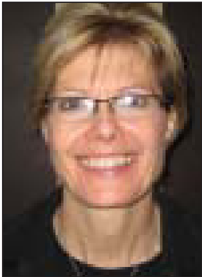
Patient Age, Severity Should Guide Acne Tx

BY SUSAN LONDON

SEATTLE — The treatment of acne in adolescents should be tailored to the type and severity of lesions and the adolescent's age, according to Dr. Annette Wagner.

Fully 80% of teenagers develop acne, noted Dr. Wagner, a pediatric dermatologist at Northwestern University in Chicago. "But the age of onset is really young now that puberty is starting earlier," she commented. "I see comedones on many 8-year-olds in my clinic."

Myths abound when it comes to the cause of acne, she said at a meeting sponsored by the American Academy of Pediatrics. Chocolate, fatty foods, poor eating habits, and lack of cleanliness have all been wrongly accused. The real culprit is an inherited genetic predisposition to form comedones, or pores plugged by keratin behind which oil and bacteria can accumulate.



"This is familial," she stressed. "That's the No. 1 big thing, and I tell that to every adolescent in the room in front of the parent, because parents can make their kids feel responsible for their acne," nagging them about diet, not washing their face, and such.

Myths are equally common when it comes to treating acne. Removing oil is ineffective because oil itself is not to blame, she said. And although most teenagers believe otherwise, sunlight does not improve acne; in fact, because it stimulates T cells in the skin, sun exposure causes the condition to flare.

As long as cosmetics are labeled noncomedogenic or nonacneogenic—and most today are—they neither cause nor worsen acne, according to Dr. Wagner. Facials promote desquamation of the skin, but this process is not impaired in adolescence, and facials can do more harm than good. "Don't let cosmetologists manipulate the faces of your adolescents," she recommended. "That's not an appropriate treatment for acne."

Perhaps the most important myth of all is that acne is harmless, she commented. "Not only does it cause scarring, it does so much to make adolescents feel bad about themselves," she observed. "If you can offer treatment that will help, you are doing the right thing."

Moreover, "acne should be treated at any age—don't wait for these children to be adolescents or high school students," Dr. Wagner commented, offering some rules of thumb as to when treatment is appropriate. "I always treat it when any patient requests it, even if it's minor acne," she said, and all adolescents with lesions should be offered treatment. Systemic treatment is also warranted if acne is visible from across the examination room or if it has caused any scarring.

'Probably the thing that worsens acne more than anything else is working too hard to get rid of it.'

DR. WAGNER

As far as skin care basics, Dr. Wagner recommended that young people with acne be advised to wash their skin gently. "Tell them, use your hands—not washcloths, not buff puffs, not exfoliants. Those make acne worse." They should also use a mild soap, preferably a liquid one, and apply sunscreen daily.

Excessive washing, application of petroleum jelly, and manipulation should be avoided. "I tell kids, if you squeeze a zit, you are going to be looking at it for about a month; if you don't squeeze it, it will dry up in about 10 days," she said.

Topical steroids used to treat seborrheic dermatitis also will worsen acne, she noted, so other agents should be selected for managing scale around the nose and scalp, or in the skin creases. Friction and sweating under clothing, as occur especially in young athletes, and exposure to aerosolized fat, as occurs in teenagers who work over deep fryers, also are exacerbating factors.

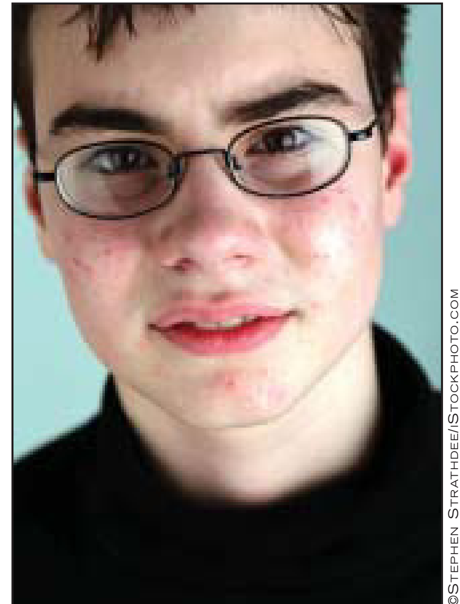
"But probably the thing that worsens acne more than anything else is working too hard to get rid of it," Dr. Wagner commented. "So less is better in this particular case."

Adolescents with relatively mild acne should be started on benzoyl peroxide, Dr. Wagner advised. "I like to put it in a wash form," she noted. "I tell them, wash your face with it in the morning and at night. That prevents them from using cleansers that aren't right."

