



Acne

Acne is a very common skin condition, particularly in teenagers, that appears as blackheads, whiteheads, red bumps, pus bumps and, sometimes, deeper red nodules (called acne cysts). Acne occurs when hair pores become blocked with dead skin (not dirt, and not oil.) We do not understand why some hair pores become blocked, and we don't understand why this happens only on the face, back, and chest. Patients with more severe, deeper acne often have inherited the tendency.

Acne is not related to diet, germs, or dirt. It is related to hormones, greases on the skin, and anything that might occlude the skin, such as chin straps on athletic gear, or a wet shirt that sticks to the skin. Therefore, diet changes or frequent scrubbing and washing of the skin are not useful for acne. In fact, over-washing and scrubs can irritate the skin so that topical acne treatments are not tolerated. Moisturizers, sunscreens, and makeups used in areas of acne should be labeled "oil free" or "will not cause acne" or "non-comedogenic."

Acne cannot be cured, but teenage acne usually goes away in adulthood. However, adult-onset acne, particularly in women, is fairly common and often does not clear until menopause. Treatments for acne are very good, but they are very slow. Normally, a month is required for improvement, and three months for maximal improvement. Many patients discontinue their medication after several weeks because they believe it is not working, and don't understand that medications must be used longer to see a good effect. Also, once the skin clears, the medication should be continued.

Most patients need two types of medication:

A topical medication to unclog the pores. These medications removed blackheads and whiteheads, which often turn into the "redheads." The most common medications used are tretinoin (Retin-A®), adapalene (Differin®), or tazarotene (Tazorac®). These are applied very, very sparingly at night. These not only strip dead skin cells from the pores, but also dead skin cells from the surface of the skin, making the skin more prone to drying, irritation, and sunburn. An oil-free very strong (high SPF - sun protection factor - of 50 or higher) sunscreen should be applied each morning to any treated skin not covered by clothing. If the skin becomes irritated, the frequency of application of the medication can be decreased temporarily to every other day, or less is applied.

An antibiotic for the red bumps and pustules. The antibiotic kills normal irritating skin bacteria but, more importantly, some antibiotics have a direct effect on irritation, even when it is not from germs. Therefore, these medications must be used long-term and ongoing, rather than for the usual one-two

weeks to cure an infection. In addition, the effect is slow in onset. The antibiotic can be taken by mouth (more effective) or topically.

Other treatments for patients not adequately controlled with these therapies include treatments that affect hormones such as birth control pills or a medicine called spironolactone for women. Isotretinoin (Accutane®) is the most effective (and most expensive) medication for acne, and generally only is prescribed by dermatologists because of the many annoying day-to-day side effects, and the risk of birth defects.

Although acne cannot be cured, with patience, it usually can be cleared although ongoing therapy is generally required.