

Queensland Community Pharmacy Scope of Practice Pilot

Mild to Moderate Acne - Clinical Practice Guideline

Guideline Overview



Key points

- Acne is common in adolescents (typically more severe in males) but may affect older adults, particularly women in their 30s and 40s (1-3). The onset of acne often peaks during puberty ^(1, 2, 4).
- Adult female acne may be different from typical adolescent acne, suggesting possible endocrinological abnormalities including polycystic ovarian syndrome ⁽⁵⁾.
- Acne can have significant impacts on a person's social, emotional and mental wellbeing, along with permanent physical scarring; early and effective treatment is important, even for mild forms ^(2, 4, 6).

When applying the information contained within this clinical practice guideline, pharmacists are advised to exercise professional discretion and judgement. The clinical practice guideline does not override the responsibility of the pharmacist to make decisions appropriate to the circumstances of the individual, in consultation with the patient and/or their carer.



Refer when

- The diagnosis is unclear
- The patient is aged under 12 years
- The patient is planning a pregnancy or pregnant (and requires treatment above standard pharmacist care)
- The patient is taking a medicine that can cause or aggravate acne
- A female patient has PCOS or presents with signs of androgenisation including hirsutism, obesity and/or menstrual irregularity
- The condition is having a marked negative emotional and social effect
- The acne is classified as severe, cystic or scarring, or the patient has a family history of scarring acne
- The condition worsens, repeatedly relapses or does not respond to optimal treatment in the Pilot
- The patient requires longer than 6 months of oral antibiotic therapy.

Treat (if clinically appropriate) and concurrently refer:

- Females of child-bearing age being treated with teratogenic topical or oral medicines who request contraception that cannot be provided as part of standard pharmacist care or within the Pilot under the Hormonal Contraception Clinical Practice Guideline.

Gather information and assess patient's needs

Patient history

Sufficient information should be obtained from the patient to assess the safety and appropriateness of any recommendations and medicines.

The patient history should consider:

- age
- onset, duration, nature, location and severity of lesions

- underlying medical conditions, including polycystic ovarian syndrome (PCOS)
- pregnancy and lactation status (if applicable), including plans to become pregnant
- hormone changes and signs of androgenisation in women, including hirsutism, obesity and menstrual irregularity
- current and recently commenced medicines (including prescribed medicines, vitamins, herbs, other supplements and over-the-counter medicines)
- drug allergies, adverse effects and/or sensitivities to medicines (and other topical products)
- current management strategies for acne, including hygiene, skin care regimes and products (cosmetic, complementary, over-the-counter and scheduled medicines/products)
- response to prior therapy or management strategies
- aggravating factors (e.g., occupation and exposure to comedogenic factors)
- emotional and social impacts of acne.



Reminder

Pharmacists can access a range of clinical information in a patient's My Health Record, including details about current and past medication history, allergies and current medical conditions.

Examination

Clinical features

Acne is characterised by a mixed eruption of lesions on the face, neck and/or trunk, where severity can be classified according to the [Therapeutic Guidelines: Acne \(Diagnosis and classification of acne\)](#).

Other conditions with similar signs and symptoms that may require consideration and referral for investigation and/or treatment are included in [Therapeutic Guidelines: Acne \(Diagnosis and classification of acne\)](#) and the *Australian Pharmaceutical Formulary and Handbook: Acne (current edition)*.

Management and treatment plan

Pharmacist management of mild to moderate acne involves:

- **general measures for acne:**
 - Advice regarding skin care and minimising exposure to aggravating factors, in accordance with the [Therapeutic Guidelines: Acne \(General measures for acne\)](#) ⁽²⁾, the [Australasian College of Dermatologists: A-Z of Skin](#) ⁽¹⁾, and the Australian Pharmaceutical Formulary and Handbook (Acne) ⁽⁷⁾.
- **pharmacotherapy:**
 - In accordance with the [Therapeutic Guidelines: Acne](#) ⁽²⁾, specifically ^(1,2,3):
 - over-the-counter topical products
 - topical retinoids (and combination products with benzoyl peroxide)

- topical antibiotics (and combination products with benzoyl peroxide or retinoids)
- oral antibiotics.

