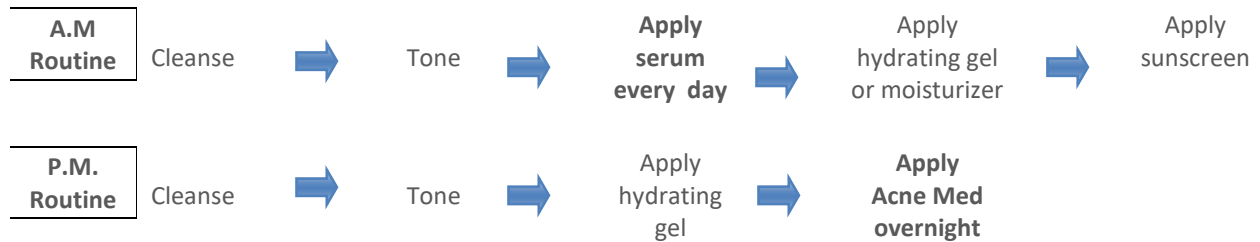
## All Acne Types (Except Mild Noninflamed Acne) for first six weeks.

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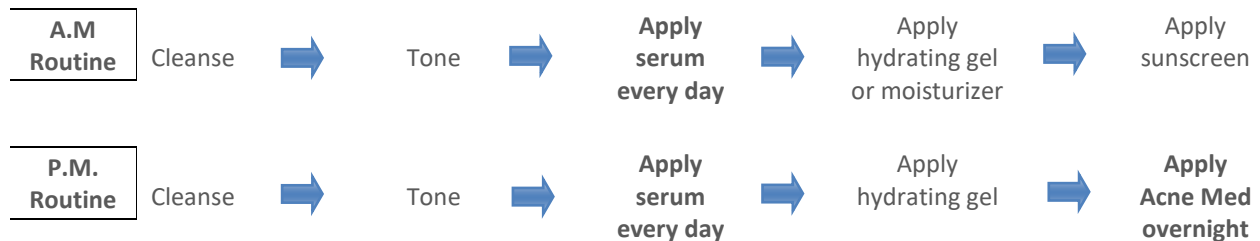
### Weeks One and Two



### Weeks Three and Four



### Weeks Five and Six



# Benzoyl Peroxide (Acne Med) Timed Schedule

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When a client who is not using benzoyl peroxide (or has used it only as a spot treatment) begins the home care routine for the first time, they will follow a timed schedule for the first two weeks. This will help their skin acclimate to benzoyl peroxide. Every evening after cleansing, they apply a dime to nickel-sized amount to their face avoiding neck and eye area. Leave it on for the prescribed time, then wash off with cleanser, apply toner and then apply moisturizer.

**Days 1 – 3** Apply Acne Med for 15 minutes only – then cleanse, tone and moisturize.

**Days 4 – 7** Apply Acne Med for 30 minutes only - then cleanse, tone and moisturize.

**Days 8 - 10** Apply Acne Med for 60 minutes only - then cleanse, tone and moisturize.

**Days 11 - 13** Apply Acne Med for two hours only - then cleanse, tone and moisturize.

**Day 14 and beyond** If the skin is not overly dehydrated and/or irritated, cleanse, tone and apply Acne Med and leave on overnight. No moisturizer anymore.

## Amount of Product to Use

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Make sure and instruct your client to use the following amounts for each product:

**Acne Med** – dime to nickel sized amount (on Home Care Directions)

**Mandelic Serum** – 3 pumps

**Glycolic Serum** – 2 pumps

**Salicylic Serum** – 2 pumps

**Vitamin A Corrective Serum** – 3 pumps

**Vitamin A Corrective II Serum** – 1 pump

# Weeks Seven and Beyond

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All the options for weeks seven and beyond will be posted under each acne type and severity type.

**Remember!** With acne management, the home care protocol is a constant balancing act of pushing the skin to clear, but not irritating or drying it out too much. *You are only making your best educated guess as to the next step.* Sometimes you will be wrong and the worst that can happen is that your client will get dehydrated, irritated skin, which is not the end of the world. **We have all made that mistake.** There are a few ways for your client to recover from that:

## Normalizing the Skin

1. Have them cleanse, tone and moisturize twice a day for 2 to 3 days. Once they are no longer dry and/or dehydrated, advise them to start again where they left off with their regimen.  
\*\*They cannot do this too often because they will fall into the trap of underusing products and will chronically break out. Instead, you will adjust their routine to one their skin can tolerate.
2. Add Hydrabalance to the routine.
3. Have them layer Clearderma moisturizer under their sunscreen.
4. If it's just one area that is dry (example, smile lines), have them occlude that area with petroleum jelly before applying active products.

If the skin remains irritated and/or dehydrated for an extended period of time, consider the following strategies in this order:

1. Give the client a milder and/or more hydrating cleanser and/or toner.
2. Adjust the frequency of serum use – if used every day, back it off to every other day. If used morning and night, back it off to just every morning (and possibly every other night).
3. Last resort - Adjust the strength of their serum and/or Acne Med only if they are not able to continue using them consistently on a regular basis.

Your goal is to create a regimen your client can do twice a day without irritating or dehydrating the skin. If you need to adjust the product(s) to a lesser strength, do not take back the stronger product. Have them keep it so when it's time to adjust them back up (as their skin adapts) they will have it and can use it. Make a note of this in their treatment notes, so you can remember to help them to use up product.

Once you are familiar with the properties of each product, it will become second nature to guide them in the process of getting clear. It will be helpful for you to refer to the **Product Knowledge** document for descriptions of each product.

## Do's and Don'ts

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- When giving a home care regimen to someone who is very young or very mature, DO opt for milder products, especially cleanser and toner.
- When the client comes in for a treatment and is dehydrated, dry and flakey, DON'T adjust their home care to something stronger. You may have to adjust it back or if not that dehydrated, keep it the same.
- If a client is not dry or dehydrated, DO adjust their home care as directed in the **Schedule of Product Usage**.
- Once a client is getting close to being out of a product, especially serums, DO consider strengthening the serum if they are still breaking out. *You will need to test their skin with the new serum before giving it to them.* If the client can tolerate the next level of serum (feels a 2 or less on a 1-10 scale of tingling, stinging, and/or burning), have them alternate the weaker serum with the stronger one until the weaker serum is finished, then continue to use the stronger serum every day.
- Before you strengthen your client's routine, check your client's product usage to make sure they are compliant. DON'T strengthen their routine unless they are compliant with the current routine.
- If your client was on antibiotics prior to seeing you, DO consider recommending a good probiotic.
- Don't give clients products that are too strong especially in the beginning. For example, we rarely give anyone Glycolic Toner or Mandelic Serum 11% or 15% Serum for the face. Those are only used with exceptionally tough acne, if tolerated; **and we would never start a client with those strengths.**
- DO treat chest acne as you would face acne. The chest tends to be more sensitive than the back.
- DON'T put moisturizer over or under Acne Med (benzoyl peroxide). It will stop the bpo from penetrating into the pore where it needs to do its work. DO use the water-based hydrator Hydrabalance to layer under Acne Med.

## Properties of Active Acne Ingredients

As you are learning how to choose what products will be best for your acne client, you will sometimes have to do some critical thinking. There may be more than one option for your client, and you will have to choose their best option. It is useful to know what properties all of the products possess so you can make the best decision for your client.

Serum	Anti-inflammatory	Antibacterial	Antifungal	Exfoliant	Lifts PIH
Mandelic	✓	✓	✓	✓	✓
Salicylic	✓		✓	✓	
Glycolic				✓	
Retinaldehyde and/or Retinol				✓	✓
Benzoyl Peroxide	✓	✓		✓	
Sulfur	✓	✓		✓	
*Oxygen Emulsion	✓	✓			

\*Not a product that Face Reality currently carries. See Resource section for where to purchase.



## Chapter 3 Inflamed Acne Types: Mild, Moderate and Severe

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**Mild Inflamed**



**Moderate Inflamed**



**Severe Inflamed**

# Characteristics of Inflamed Acne

Skin Quality	<ul style="list-style-type: none"> <li>•Redness/warm to touch</li> <li>•Sensitive and reactive to products</li> <li>•Responds quickly to home care and treatments</li> </ul>
Acne Lesions	<ul style="list-style-type: none"> <li>•Pimples, pustules</li> <li>•Can be nodules, cysts</li> </ul>
Treatment	<ul style="list-style-type: none"> <li>•Icing is essential!</li> <li>•Mandelic and benzoyl peroxide (Acne Med) very effective</li> <li>•Zinc monomethionine and high-quality omega-3 fish oil are helpful supplements. (please see handout)</li> </ul>

## Home Care for Mild and Moderate Inflamed Acne

Skin Type	Cleanser	Toner	Serum	Sunscreen	Antibacterial
<b>DRY</b>	Ultra Gentle Cleanser	Moisture Balance Toner	Mandelic 8% or 5%	Moisturizing SPF 30	Acne Med 2.5%
<b>NORMAL</b>	Ultra Gentle Cleanser or Mandelic Wash	Calming Toner	Mandelic 8% or 5%	Moisturizing or Daily SPF 30	Acne Med 5%
<b>OILY</b>	Mandelic Wash	Acnebeta-C Toner	Mandelic 8% or 5%	Ultimate SPF 28	Acne Med 5%
<b>MATURE</b>	Ultra Gentle Cleanser	Moisture Balance Toner	Mandelic 8% or 5%	Moisturizing SPF 30	Acne Med 2.5%
<b>FITZ 4+</b>	Ultra Gentle Cleanser or Mandelic Wash	Calming Toner	Mandelic 8% or 5%	Daily SPF30	Acne Med 2.5%

