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Confront the Growing Epidemic of Adult Acne

When they trade school books and backpacks for the responsibilities of adulthood, most patients expect to wave acne goodbye. Be prepared to help them when things don’t go as planned.

The challenge of adult acne continues to confront dermatologists in what some have termed epidemic proportions. As with adolescent acne, the condition can significantly impact a patient, leading to stress and diminished self-esteem. Unlike adolescent acne, adult acne remains widely misunderstood and generally unexpected by most of the public. Plus, adults have their own unique concerns and lifestyle complications. Teratogenicity issues pose a significant challenge to clinicians treating adult women. Luckily, adult acne patients tend to have one advantage over their teen counterparts: they generally tend to demonstrate greater compliance.

Dermatologists sometimes feel frustrated by adult acne. From counseling and education to treatment selection, patient care requires sensitivity, skill, and patience. Below, two experts share tips on managing acne in adult patients.

The Same…But Different

The pathogenesis of acne is the same, regardless of the patient’s age. It’s important that dermatologists recall and that patients understand that the pathogenesis of acne does not vary from adolescence to adulthood, notes Julie C. Harper, MD, Assistant Professor of Dermatology and founder of the Acne/Rosacea Clinic at University of Alabama, Birmingham. Characteristics of the presentation may vary, however. Adults tend to present with more nodular and inflammatory lesions, but “really the core approach to therapy should be the same,” she says.

There are differences between adult and adolescent skin, and these can influence management, Dr. Harper adds. For example, adult skin tends to be less oily than adolescent skin, and tolerance of skin care products and topical agents may vary or diminish with age. Due to the nature of the presentation and characteristics of aged skin, older patients may be more susceptible to scarring, adds Richard G. Fried, MD, PhD, Director of Yardley Dermatology Associates and Yardley Skin Enhancement and Wellness Centers outside of Philadelphia.

Although all the classic pathogenic elements are in play with every case of acne, science has yet to identify or quantify the effects of age or other factors. The very fact that most patients “outgrow” acne—at least for a time—has stumped scientists. “The one question we’ve never answered is why people outgrow acne,” Dr. Fried says, noting that top researchers have puzzled over the question to no avail.

Whether talking about new onset acne, adolescent acne revisited, or acne that never quit, adult acne is a growing and serious problem in adult patients. Perhaps subtle changes in endogenous hormone levels or maybe changes in end-organ response to hormones may be etiologic, Dr. Fried proposes. Exposure to exogenous hormones—perhaps from food sources—could even be at play, he suggests. These conjectures are among many proposed, he notes, but none has been proven with science.

An Additional Burden

Helping adult patients understand the pathogenesis of acne may help them better cope. Adult acne patients often struggle to understand why they have the disease. “I have patients come in and say, ‘I drink eight glasses of water every day. I exercise,’” Dr. Fried says. Let them know that while these may be healthy and worthwhile habits, they’re not affecting the root causes of acne.

Also recognize that patients may be confronting other myths and unflattering perceptions from society. Some people still equate acne with poor hygiene and even lack of sex, Dr. Fried says. To help combat some of these misconceptions and provide the lay public a better understanding of the etiology, treatment, and impact of adult acne, Dr. Fried has written a book, Healing Adult Acne (Harbinger Press), that will be published in...
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September. He says the book is half lesson in pathophysiology of acne and half self-help reference for adult acne patients. Having acne can affect an adult’s personal and professional life. “Adult acne brings a host of different problems,” Dr. Fried notes. “Adult acne is an additional burden to the already existing burdens of adulthood.” Numerous studies show that people with disfiguring skin conditions are discriminated against. Just as adolescents face unique social and academic challenges, acne can affect an adult’s job or marriage or influence issues of intimacy and sexuality. Plus, there’s the whole issue of aging. “I can’t believe I’m dealing with zits and wrinkles,” is a common phrase repeated in dermatology offices.

How extensively these factors actually impact a particular patient can be hard to quantify, but you can’t depend on clinical severity to predict impact, Dr. Fried says. That relationship is non-linear. “The important thing with the adult is assessing how upsetting or how important acne is for them,” he says. “That has to go into the treatment equation.”