NB1: Australian state and territory law restricts the prescription of oral isotretinoin to specialist physicians and dermatologists.

NB2: Referral to a medical practitioner is required for female patients where acne may be related to androgenisation; spironolactone is not included in the Pilot.

NB3: The use of the combined oral contraceptive (COC) for the management of acne is 'off-label'. Prescription of a COC pill should be in accordance with the Hormonal Contraception Clinical Practice Guideline.

Additional information for consideration

Antibiotic therapy should not be used long-term, or as monotherapy (topical or oral) ^(2, 8).

- The Australian medicines handbook recommends limiting treatment with oral antibiotics to 3-6 months when possible ⁽⁹⁾.
- The use of topical clindamycin by itself should be limited to 3 months ⁽¹⁰⁾.
- Oral and topical antibiotics should be discontinued when inflammatory lesions have adequately resolved but may be resumed if inflammation reoccurs.
- Antibiotics should not be switched in a patient who is responding to therapy ⁽⁹⁾.
- Topical retinoids (including combinations with benzoyl peroxide) can be used indefinitely with appropriate periodic review.

Women of childbearing age being treated with teratogenic topical or oral medicines for acne should be advised to take appropriate measures to prevent pregnancy.

Confirm management is appropriate

Pharmacists must consult the Therapeutic Guidelines, Australian Medicines Handbook and other relevant references to confirm the management is appropriate, including for:

- contraindications and precautions
- drug interactions
- pregnancy and lactation.

Communicate agreed management plan

Comprehensive advice and counselling (including supporting written information when required) as per the Therapeutic Guidelines, Australian Medicines Handbook, Australian Pharmaceutical Formulary Handbook (Acne), and other relevant references, should be provided to the patient regarding:

- individual product and medicine use e.g., dosing, application and administration instructions
- strategies to assist adherence to therapies
- how to manage adverse effects
- when to seek further care and/or treatment
- when to return to the pharmacist for follow up.

Many patients will have already been exposed to a plethora of confusing, conflicting and misleading information related to acne management and products. Pharmacists should be judicious in their recommendation of supplements, cosmetics and hygiene products ⁽⁴⁾.

It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources and information provided to patients (and parents/caregiver if applicable) and to ensure compliance with all copyright conditions.

The agreed management plan should be shared with members of the patient's multidisciplinary healthcare team, with the patient's consent.

General advice

At the time of initial consultation, a patient (and parents/caregivers if applicable) should be advised to see a medical practitioner if:

- the acne worsens
- the condition is having a marked negative emotional and social effect on the patient
- they are experiencing serious or life-threatening adverse effects from treatment
- adverse effects cannot be managed in the pharmacy setting.

Inconsistent medication use and insufficient duration of treatment is a common reason for treatment failure; the patient should be advised that most treatments take between 6 to 12 weeks of consistent and correct use to start to be visibly effective ⁽⁴⁾.

Clinical review

Clinical review with the pharmacist should occur in line with recommendations in the Therapeutic Guidelines and other relevant guidelines.

- Patients being treated with oral antibiotics should return for a follow up consultation **6 weeks** after the initiation of oral antibiotics.
- Other patients (not taking oral antibiotics) should return for a follow up consultation **6 weeks** after treatment initiation.
- Pharmacists should generally only prescribe a sufficient quantity of medicine (including repeats) for the period until the patient's next review.



Pharmacist resources

- Therapeutic Guidelines:
 - Dermatology (Acne)
 - Sexual and Reproductive Health - Contraception in individuals with acne
- Australian Medicines Handbook:
 - Drugs for acne
 - Antibacterials
- Pharmaceutical Society of Australia - Australian Pharmaceutical Formulary and Handbook (APF25) - Non-prescription medicine treatment guideline: Acne
- Australian Family Physician (Royal Australian College of General Practitioners):
 - [Acne in adolescents](#)
 - [Acne: Best practice management](#)
- DermNet NZ - [Acne](#)
- The Australasian College of Dermatologists – A-Z of Skin: [Acne Vulgaris](#).

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