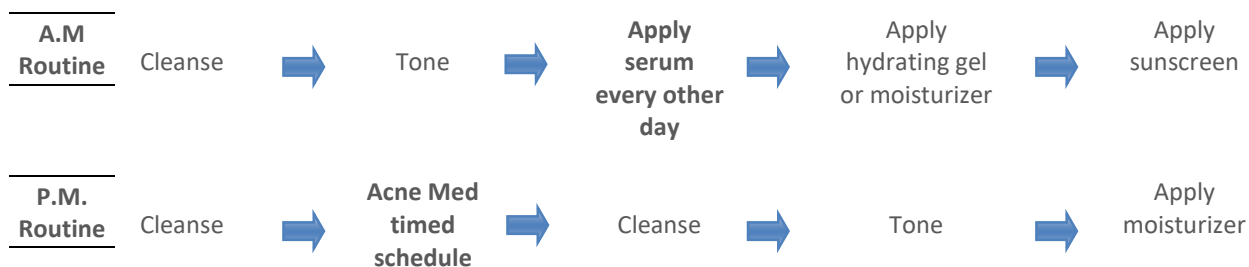
- Client is sensitive or allergic to Mandelic Serum – Test Salicylic Serum.
- Client’s skin very sensitive and/or reactive – opt for milder products. Don’t give them any serum, but just start with timed schedule of Acne Med.
- Client also has folliculitis and/or hyperpigmentation from acne – Give Mandelic Wash
- To prevent dehydration – Give Hydrabalance.
- Client is in extreme weather - Give Hydrabalance to layer under sunscreen and/or Acne Med.
- Mature client – If acne in only one area (like the chin), then “area treat” – do not use Acne Med over entire face.

# Guidelines for Mild/Moderate Inflamed Acne

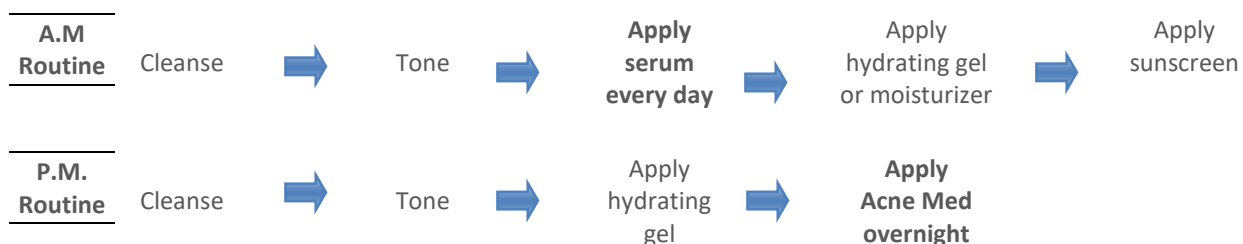
## Weeks 1 – 6 Home Care Protocol

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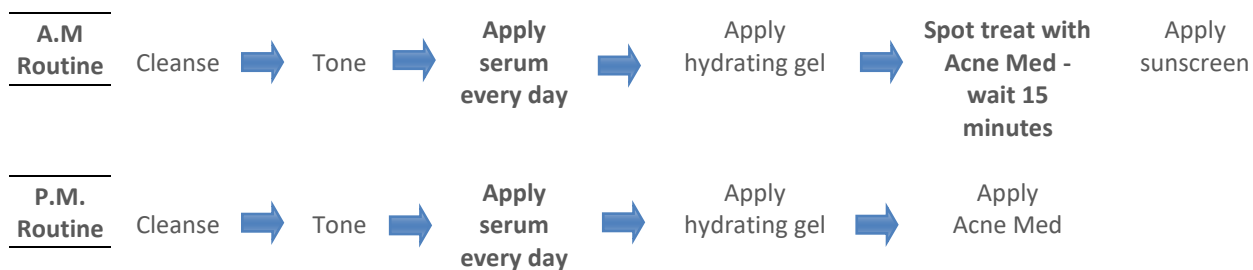
### Weeks One and Two



### Weeks Three and Four



### Weeks Five and Six

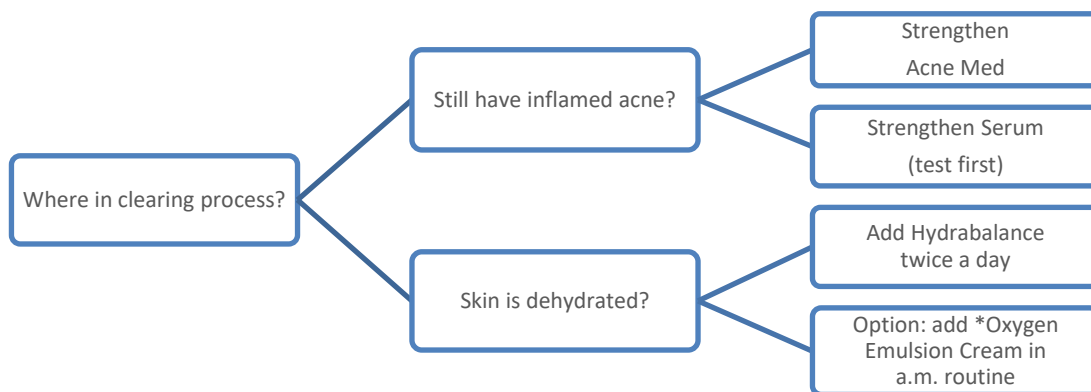


# Guidelines for Mild/Moderate Inflamed Acne

## Weeks 7-12 Adjustments to Home Care

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- If skin is clearing or is clear, there is no need to adjust the routine.
- Generally, you will strengthen active products (serums and benzoyl peroxide) first before strengthening cleanser and toner.
- Strengthen only one product in their routine – either the serum OR the Acne Med, not both.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use it up and to help their skin acclimate to the stronger product.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



\*We buy our Purifying Oxygen Lotion from Michele Corley – see Resources.

- Other options for strengthening home care:
  - Ask them repeatedly if they are icing – this is a must if they are still inflamed!
  - Spot treat pimples and pustules in A.M. Routine with Acne Med OR Acne Med with Sulphur.
  - Have them use hand-held \*LED in the evening after cleansing. \*See Resources section.
  - Use Acne Med twice a day (in a.m. – cleanse, tone, serum, acne med, wait 15', sunscreen).
  - Strengthen Cleanser
  - Strengthen Toner
  - Use Acne Med three times a day (this should be the last resort).

## Home Care for Severe Inflamed Acne

Skin Type	Cleanser	Toner	Exfoliating Serum	Sunscreen	Antibacterial
<b>DRY</b>	Ultra Gentle Cleanser	Moisture Balance Toner	Mandelic 8% or 5%	Moisturizing SPF30	Acne Med 5%
<b>NORMAL</b>	Ultra Gentle Cleanser or Mandelic Wash	Calming Toner	Mandelic 8% or 5%	Moisturizing or Daily SPF30	Acne Med 10%
<b>OILY</b>	Acne Wash	Acnebeta-C Toner	Mandelic 8% or 5%	Ultimate SPF 28	Acne Med 10%
<b>MATURE</b>	Ultra Gentle Cleanser	Moisture Balance Toner	Mandelic 8% or 5%	Moisturizing SPF30	Acne Med 5%
<b>FITZ 4+</b>	Mandelic Wash	Calming or Acnebeta-C Toner	Mandelic 8% or 5%	Daily SPF30	Acne Med 2.5%

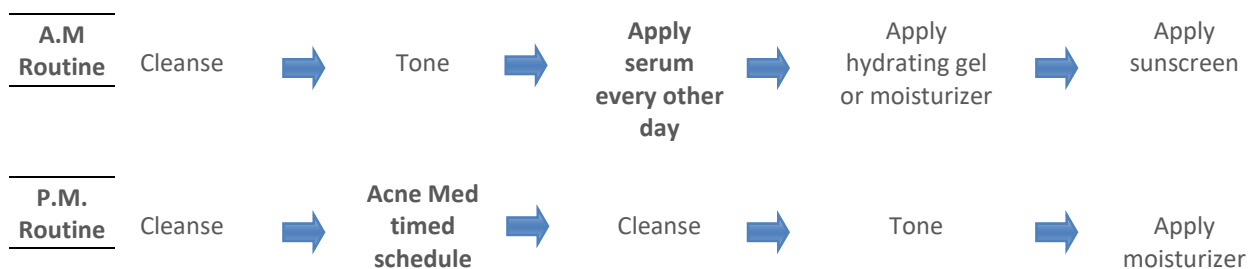
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- Client also has folliculitis or hyperpigmentation from acne – Give Mandelic Wash
- To prevent dehydration – Give Hydrabalance.
- Client is in extreme weather - Give Hydrabalance to layer under sunscreen and/or Acne Med.
- Mature client – If acne in only one area (like the chin), then “area treat” – do not use Acne Med over entire face.