In addition, they also should be prescribed a topical retinoid and, if they have inflammatory lesions, a topical antibiotic. Because retinoids can cause peeling, they should initially be used every other day and applied in a very small amount—a quarter of the size of a pea—only to the area affected by comedones, with a gradual increase in frequency and amount.

Importantly, Dr. Wagner noted, adolescents should be counseled about a realistic time frame for seeing improvement. "It takes 3 months to get a comedone out of your skin with appropriate treatment, and it sometimes takes a month and half to even be able to use the retinoid every night," she said. "So this is not going to happen for this weekend's dance, and you have got to tell them that because that is their expectation."

New combination topical products offer some advantages, she observed. For example, benzoyl peroxide or a retinoid promotes desquamation, so combining these with a topical antibiotic helps an antibiotic better penetrate the skin. And zinc helps overcome antibiotic resistance. Furthermore, adolescents—especially boys, who dislike putting anything on their skin—may have better compliance when given a combination product.



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Adolescents—especially boys, who dislike putting anything on their skin—may do best with a combination product.

Noting that skin care may be a low priority in this age group generally, she recommended telling adolescents to just apply their medication at night even if they are too tired to wash their face. "It's not a problem of dirt or not removing oil," she said. "It's a problem of not doing the treatment."

Resorting to oral antibiotic therapy should be based on several factors, but age is not one of them, she said. Instead, this therapy should be initiated whenever a child has inflammatory lesions and topical therapy has failed, or when the acne can be seen from across the room, is cystic, or involves the trunk. In addition, "I go much more quickly to oral treatment in boys with inflammatory acne because they will take pills much more willingly than they will put products on their skin."

"You should treat with oral antibiotics for a minimum of 6 months," she said. "And it's typical to treat for several years because it's not a short period of time that acne is a problem."

Birth control pills should be considered for acne treatment in older girls.

Finally, if adolescents wish to treat acne scars, they must be free of any new lesions for at least a year, said Dr. Wagner.

She reported having no conflicts of interest relevant to her presentation. ■

Half of Texas Physicians Don't Recommend HPV Vaccine

BY ELIZABETH MECHCATIE

Less than half of some 1,100 surveyed primary care physicians in Texas said they follow current recommendations to vaccinate adolescent girls with the approved quadrivalent human papillomavirus vaccine.

The results suggest that "additional efforts are needed to improve clinician awareness of and adherence to national recommendations," the study investigators reported in Cancer Epidemiology, Biomarkers & Prevention.

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices has recommended targeting HPV vaccination to 11- to 12-year-old girls. The group advises catch-up vaccinations in 13- to 26-year-old females and vaccination of 9- to 10-year-olds at the provider's discretion. The Food and Drug Administration has approved the vaccine for use in girls and women aged 9-26.

Of the 1,122 physicians who responded to the survey, 49% said they always recommend the HPV vaccine to girls aged 11-12. Sixty-four percent, however, said they always recommend vaccination for 13- to 17-year-old girls, "suggesting that parents or physicians may be delaying vaccination until girls are older than 12," the authors said.

Nearly 70% of respondents said they would be "extremely" or "somewhat" likely to recommend the vaccine for boys aged 11-12, if the vaccine were approved for use in that population.

Physicians in academic settings were about twice as likely to recommend vaccination as their counterparts in nonacademic settings. Barriers to recommending the vaccine included parental refusal because of concerns over vaccine safety (70%) and inadequate insurance coverage (67%), the researchers wrote (Cancer Epidemiol. Biomarkers Prev. 2009;18:25-32).

"Two years after the [FDA] approved the vaccine, the study suggests that additional efforts are needed to encourage physicians to follow these national recommendations," Dr. Jessica A. Kahn, the study's lead author, said in a statement issued by the American Association for Cancer Research, which publishes the journal.

"Most physicians are aware of the vaccine and what it prevents, but they may lack knowledge about issues of safety and how to address parental concerns," she added.

In the statement, Dr. Kahn, associate professor of pediatrics at Cincinnati Children's Hospital Medical Center, said she believed that the opinions of the Texas physicians "might also be representative of physicians in other states. The study notes that in 2007, HPV vaccination rates among girls aged 11-18 years in the United States ranged from about 6% to 25%, and that "physician endorsement of vaccination is one of the most important predictors of vaccine acceptance."

Dr. Kahn is a co–principal investigator in a National Institutes of Health–sponsored study of use of the HPV vaccine in HIV-infected adolescents. Merck is providing the vaccine (Gardasil) used in that study. ■