The Stress Connection

There’s ongoing speculation about the influence of stress on skin diseases, particularly acne. “I think stress does play a role in acne,” Dr. Harper asserts, “but it’s not the only cause.” Furthermore, she notes, “I have never prescribed an anti-anxiety agent for acne.” Simply acknowledging that stress may play a role in acne seems to relieve some patients, Dr. Harper says, but be sure patients understand the distinction that stress does not cause acne.

“Stress plays a role in some people,” Dr. Fried agrees. “Have I seen people do better with the addition of stress reduction? Yes...for some people.” But there’s no scientific evidence or criteria to judge who may benefit from stress reduction strategies.

Importantly, when discussing stress, avoid blaming the patient. “I say to people, ‘This is not your fault,’” Dr. Fried says. Aside from influencing acne, stress can be a sequela of the disease, so focus on identifying stress and depression that may result from acne. Consider, for example, a patient whose job may entail constant face-to-face contact with clients. The resulting stress from the professional and financial implications of acne could be tremendous. Bear in mind that depending on the unique circumstances of a patient’s life, acne may be the proverbial straw that breaks the camel’s back.

“Addressing stress and depression is important so that patients feel well enough to comply with the acne therapy,” Dr. Fried says.

Topical Therapy

Topical agents can play a role in treatment and maintenance for adult patients, but Dr. Fried warns that they generally tend to be less effective for the deeper, cystic lesions commonly seen in adult acne patients. Topical retinoids can be an important element of treatment, according to Dr. Harper.

“Most of my older acne patients use a retinoid, and then they want to stay on it,” Dr. Harper says, noting that patients welcome the anti-aging benefits. Because acne can be recurrent—sometimes coming back “very quickly” without therapy, Dr. Harper notes—most patients require a topical maintenance therapy. Retinoids are generally her maintenance agents of choice. However, if the topical retinoid is truly intended for cosmetic use, Dr. Harper reminds, the prescription must reflect that. Dr. Fried agrees, stating that retinoids can serve a dual role, functioning as both anti-acne and anti-aging agents.

As noted earlier, adult patients may have less tolerant skin, making topical therapy more challenging. Focus on choosing “kinder, gentler” vehicles. Dr. Harper recommends. She suggests that many adults won’t tolerate some of the gel formulations available and encourages use of more cosmetically elegant lotions and creams when appropriate.

Daily Care for Adult Acne Patients

Dr. Harper recommends daily application of a non-comedogenic/non-acnegenic sunscreen-containing moisturizer for every acne patient. Additionally, female patients may question the appropriateness of makeup. “If it makes the woman’s self-esteem better, then I think they should use it,” Dr. Harper says. Explain to patients that makeup will not in itself cause acne. Nevertheless, direct them to choose makeup products that are labeled “non-comedogenic” or “non-acnegenic,” and encourage the avoidance of thick, occlusive make-ups.
Even with careful vehicle selection, some patients will still complain of irritation or intolerance, especially when asked to use two different topical products on the same day. Alternating day regimens are effective to provide benefit while combating intolerance in adults, Dr. Harper says.

Of course, insurance can be an obstacle to use of topical retinoids in older adults. “I have to take insurance a little more into consideration during treatment selection,” Dr. Harper admits.

Avoid topical retinoids in pregnant women. Topical benzoyl peroxide, which is metabolized in the skin, appears to be safe for use in this group. While tetracycline antibiotics should not be used in pregnant women, Dr. Harper says topical or systemic erythromycin or clindamycin may be options when used properly. Occasionally topical salicylic acid or glycolic acid products prove useful in pregnant women, particularly as alternatives to contraindicated prescription retinoids.

**Systemic Antibiotics**

As noted above, oral erythromycin or clindamycin may be acceptable for certain pregnant women, but they are not without risks. They are generally reserved for patients more severely affected by acne. Due to the need for caution, some physicians are hesitant to use them in women of child-bearing potential. One option for these women, says Dr. Fried, is a “pulsed” dosing schedule. Female patients take oral doxycycline or minocycline for the first 10 days of the menstrual period (day one of flow) then discontinue for the remainder of the menstrual cycle. Therapy begins again with the next cycle. This regimen avoids medicating during pregnancy.

Subantimicrobial dosing of doxycycline (Periostat, Collagenex) may be an attractive choice for adult patients. Subantimicrobial dosing regimens can sometimes provide excellent control while posing no risk for the common side effects of traditional dosing regimens or the development of antibiotic resistant bacteria.