# Guidelines for Severe Inflamed Acne

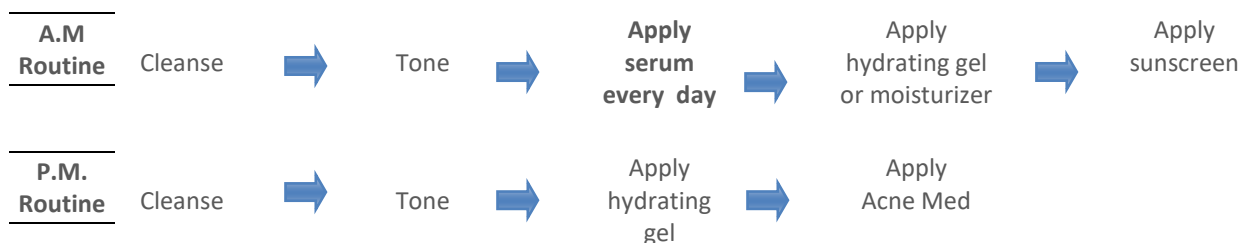
## Weeks 1 – 6 Home Care Protocol

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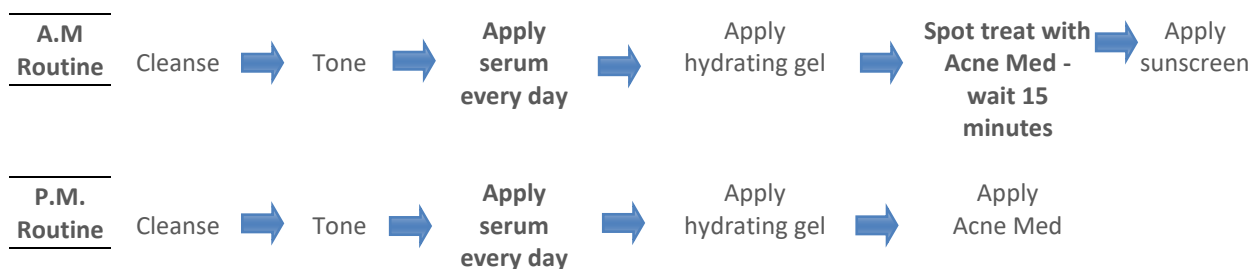
### Weeks One and Two



### Weeks Three and Four



### Weeks Five and Six

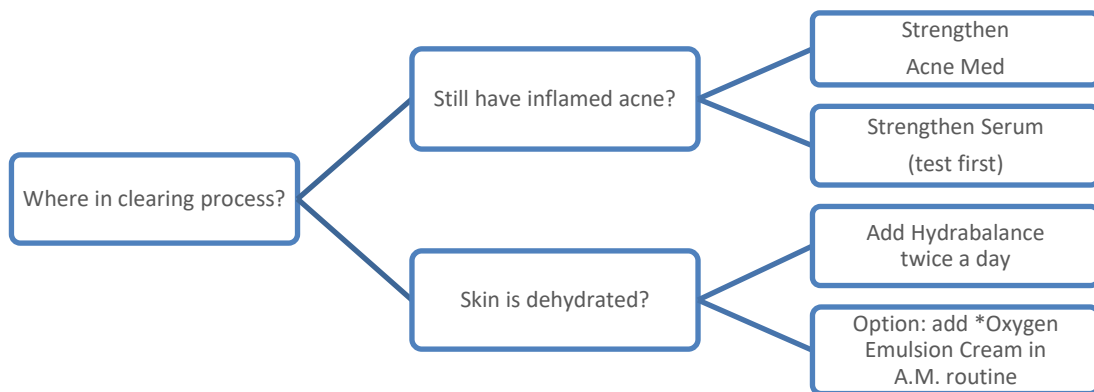


# Guidelines for Severe Inflamed Acne

## Weeks 7-12 Adjustments to Home Care

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- If skin is clearing or is clear, there is no need to adjust the routine.
- Generally, you will strengthen active products (serums and benzoyl peroxide) first before strengthening cleanser and toner.
- Strengthen only one product in their routine – either the serum OR the Acne Med, not both.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use it up and to help their skin acclimate to the stronger product.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



\*We buy our Purifying Oxygen Lotion from Michele Corley – see Resources

- Other options for strengthening home care:
  - Ask them repeatedly if they are icing – this is a must if they are still inflamed!
  - Spot treat pimples and pustules in A.M. Routine with Acne Med.
  - Spot treat with Acne Med with sulfur over regular Acne Med in the P.M. Routine.
  - Have them use hand-held \*LED in the evening after cleansing. \*see Resources section.
  - Use Acne Med twice a day (in a.m. – cleanse, tone, serum, acne med, wait 15", sunscreen).
  - Have them use Acne Med with Sulphur all over in the P.M. Routine.
  - Strengthen Cleanser
  - Strengthen Toner
  - Use Acne Med three times a day (this should be the last resort).
- For very severe cases of inflamed acne, if your client has gotten used to Acne Med 10%, is still inflamed and does not tend to get dehydrated, adjust them up to Acne Med 5% with Sulfur or Acne Med 10% with Sulfur to use all over the affected area. You can alternate Acne Med with and without sulfur at first to allow their skin to get used to the Acne Med with Sulfur.

# Chapter 4

## Noninflamed Acne Types: Mild, Moderate and Severe

---



**Mild Noninflamed Acne**



**Moderate Noninflamed Acne**



**Severe Noninflamed Acne**



## Characteristics of Noninflamed Acne

Skin Quality	<ul style="list-style-type: none"> <li>•Dull and sluggish-looking and pebbly appearance</li> <li>•Generally not sensitive or reactive to products</li> <li>•Can be toughest to clear</li> </ul>
Acne Lesions	<ul style="list-style-type: none"> <li>•Blackheads</li> <li>•Whiteheads</li> </ul>
Treatment	<ul style="list-style-type: none"> <li>•As aggressive as skin will tolerate</li> <li>•Needs mechanical and chemical exfoliation</li> </ul>

## Home Care for Mild Noninflamed Acne

Skin Type	Cleanser	Toner	Exfoliating Serum	Sunscreen	Moisturizer
DRY	Ultra Gentle Cleanser	Moisture Balance Toner	Vitamin A Corrective Serum	Moisturizing SPF30	Clearderma
NORMAL	Antioxidant Scrub	Calming Toner	Vitamin A Corrective Serum	Moisturizing or Daily SPF30	Clearderma
OILY	Acne or Mandelic Scrub	Acnebeta-C Toner	Vitamin A Corrective Serum	Ultimate SPF 28	Clearderma
MATURE	Ultra Gentle Cleanser	Moisture Balance Toner	Vitamin A Corrective Serum	Moisturizing SPF30	Clearderma
FITZ 4+	Antioxidant or Mandelic Scrub	Calming Toner	Vitamin A Corrective Serum	Daily SPF30	Clearderma

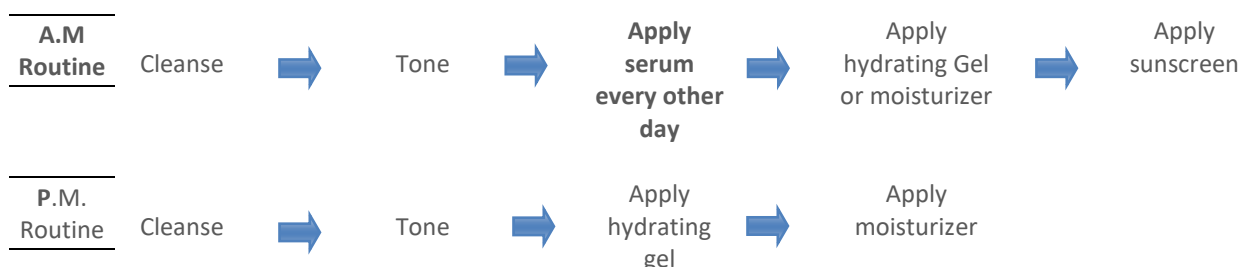
- People with mild noninflamed acne have very few acne lesions – five or less on each side of the face—and they **never** get any inflamed lesions. ***This type of acne will be very rare in your practice.***
- Client is sensitive or allergic to Vitamin A Corrective Serum – test the Mandelic 8% and 5%. If sensitive to Mandelic, test Glycolic Serums.
- Client's skin very sensitive and/or reactive – opt for milder products.
- Client also has folliculitis – Give Mandelic Serum (instead of Vitamin A corrective Serum) and Mandelic cleanser.
- To prevent dehydration – Give Hydrabalance.
- Client is in extreme weather - Give Hydrabalance to layer under sunscreen, moisturizer and/or Acne Med.

