

ARTICLE

Drug treatment of acne

repeated at the end of treatment, however if there are any abnormalities they will need repeating more regularly with or without lowering of the daily dose.

Females of childbearing age must use adequate contraception before, during and for one month after treatment because birth defects can occur.

Possible adverse effects from oral isotretinoin may be minimised by starting patients on low-dose therapy (0.2–0.5 mg/kg) and then gradually increasing the daily dose and titrating with adverse effects. Strategies for managing adverse effects include:

- using a lip balm, eye drops and moisturiser for the most common adverse effects of dry lips, eyes and skin
- having an appropriate skin care routine such as thicker moisturisers for very dry skin and using a topical steroid if indicated for dermatitis, especially in winter
- covering up and using sunscreen (factor 50) to prevent photosensitivity.

Some patients have reported mood changes while taking oral isotretinoin. If this occurs, the medication should be stopped. The patient's dermatologist

should be contacted, and if necessary seek psychiatric assessment. Other reasons to contact the prescribing dermatologist may be bowel symptoms, persistent headaches or the risk of pregnancy.

Recommendations

The majority of patients with acne have mild to moderate disease and can be managed by a general practitioner. Once patients have tried over-the-counter treatments, topical antibiotics and/or topical retinoids may be prescribed. Patients should be followed up in 8–12 weeks. If there is no therapeutic benefit, oral antibiotics or a hormonal therapy can be combined with a topical therapy such as benzoyl peroxide or a retinoid.

For more severe acne cases or those not responding to a 12-week course of oral antibiotics, referral for oral isotretinoin should be considered. After acne has cleared, maintenance therapy for 3–12 months or longer with a topical retinoid is a good option. ◀

Conflict of interest: none declared



SELF-TEST QUESTIONS

True or false?

1. Topical retinoids should be applied to dry skin to reduce skin irritation.
2. Oral antibiotics should be combined with topical antibiotics in cases of severe acne.

Answers on page 211

FURTHER READING

Strauss JS, Krowchuk DP, Leyden JJ, Lucky AW, Shalita AR, Siegfried EC, et al; American Academy of Dermatology/American Academy of Dermatology Association. Guidelines of care for acne vulgaris management. *J Am Acad Dermatol* 2007;651-63.

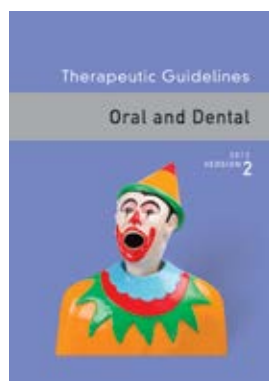
Thiboutot D, Gollnick H, Bettoli V, Dréno B, Kang S, Leyden JJ, et al. New insights into the management of acne: an update from the Global Alliance to Improve Outcomes in Acne group. *J Am Acad Dermatol* 2009;60(5 Suppl):S1-50.

Book review

Therapeutic Guidelines: Oral and Dental. Version 2.

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Melbourne: Therapeutic Guidelines Limited; 2012.
221 pages

Version 2 of Therapeutic Guidelines: Oral and Dental has included two new chapters, and updated all other sections. The target audience for these guidelines is not only oral health practitioners, but also general medical practitioners and other health professionals who may be called upon to provide advice on dental matters and remedies.

For dentists and oral health practitioners the guidelines provide a well cross-referenced coverage of drugs and therapeutic regimens used in general dental practice. They are presented in an easy-to-read style with sufficient detail for a practitioner to make sensible clinical decisions on a patient's needs and options with respect to common drugs used in modern dentistry. Interactions between a patient's

medical condition and therapy impacting on dental care have been reviewed in the light of contemporary best evidence and practice.

The sections on dental caries and periodontal diseases would seem very useful for medical and allied health clinicians, as too the specific section on 'management of dental problems for medical practitioners'. The use of fluorides in the 'dental caries' section however is already outdated, with the acceptance by the Therapeutic Goods Administration of over-the-counter fluoride toothpaste now containing up to 1500 ppm fluoride ion. Further, the use of high fluoride toothpaste containing 5000 ppm is now an accepted part of oral hygiene for dentate residents in residential aged-care facilities.¹

These guidelines will be a useful reference for all oral health, medical and allied health clinicians.

REFERENCE

1. Better Oral Health in Residential Care. Adelaide: SA Dental Service; 2009.

[www.health.gov.au/internet/main/publishing.nsf/Content/2DC945BED2046270CA25760E001E8B2E/\\$File/ProfessionalPortfolio.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/2DC945BED2046270CA25760E001E8B2E/$File/ProfessionalPortfolio.pdf) [cited 2012 Nov 8]