**Light/Lasers**

Dr. Harper does not use lasers or light sources for acne, though she has the technology at her disposal. In her opinion, at this time, they are not first-line treatment for acne and all the possible side-effects are not yet known, but she acknowledges that she has contemplated their use for certain patients.

Dr. Fried also feels lights and laser sources require more study before they are widely adopted, but he thinks the 1450nm laser (Smoothbeam, Candela) or photodynamic therapy could be a worthwhile option for some adult patients, patients who fail traditional therapy, and those unwilling to use isotretinoin. Particularly in women who cannot or will not undergo hormone therapy or those who are attempting to become pregnant, these light-based interventions may prove safe and effective.
Hormonal Manipulation
Oral contraceptives and spironolactone are two obvious choices for managing acne in adult women. Each has a history of effective use in acne. “If a dermatologist does not feel comfortable prescribing oral contraceptives, he or she should at least recognize that they may have value for particular patients and refer those patients to someone who will prescribe them,” Dr. Harper says.

Dr. Fried agrees but urges caution in the use of oral contraceptive for some older women. In light of results of recent studies investigating the effects of estrogen replacement in perimenopausal women, hormonal manipulation may not always be advisable, he says.

Oral Isotretinoin
Oral isotretinoin is a reasonable therapeutic option for many adult patients, who generally tend to have higher rates of compliance with any therapy. However, patients may be intolerant of isotretinoin’s potential drying effects.

“The question with isotretinoin is which dose do you use?” Dr. Fried says. Dosing regimens vary among clinicians. The 0.5mg/kg/day dose is widely used and seems to carry a lower rate of drying side effects. However, the duration of therapy MUST be longer than the 1mg/kg/day daily dose that is required to reach a total dose: 120mg/kg - 150mg/kg.

Of course, isotretinoin is teratogenic, and the issue requires careful discussion with and consideration on the part of female patients. New FDA-mandated guidelines to monitor patients and regulate use of isotretinoin are expected, and these will aim specifically to prevent pregnancy and birth defects in patients undergoing therapy.

Still, the decision to use isotretinoin in a woman of childbearing potential can be difficult for physicians and patients. “Every adult female who starts on isotretinoin has to answer the question ‘what if?’—not necessarily to the dermatologist—but to themselves,” Dr. Fried says.

Dr. Harper requires every female patient in her practice who is going to undergo isotretinoin therapy to be on hormonal contraceptives. Broaching the topic of contraceptives may be difficult with certain patients, she says, so sensitivity is key. Approach the patient openly and don’t judge. Explain the medical basis for the need for oral contraceptives. If a patient refuses the oral contraceptives, Dr. Harper won’t prescribe isotretinoin.

Two Birds, One Stone?
Older patients with acne may also show signs of photoaging, and many are interested in treating both. The severity of each condition can vary significantly, as can the patient’s relative concern over each. Some patients are more concerned about wrinkles and other signs of photodamage, while others will say acne is their primary concern.

“Have a comprehensive eye and ear to what it is the patients are looking for,” Dr. Fried advises. “The chief complaint may be adult acne, but they may be equally distressed by both acne and photodamage. They are in need of therapies that will treat aging issues and the skin disease as well.”

Usually a multi-agent or multi-stage regimen is required to sufficiently address both acne and signs of aging, depending on the severity of each presentation. As noted, topical retinoids are a good choice for adult acne patients with signs of photodamage, since their anti-aging effects include improvement of fine wrinkles, lentigines, and roughness. Glycolic acid peels and microdermabrasion are common adjunctive measures in acne management and obviously confer anti-aging benefits, as well.

For some patients, Dr. Fried says, the 1450nm diode laser is a good intervention because it has documented efficacy for acne as well as wrinkles.

Combat the Epidemic
Dermatologists continue to report increasing numbers of adult acne patients, and the specialty is responding with topical, systemic, and combination regimens that are safe, effective, and fit the adult patient’s lifestyle. The key to effective therapy is to truly identify the patient’s unique concerns, recognize the potential impact of acne on the adult patient, and respond to the special medical and lifestyle needs of older acne patients. Armed with sensitivity, reassurance, and a good treatment strategy, dermatologists can help combat this growing epidemic.