# Guidelines for Mild Noninflamed Acne

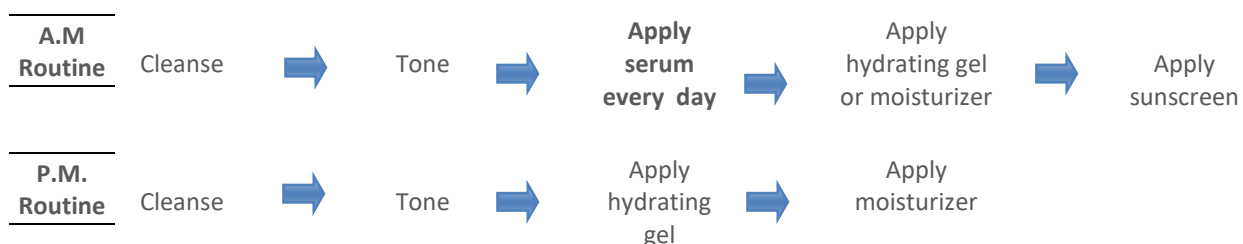
## Weeks 1 – 6 Home Care Protocol

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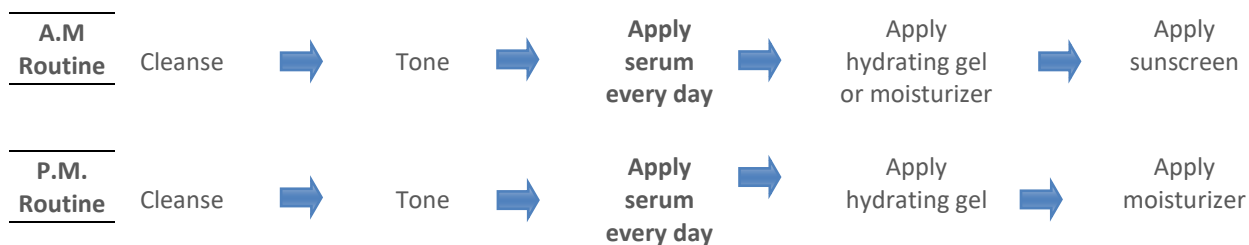
### Weeks One and Two



### Weeks Three and Four



### Weeks Five and Six

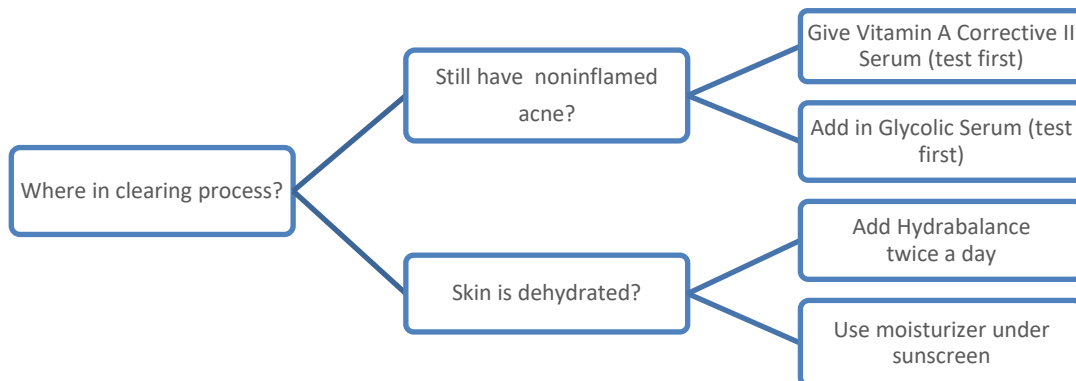


# Guidelines for Mild Noninflamed Acne

## Weeks 7-12 Adjustments to Home Care

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- Clients with mild noninflamed acne can be some of the most frustrating clients to treat because they expect perfection with their skin.
- If skin is clearing or are clear, there is no need to adjust the routine.
- Generally, you will strengthen active products (serums) first before strengthening cleanser and toner.
- Strengthen only one product at a time in their routine.
- If they start to purge with the Vitamin A serums, then add Acne Med to the routine (timed). In this case, you will have them stop the Vitamin A serum at night and only do the Acne Med routine.
- When (and if) they start wearing Acne Med overnight, tell them they must wait 15 minutes after applying Vitamin A before they apply the Acne Med.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use it up and to help their skin acclimate to the stronger product.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



- Other options for strengthening home care:
  - Strengthen Cleanser
  - Strengthen Toner
  - Weeks 10 on –
    - Strengthen Glycolic Serum (test first)
    - Add Acne Med to routine
    - Layer Vitamin A serum over the top of Glycolic Serum

## Home Care for Moderate and Severe Noninflamed Acne

Skin Type	Cleanser	Toner	Serum	Sunscreen	Antibacterial
DRY	Ultra Gentle Cleanser	Moisture Balance Toner	Mandelic 8%	Moisturizing SPF30	Acne Med 2.5%
NORMAL	Antioxidant Scrub	Calming or Acnebeta-C Toner	Mandelic 8%	Moisturizing or Daily SPF30	Acne Med 5%
OILY	Acne Scrub	Acnebeta-C Toner	Mandelic 8%	Ultimate SPF 28	Acne Med 5%
MATURE	Ultra Gentle Cleanser	Calming Toner	Mandelic 8%	Moisturizing SPF30	Acne Med 2.5%
FITZ 4+	Antioxidant or Mandelic Scrub	Calming or Acnebeta-C Toner	Mandelic 8%	Daily SPF30	Acne Med 2.5%

- Toughest to clear – client will have to be incredibly compliant. It can take up to six months to clear – set your client’s expectations accordingly.
- Calls for more aggressive home care and treatment if tolerated.
- If sensitive or allergic to Mandelic Serum, then test Glycolic 10% or 5% Serum.
- If client has folliculitis and/or hyperpigmentation from acne, choose the Mandelic Scrub.
- Add in Vitamin A Corrective Serum at Week 5 if no inflamed acne has developed. (Vitamin A used at the beginning may cause too much inflammation in this type of acne – best to start it later).
- To prevent dehydration – Give Hydrabalance.
- Client is in extreme weather - Give Hydrabalance to layer under sunscreen and moisturizer.
- Mature client – If acne in only one area (like the chin), then “area treat” – do not use Acne Med over entire face.

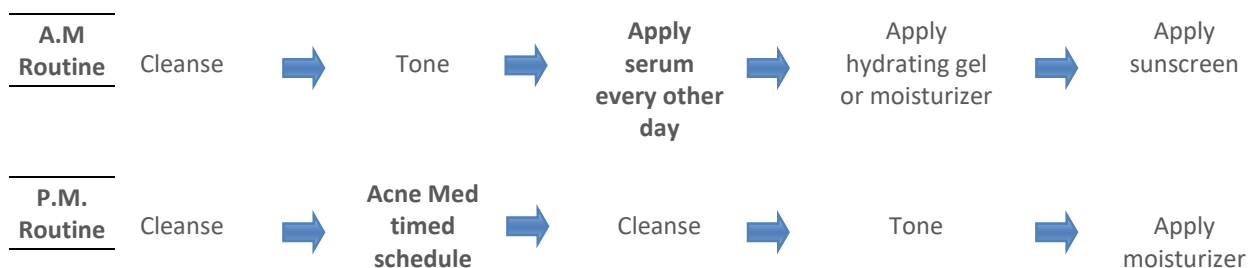
# Guidelines for Moderate to Severe Noninflamed Acne

## Weeks 1 – 6 Home Care Protocol

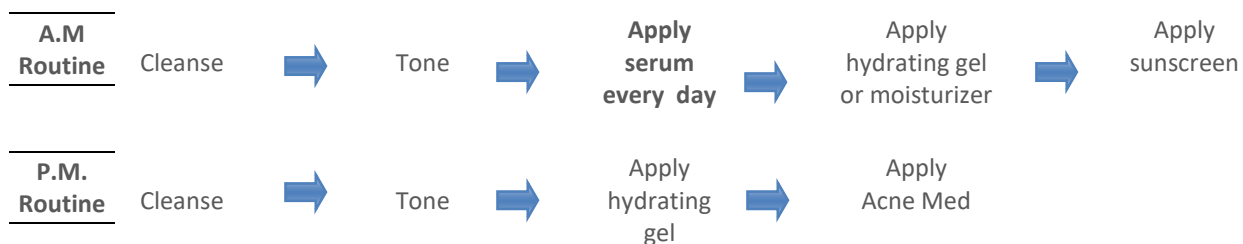
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Addition to Week Five and Six – you can add Vitamin A Corrective Serum to evening routine (Instead of the Mandelic Serum). When using Vitamin A, you must always have your client wait for 15 minutes before applying the Acne Med.

