

- **For people with mild-to-moderate acne:**

- Consider prescribing a single topical treatment such as:
 - A topical retinoid (for example adapalene [if not contraindicated]) alone or in combination with benzoyl peroxide. Retinoids are contraindicated in pregnancy and breastfeeding.
 - A topical antibiotic (for example clindamycin 1%) — antibiotics should always be prescribed in combination with benzoyl peroxide to prevent development of bacterial resistance. Topical benzoyl peroxide and topical erythromycin are usually considered safe in pregnancy if treatment is felt to be necessary.
 - Azelaic acid 20%.
 - Advise the person that frequency of application can be gradually increased from once or twice a week to daily if tolerated.

- **For people with moderate acne not responding to topical treatment:**

- If response to topical preparations alone is inadequate consider adding an oral antibiotic such as **lymecycline** or **doxycycline** (for a maximum of 3 months).
 - **A topical retinoid (if not contraindicated) or benzoyl peroxide should always be co-prescribed** with oral antibiotics to reduce the risk of antibiotic resistance developing.
 - **Macrolide antibiotics (such as erythromycin) should generally be avoided** due to high levels of *P. acnes* resistance but can be used if tetracyclines are contraindicated (for example in pregnancy if treatment is felt to be necessary).
 - **Change to an alternative antibiotic if there is no improvement after 3 months**, the person is unable to tolerate side effects or acne worsens while on treatment.
 - **If the person does not respond to two different courses of antibiotics, or if they are starting to scar, refer to a dermatologist for consideration of treatment with isotretinoin.**
- Combined oral contraceptives (if not contraindicated) in combination with topical agents can be considered as an alternative to systemic antibiotics in women.
 - Oral progesterone only contraceptives or progestin implants with androgenic activity may exacerbate acne, second and third generation combined oral contraceptives are generally preferred.
 - Co-cyprindiol (Dianette®) or other ethinylestradiol/cyproterone acetate containing products may be considered in moderate to severe acne where other treatments have failed but require careful discussion of the risks and benefits with the patient. Use should be discontinued 3 months after acne has been controlled and prescription guided by the

UK Medical Eligibility Criteria for Contraceptive Use and the Summary of Product Characteristics for the individual product.

- **Arrange follow-up**

- Review each treatment step at 8-12 weeks.
 - If there has been an adequate response continue treatment for at least 12 weeks.
 - If acne has cleared or almost cleared — consider maintenance therapy with topical retinoids (first line, if not contraindicated) or azelaic acid.
 - If there has been no response consider adherence to treatment, adverse effects, progression to more severe acne, or use of comedogenic make up or face creams. Discuss a trial of an alternative formulation or move on to the next step in treatment if appropriate.