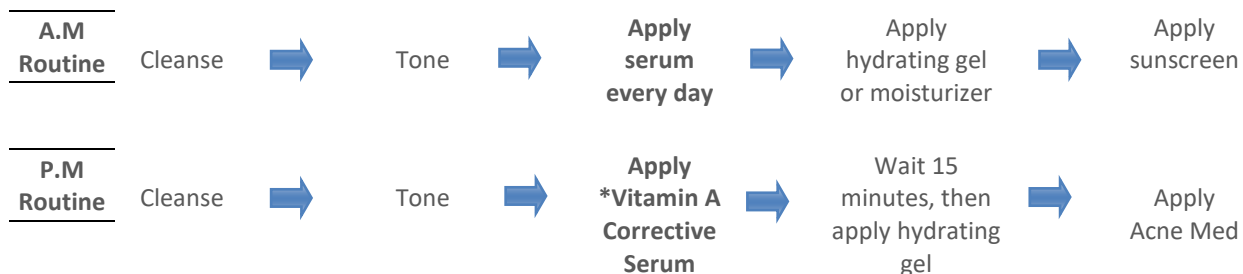
### Weeks One and Two



### Weeks Three and Four



### Weeks Five and Six



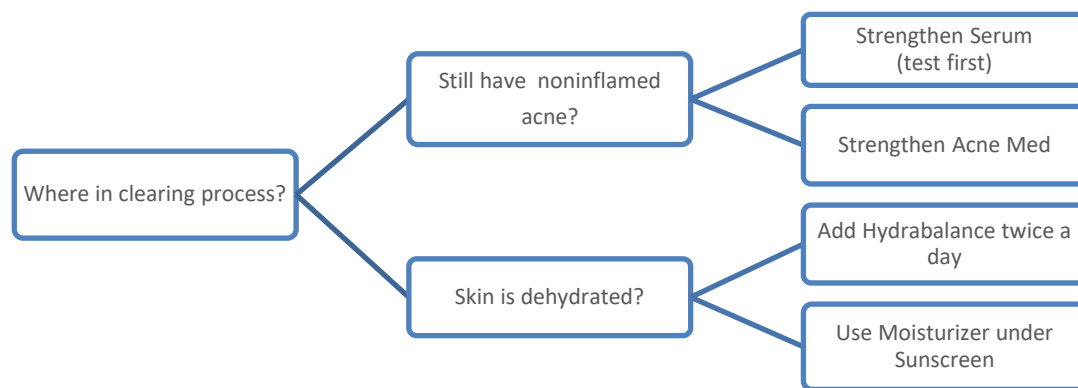
\*Only add Vitamin A Corrective Serum if there is no inflamed acne has developed. Always use 3 pumps of this serum. (Vitamin A Corrective II Serum is 1 pump)

# Guidelines for Moderate to Severe Noninflamed Acne

## Weeks 7-12 Adjustments to Home Care

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- If skin is clearing or is clear, there is no need to adjust the routine.
- Generally, you will strengthen active products (serums and benzoyl peroxide) first before strengthening cleanser and toner.
- Strengthen only one product in their routine – either the serum OR the Acne Med, not both.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use it up and to help their skin acclimate to the stronger product.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



- Other options for strengthening home care:
  - Strengthen Vitamin A Serum (use Vitamin A Corrective II Serum)
  - Strengthen cleanser.
  - Strengthen toner.
  - Weeks 10 and on:
    - Substitute Glycolic Serum for Mandelic Serum (test first)
    - Strengthen Acne Med
    - Layer Vitamin A Serum over the top of Glycolic Serum
- Strengthen treatments:
  - Consider deeper peel treatments – more than two layers or stronger peel solution. (On very resilient skin you can use Acne Back Peel for one layer)

# Chapter 5

## Combination Acne: Mild, Moderate and Severe

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**Mild Combination Acne**



**Moderate Combination Acne**



**Severe Combination Acne**

## Characteristics of Combination Acne

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Skin Quality	<ul style="list-style-type: none"><li>•Redness/Warm to touch</li><li>•Sensitive and reactive to products</li><li>•Inflammation will clear up first and then you will treat the noninflamed acne</li><li>•Most common type of acne</li></ul>
Acne Lesions	<ul style="list-style-type: none"><li>•Pimples, pustules</li><li>•Can be nodules, cysts</li><li>•Blackheads</li><li>•Whiteheads</li></ul>
Treatment	<ul style="list-style-type: none"><li>•Icing is essential while inflamed!</li><li>•Mandelic and Benzoyl Peroxide (Acne Med) very effective</li><li>•Once inflammation is clear, introduce Vitamin A Corrective Serum to regimen</li><li>•Once inflammation is gone, treat like noninflamed acne - switch to scrub</li><li>•Zinc monomethionine and omega-3 fish oil are helpful supplements when inflammation is present</li></ul>

Treat the combination acne client as an inflamed acne client to begin with. Determine whether they are mild/moderate inflamed or severe inflamed and determine their home care products and home care schedule based on the **Inflamed Acne Guideline, Chapter 3**.

When all their inflamed acne is gone, determine the appropriate home care products and home care schedule based on the **Noninflamed Acne Guideline, Chapter 4**. Start your client with the instructions for weeks 5-6 under Moderate and Severe (even if they are more than 5 to 6 weeks into treatment with you).

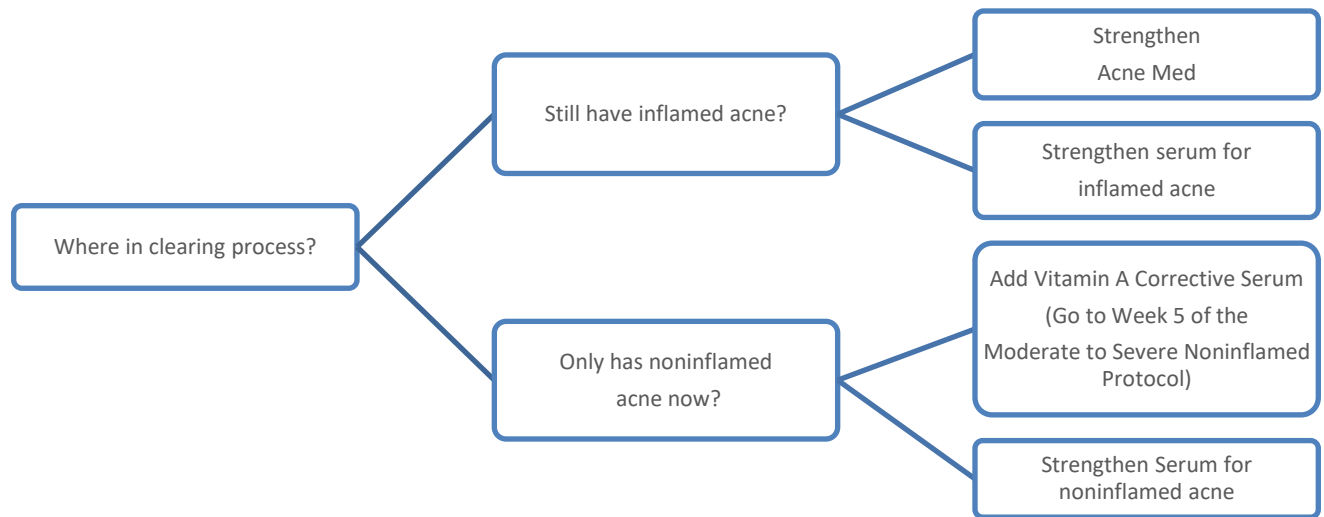


# Guidelines for Combination Acne

## Weeks 7-12 Adjustments to Home Care

---

- If skin is clearing or is clear, there is no need to adjust the routine.
- Generally, you will strengthen active products (serums and benzoyl peroxide) first before strengthening cleanser and toner.
- Strengthen only one product in their routine – either the serum OR the Acne Med, not both.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use it up and to help their skin acclimate to the stronger product.
- If the skin gets dehydrated have them add in Hydrabalance to A.M. and P.M. Routine.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



- Other options for strengthening home care if still inflamed:
  - Ask them repeatedly if they are icing – this is a must if they are still inflamed!
  - Spot treat pimples and pustules in A.M. Routine with Acne Med.
  - Spot treat with Acne Med with sulfur over regular Acne Med in the P.M. Routine.
  - Have them use hand-held \*LED in the evening after cleansing. (\*See Resource Section for LED supplier.)
  - Recommend zinc monomethionine and/or omega-3 fish oil to reduce inflammation if you haven't already.
  - Use Acne Med twice a day (in a.m. – cleanse, tone, serum, acne med, wait 15", sunscreen).
  - Strengthen cleanser
  - Strengthen toner
  - Use Acne Med three times a day (this should be a last resort).
- Other options for strengthening home care if still noninflamed:
  - Strengthen serum (Mandelic or Glycolic).
  - Switch to Glycolic if they have been on Mandelic for two months.
  - Strengthen Acne Med
  - Strengthen cleanser
  - Strengthen toner

## Chapter 6

### Back Acne: Noninflamed and Inflamed

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**Noninflamed**



**Inflamed**

## Back Acne – Noninflamed

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- Back acne can be treated more aggressively because the skin on the back is thicker than on the face.
- If a client is more sensitive or reactive, opt for milder products.
- Test their back first with the Mandelic 15%. If too strong (feels more than a 2 on a scale of 1 to 10) then go to Mandelic 11%. If they are sensitive to Mandelic, then test Glycolic 10% serum.
- Make sure clients using Acne Med wear a white shirt to bed and use white sheets and towels. Acne Med bleaches fabric.

### Home Care for Noninflamed Back Acne:

Skin Type	Cleanser	Exfoliating Serum	Antibacterial
DRY	Mandelic Scrub	Mandelic 11% or 15%	Acne Med 10%
NORMAL	Acne Scrub	Mandelic 11% or 15%	Acne Med 10%
OILY	Acne Scrub	Mandelic 11% or 15%	Acne Med 10%
MATURE	Mandelic Scrub	Mandelic 11% or 15%	Acne Med 10%
FITZ 4+	Mandelic Scrub	Mandelic 11% or 15%	Acne Med 10%

- Client is sensitive to Mandelic Serum – test the Glycolic 10%.
- Consider Mandelic Scrub if the client has folliculitis, or brown hyperpigmentation from acne, provided their skin type can tolerate it.
- Client also has folliculitis – Give Mandelic Scrub.
- Client can use a moisturizer in the morning if they become dry.

# Guideline for Noninflamed Back Acne

## Weeks 1 – 6 Home Care Protocol

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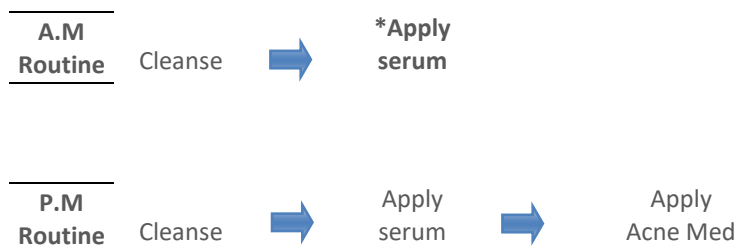
### Weeks One and Two



### Weeks Three and Four



### Weeks Five and Six



\*Option - Addition to Week Five and Six – you can add Vivant’s Clear Body Therapy to morning routine instead of the serum. Vivant’s Clear Body Therapy cannot be used in the evening if the client is wearing Acne Med. It contains oils that are noncomedogenic but they will interfere with the action of the benzoyl peroxide. Contact information for the supplier is in the Resources section.

## Back Acne- Inflamed

- Back acne can be treated more aggressively because the skin on the back is thicker than on the face.
- If a client is more sensitive or reactive, opt for milder products.
- Test their back first with the Mandelic 15%. If too strong (over a 2 on a scale of 1 to 10) then go to Mandelic 11%.
- If they are sensitive to Mandelic, then test Salicylic Serum.
- Recommend zinc monomethionine supplements and/or omega-3 fish oil supplements to reduce inflammation.
- Make sure clients using Acne Med wear a white shirt to bed and use white sheets and towels. Acne Med bleaches fabric.

### Home Care for Inflamed Back Acne:

Skin Type	Cleanser	Exfoliating Serum	Antibacterial	Spot Treatment
<b>DRY</b>	Mandelic Wash	Mandelic 11% or 15%	Acne Med 10%	Acne Med 10% With Sulfur
<b>NORMAL</b>	Acne Wash	Mandelic 11% or 15%	Acne Med 10%	Acne Med 10% With Sulfur
<b>OILY</b>	Acne Wash	Mandelic 11% or 15%	Acne Med 10%	Acne Med 10% With Sulfur
<b>MATURE</b>	Mandelic Wash	Mandelic 11% or 15%	Acne Med 10%	Acne Med 10% With Sulfur
<b>FITZ 4+</b>	Mandelic Wash	Mandelic 11% or 15%	Acne Med 10%	Acne Med 10% With Sulfur

- Client is sensitive to Mandelic Serum – test the Salicylic Serum
- Consider Mandelic Wash if the client has folliculitis, or brown hyperpigmentation from acne, provided their skin type can tolerate it.
- Client also has folliculitis – Give Mandelic Wash.
- Client can use a moisturizer in the morning if they become dry.

# Guideline for Inflamed Back Acne

## Weeks 1 – 6 Home Care Protocol

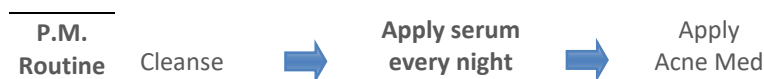
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Addition to Week Five and Six – for severe cases of inflamed back acne, if your client has gotten used to the Acne Med 10%, is still inflamed, you can have them use the Acne Med 10% with Sulfur for use all over the acne on their back. You can alternate Acne Med with and without sulfur at first to allow your client to get used to the Acne Med with Sulfur. Warn them that they will get dry – most people don't mind dehydration on their back.

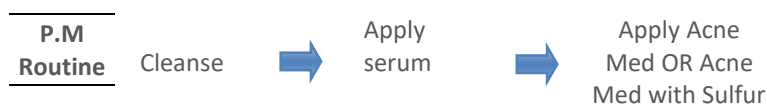
### Weeks One and Two



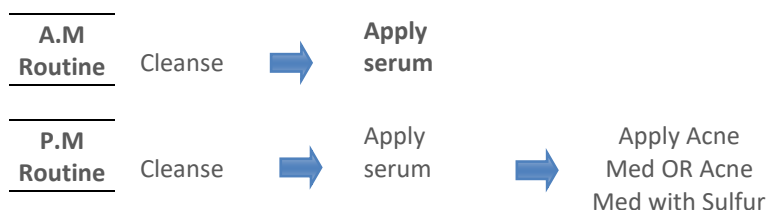
### Weeks Three and Four



### Weeks Five and Six



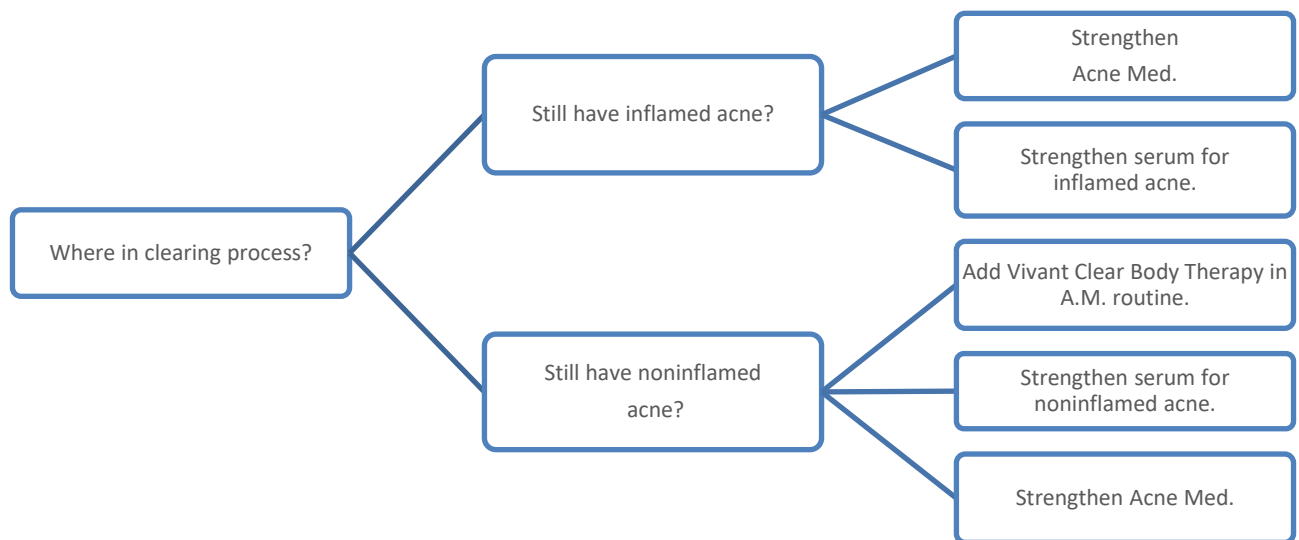
### Weeks Seven and Eight



# Guidelines for Inflamed and Noninflamed Back Acne

## Weeks 7-12 Adjustments to Home Care

- If skin is clearing or is clear, there is no need to adjust the routine.
- Strengthen serum
- Strengthen Acne Med
- Strengthen only one product in their routine – either the serum OR the Acne Med, not both.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use it up and to help their skin acclimate to the stronger product.
- If the skin gets dehydrated have them use moisturizer in the A.M. routine.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



(Use Acne Back Peel for treatments – the back is thicker and needs stronger peels.)

# Chapter 7

## Acne Rosacea: Subtype 2

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**Subtype 2 Acne Rosacea**



## Characteristics of Subtype 2 Acne Rosacea

Skin Quality	<ul style="list-style-type: none"> <li>•Chronic bacterial condition</li> <li>•Client is usually over 30 years of age</li> <li>•Papules and pustules are mainly found on cheeks, nose and forehead</li> <li>•Responds quickly to home care and treatments</li> </ul>
Rosacea Lesions	<ul style="list-style-type: none"> <li>•Resembles acne except comedones are absent</li> <li>•When extracted, there is no "core"</li> </ul>
Treatment	<ul style="list-style-type: none"> <li>•Salicylic or Mandelic and Benzoyl Peroxide (Acne Med) very effective</li> <li>•Use peels conservatively especially at first</li> </ul>

## Home Care for Subtype 2 Acne Rosacea

Skin Type	Cleanser	Toner	Serum	Sunscreen	Antibacterial
<b>DRY</b>	Ultra Gentle Cleanser	Acnebeta-C Toner	Salicylic or Mandelic 8% or 5%	Ultimate SPF 28	Acne Med 2.5%
<b>NORMAL</b>	Ultra Gentle Cleanser	Acnebeta-C Toner	Salicylic or Mandelic 8% or 5%	Ultimate SPF 28	Acne Med 2.5%
<b>OILY</b>	Ultra Gentle Cleanser	Acnebeta-C Toner	Salicylic or Mandelic 8% or 5%	Ultimate SPF 28	Acne Med 2.5%
<b>MATURE</b>	Ultra Gentle Cleanser	Acnebeta-C Toner	Salicylic or Mandelic 8% or 5%	Ultimate SPF 28	Acne Med 2.5%
<b>FITZ 4+</b>	Ultra Gentle Cleanser	Acnebeta-C Toner	Salicylic or Mandelic 8% or 5%	Ultimate SPF 28	Acne Med 2.5%

- Client is sensitive or allergic to Salicylic then test Mandelic.
- Client's skin very sensitive and/or reactive – opt for milder products. Don't give them any serum, but just start with timed schedule of Acne Med.
- To prevent dehydration – Give Hydrabalance.
- Client is in extreme weather - Give Hydrabalance to layer under sunscreen and/or Acne Med.

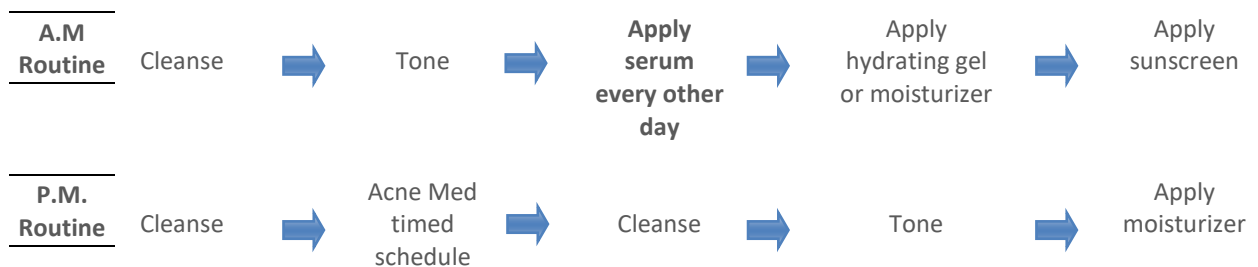
- Surprisingly, Rosacea skin may not be that sensitive in general when you do a Skin Sensitivity Test. Rosacea skin is sensitive to triggers not necessarily to products.
- Clients with rosacea should not wear chemical-based sunscreens. Always recommend Ultimate Protection SPF 28 (zinc sunscreen).
- You can also have them just “area treat” instead of applying Acne Med all over the face.
- Use a mild peel during the treatment (you may want to do only one layer).
- Avoid steaming or hot towels.
- Just do one layer of API on first appointment (if not dehydrated).

## Guidelines for Subtype 2 Acne Rosacea

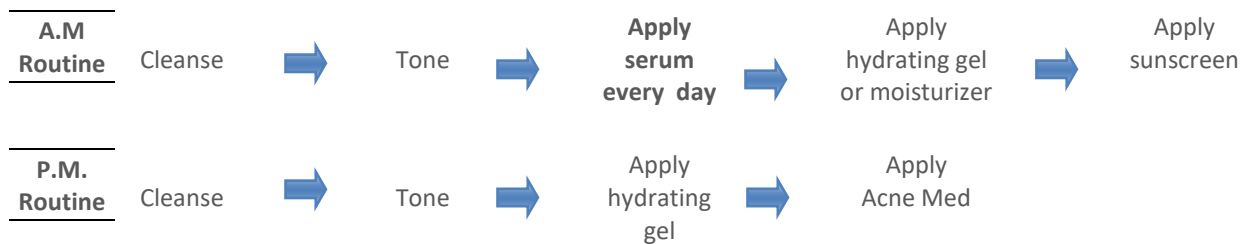
### Weeks 1 – 6 Home Care Protocol

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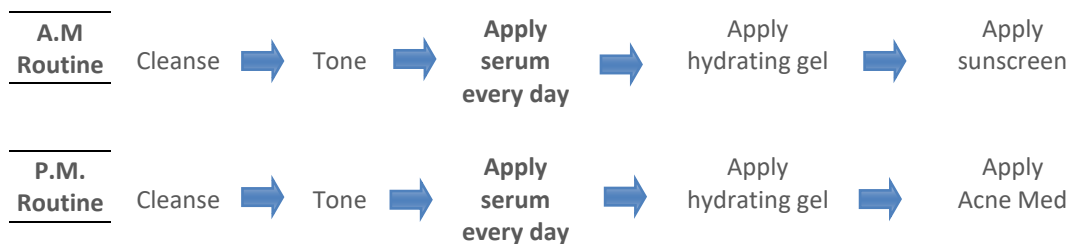
#### Weeks One and Two



#### Weeks Three and Four



#### Weeks Five and Six

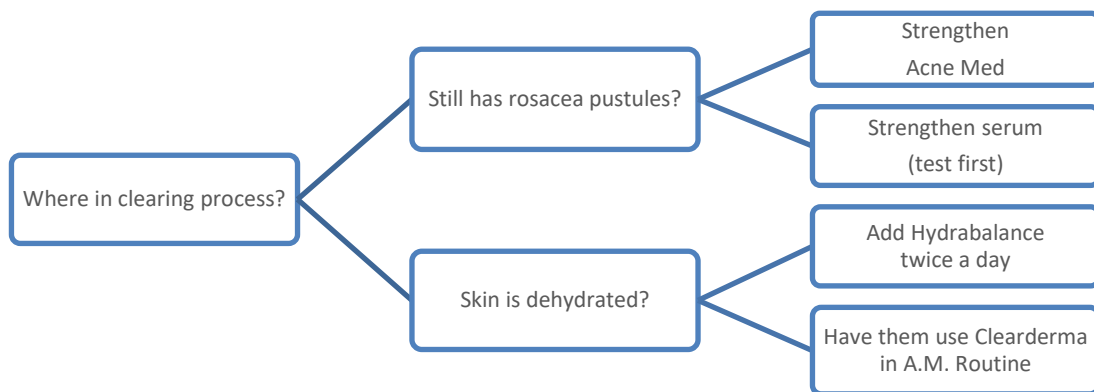


# Guidelines for Subtype 2 Acne Rosacea

## Weeks 7-12 Adjustments to Home Care

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- Subtype 2 Rosacea clears up fairly quickly (within six weeks), so oftentimes an adjustment of home care is not needed.
- Face Reality's protocol works well for Subtype 2, not very successful with Subtype 1. The pustules clear quickly, usually in 6 to 8 weeks. **Sometimes, the overall redness does not improve, so set client expectations correctly.**
- If skin is clearing or clear, there is no need to adjust the routine.
- Check in with them about eliminating rosacea triggers (shown on next page).
- Strengthen only one product in their routine – either the serum OR the Acne Med, not both.
- If you decide to adjust their routine to a stronger product, alternate the weaker one with the stronger one to use it up and to help their skin acclimate to the stronger product.
- If they are not clear yet, check purchase history first to make sure they are using enough product. If product usage looks good, then use the following guidelines:



# Rosacea Triggers

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The following can make rosacea worse almost immediately. Tell your clients with rosacea to avoid these triggers:

1. the sun
2. stress
3. hot weather
4. wind
5. exercise
6. alcohol
7. hot baths
8. cold weather
9. spicy foods
10. humidity
11. indoor heat
12. irritating skin products including chemical sunscreens
13. heated beverages

If in doubt about whether a client has rosacea, ask them about any of these triggers and whether any of these affect their skin. If they have rosacea, they will answer with a definite yes.

# Rosacea Types

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## 1. Subtype 1: Erythematotelangiectatic Rosacea

This subtype is characterized by flushing and persistent central facial erythema. Telangiectases are common but not essential for the diagnosis.



## 2. Subtype 2: Papulopustular Rosacea (FACE REALITY CAN TREAT)

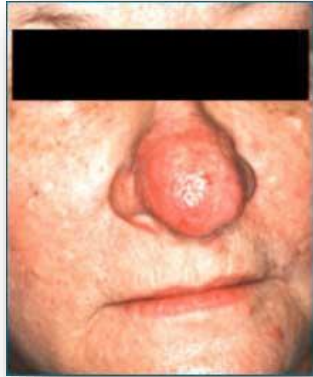
This subtype includes persistent central facial erythema with transient papules, pustules, or both in a central facial distribution. Burning and stinging may also be reported.



### 3. Subtype 3: Phymatous Rosacea

This subtype may include thickening skin, irregular surface nodularities, and enlargement.

Phymatous rosacea occurs most commonly as rhinophyma but may appear elsewhere, including the chin, forehead, cheeks, and ears. Patulous, expressive follicles may appear in the phymatous area, and telangiectases may be present.



### 4. Subtype 4: Ocular Rosacea

This subtype may include watery eyes or bloodshot appearance, telangiectasia of conjunctiva and lid margin, or lid and periocular erythema. Blepharitis, conjunctivitis, and irregularity of eyelid margins also may occur.



# Chapter 8

## Troubleshooting

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### Miscellaneous

#### **Client allergic to benzoyl peroxide**

- Put benzoyl peroxide the size of a quarter on inside of arm for 3 days in a row. See if there is a reaction. If no reaction, they are not allergic (many people think they are when they are not). Have them start even more slowly in getting used to it if necessary
- Use the Vitamin A Corrective serum for noninflamed acne
- Use oxygen emulsion in place of Acne Med (benzoyl peroxide) - refer to handout of resources for this.

#### **Client used prescription topical products prior to coming to see you**

- When they make the appointment with you, they will be told to stop use of their current prescription topical for at least two weeks. Have them cleanse, tone and moisturize prior to coming to you.
- Test the serums on them – most of the time their skin will be more sensitive than usual but not always.
- If they are sensitive just go more slowly, even with serums. If they are sensitive to all serums, don't start them with one. The Acne Med (benzoyl peroxide) will make their skin less sensitive over time. You could start timing the Acne Med with just five minutes the first night and add five minutes more each night. Retest the serums later.

#### **Impatient Client - wants to be clear in two weeks**

- Remind your client that it takes three months, in most cases, to see significant clearing of their skin.
- It takes 30 to 90 days for a microcomedone to surface and that acne will come up in the three months you are treating them.
- If they are inflamed AND are willing to be incredibly dry, sometimes you can push the clearing of their skin to six weeks.

#### **Dryness and peeling**

Tell them from the outset that they will most likely have temporary dryness and peeling on their way to getting clear. I say that any product that is strong enough to get acne under control is inherently drying. So, tell them to please be patient with a bit of dry skin, but if it gets uncomfortably dry to please contact you.

- **Use petroleum jelly** - A very common symptom of using benzoyl peroxide is dryness around the mouth and chin area. When that happens, tell them to put a thin layer of petroleum jelly on the dry area before they put the Acne Med on.

They will do this for just a few days and then resume the Acne Med there again. Reassure your client that Vaseline will not break them out.

- **Tell them they can use Clearderma** in the morning (if not using Acne Med) and/or **Hydrabalance** at night after the serum and before the Acne Med.

## Inconsistent or Improper Product Usage

If a client is not getting clear or staying clear, the first thing to check is check *how* they are doing their home care:

- Make sure they are putting their serum on with their hands, not a cotton ball or cotton round
- Make sure they are putting Acne Med all over their face and not just spot treating
- Make sure they are putting products on in the right order
- Make sure they are putting enough product on

If that checks out, the next step is to check their product purchase history. 90% of the time the clients are using their home care products inconsistently. Check their Acne Med purchases first, and exfoliating serum purchases next. Compare their purchase history to the Normal Product Usage Timetable.

Product	Usage – 1x per day	Usage – 2x per day
1 oz Acne Med *dime to nickel-size	4 -6 weeks	2-3 weeks
1 oz Mandelic Serums *3 pumps	18 weeks	9 weeks
1 oz Glycolic and Salicylic Serums *2 pumps	20 weeks	10 weeks
1 oz Vitamin A Corrective Serum *3 pumps 1 oz Vitamin A Corrective II Serum *1 pump	12 weeks	6 weeks
6 oz Cleanser		8-10 weeks
6 oz Toner		8-10 weeks
2 oz Sunscreen or Moisturizer	12-15 weeks	6-8 weeks

If their purchase history and the Normal Product Usage Timetable show that the client is being inconsistent with the home care product usage, explain why consistency is crucial. Next, find out why the client isn't being consistent. It could be:

1. Skipping home care because of dryness/dehydration/products stinging
2. Skipping home care because of budget
3. Skipping home care because of schedule



## 1. Skipping Home Care due to Dryness, Dehydration, or Stinging Products

**Ideally, the client needs to be able to use their exfoliating serum twice a day and Acne Med once a day, to get clear and stay clear. You will need to find a home care routine that will allow for this.**

- a. Ask if any of their products are stinging or burning. If so, change that product. Sometimes it can be a mild non-active (like toner or sunscreen) that is the problem.
- b. Ask if they are skipping products when they get dry. If so, the home care routine is too strong.
  - i. Make sure they are using **Clearderma** in the morning (if not using Acne Med) and **Hydrabalance** at night.
  - ii. Consider giving them a milder cleanser and/or toner.
  - iii. Adjust down active products after non-actives – Acne Med and serums. Also test serums on the skin before giving a new one. If their product is not stinging or burning, they do not need to return the product. They can use it later, when their skin has adjusted and is no longer as dry (even once or twice a week as a booster).
  - iv. If the client has inflamed acne, give an oxygen emulsion cream to use in the morning instead of acne med. Oxygen emulsion creams usually come in a moisturizing base so it will not exacerbate the dryness.

*Remember when the weather gets colder, skin becomes drier and cannot always tolerate the same products.*

## 2. Skipping Home Care due to Budget or Money Issues

If a client is having consistency issues because of cost, we can make the following suggestions:

- a. Always spend the money on products before treatments.
- b. They should check in via email for an updated routine if they will be stretching the time between appointments past 2 weeks.
- c. If they can't afford to come in at all, offer to do virtual appointments via email—have them check in with you every two weeks and send pictures every month.
- d. Make sure they are not using any non-Face Reality products that might contain pore clogging ingredients (cleansers, benzoyl peroxide, sunscreen).
- e. Take the toner out of their routine temporarily as a last resort.

## 3. Skipping Home Care due to Schedule

If a client is having consistency issues because of their schedule, find out what is getting in the way. Brainstorm with the client to find a way around the issue.

- a. If they absolutely cannot use Acne Med consistently at night, move it to their morning routine. Advise the client to wait 15 minutes after applying the Acne Med to apply sunscreen.
- b. If they are not able to do a multi-step routine in the morning, advise them to just use their actives at night. Remind them it may take longer to get clear without using actives twice a day.

### What if you are not sure if they are being consistent?

Give them a home care routine that will make them dry. (You can warn them that this is a test, or choose not to depending on the client.) Ask them to return in 2 or 3 weeks. If they are not dry when they return, they are not being consistent.

## Lifestyle Issues

If your client is using their home care products consistently and still are not getting clear, it is time to review lifestyle choices. Even if a client initially was on a safe makeup or safe form of birth control, they may have changed that since they were last asked. Here are some reasons a client may not be clearing if it is not due to inconsistent product usage:

- Do they check in with you to adjust their routine at two-week intervals?
- Did they change their routine on their own without consulting you first?
- Are they using non-Face Reality products?
- Are they using comedogenic makeup?
- Are they using comedogenic hair care?
- Are they taking the supplements recommended by their Acne Specialist?
- Are they using fabric softener or dryer sheets in the washer and/or the dryer?
- Are they consuming dairy/soy products: milk, cheese, and/or yogurt?
- Are they consuming protein shakes or protein bars made from whey or soy that contain iodine?
- Are they consuming sushi, seaweed, iodized salt, spirulina, or chlorella?
- Are they consuming high androgen foods like peanuts, peanut butter, shellfish, or organ meat?
- Are they taking vitamins or supplements that may contain iodides and/or biotin?
- Are they taking any medications or drugs or have any medical condition that they haven't yet disclosed to you?
- Are they smoking marijuana?
- Do they regularly wear hats, helmets, or shoulder pads?
- Are they under more stress than usual and/or getting enough sleep?
- Are they on birth control pills or other form of birth control?
- Are they exposed to any chemicals – coal tars, grease in restaurants or auto mechanic shops, dioxin, or chlorinated chemicals

If not being compliant with lifestyle issues is keeping the client from getting clear or staying clear, give them a copy of the **Getting Clear and Staying Clear** document. Highlight which lifestyle issues need addressing. If inconsistent product usage is also an issue, highlight that on the document as well. Inconsistent clients should also receive a copy of the **Normal Product Usage Timetable** with their purchase history written on it. Write which documents are given in their acne treatment notes. If you have to give them these documents too many times, it may be time to tactfully end your relationship with them.

## Handling a Minor that is Not Clearing

1. If you have a minor that is not clearing due to inconsistent product use and/or lifestyle issues, ask what is keeping them from being consistent. Find out if there is an issue you can help them work around.
2. If the parent is not in the room, speak with the parent after the appointment to let them know what the issues are.
  - a. They often believe the minor is being compliant. Inform them about inconsistent product usage or lifestyle issues that are causing problems.
  - b. If the parent is not with the minor for the appointment, send an email letting them know what the issues are.
  - c. If the situation can't be changed, suggest they bring the minor back when they are ready to be consistent.

## LED's

If a client has inflamed acne that is not clearing after two months AND they have been compliant with their home care, you can lend them an LED handheld light. It can really help to reduce inflammation. See the handout in the consultation forms for instructions (the client takes home) on how they will use it. This is the way we handle lending out LED lights:

- They can borrow it for 60 days
- They must sign an invoice. We don't charge them, but if it is not returned in a reasonable amount of time, we charge them for the cost of the light.

# Chapter 9 Pregnancy/Nursing

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This is what we tell our pregnant and nursing clients and is in our handout:

During this time, as well as postpartum, your skin may experience changes. Here are some things you should be aware of:

- Your acne may improve during your pregnancy, or it may get worse due to hormonal changes
- Strictly adhering to all lifestyle recommendations is important
- If your doctor approves, strictly adhering to your home care regimen is important
- Most pre-natal vitamins contain iodides and/or biotin which can cause acne

We would like to recommend certain products that we feel would be safe during your pregnancy. Included below is an ingredient deck of all possible products that could be recommended for your doctor to review.

We recommend discontinuing use of Salicylic, Vitamin A or TCA during pregnancy and nursing. Please confer with your doctor to see if there are any additional ingredients or products that they may discourage.

**If you are unable or unwilling to use any active products during your pregnancy, we will not be able to see you for treatments or extractions. Active products are what assist in clearing your acne and also assist us in being able to extract your acne lesions. Thank you for your cooperation.**

We have them fill out a release form and tell them that: “We cannot perform treatments or sell you active products without having a signed copy of the release on file.” The release form lists all of the Face Reality products and ingredient decks, plus all of the products that have any form of vitamin a and/or salicylic acid.

## Treatments

We do not do any type of peel on pregnant or nursing clients. All the Face Reality brand peels contain TCA. Instead, we follow the Acne Hydrating Treatment Protocol. This treatment uses the Hydrating Treatment Enzyme Mask.