

Light Therapies Inappropriate for First-Line Acne Tx

BY NANCY MELVILLE
Contributing Writer

ANAHEIM, CALIF. — Light-based therapies are heavily promoted as options for treating acne, but issues of cost and convenience should rule them out as a first line of treatment, said dermatologists at a cosmetic dermatology seminar sponsored by the Skin Disease Education Foundation. The market is filling up with dozens of different lasers claiming to help treat

acne with wide-ranging treatment mechanisms and even wider-ranging price tags, said Jerome Garden, M.D., of the department of dermatology at Northwestern University in Chicago.

"I found 26 different products out there all claiming they treat acne, and it's very hard to sort all of these out," he said.

Most of the claims are backed by some research—infrared laser treatment, for instance, has some strong studies showing shrinkage of the sebaceous glands; blue

light and photodynamic therapy (PDT) are gaining recognition for their efficacy; and radiofrequency devices have shown some success.

But for all of the devices and claims, several confounding factors give dermatologists pause in embracing light-based therapies as a first-line treatment.

First, there is broad inconsistency in the literature. An analysis of acne literature published in the *Journal of the American Academy of Dermatology* in 2002 un-

derscored the wide-ranging measures used in determining not only outcomes but the very definitions of acne, said James Spencer, M.D., a clinical professor of dermatology at Mount Sinai School of Medicine, New York (*J. Am. Acad. Dermatol.* 2002;47:231-40).

"There were over 25 methods for assessing acne severity and 19 methods for counting lesions," he said. "That makes comparing one study to another very difficult."

With a treatment like PDT, the evidence of efficacy in treating acne is strong, but there is the trade-off of the process being a negative experience for the patient.

"Photochemicals [used in PDT] cause cell membrane damage, and with the process there's pain. The outcome may be positive, but this is not a positive event in the life of the patient," Dr. Garden said.

With PDT, the evidence of efficacy in treating acne is strong, but there is the trade-off of the process being a negative experience for the patient.

the life of the patient," Dr. Garden said.

When PDT is used to treat something like cancerous lesions, the process is entirely justified, but as a repetitive treatment for acne, it is far more questionable, he said.

"What we have to ask ourselves is this—do we really want this for our patients? And what's the long-term effect? We don't know," he said. "The approach is new, and at the moment I'm very uncomfortable with this."

And then there is the cost of light-based therapies, which are far more expensive than a medical option. "These are highly expensive cash procedures requiring multiple visits to the office," Dr. Spencer said. "I think light-based therapy for acne represents one more tool in the tool chest, but it's quite unreasonable for it to be the first thing that pops into your head."

Dr. Garden agreed. "It's tempting to have a nonmedical option for treating acne, and this may have a role for those very selective, noncompliant patients," he said.

"But when you look at this and ask if it's something that should be a first-line treatment for patients, the answer should be, unequivocally, no," he asserted. "It's not worth it—not yet."

SDEF and this newspaper are wholly owned subsidiaries of Elsevier. ■

There's a lot of Flexibility in *Topicort*[®] (Desoximetasone)



Multiple Potencies^{1,2} Choice of 3 Vehicles

- Propylene Glycol-Free
- Preservative-Free
- Class "C" Corticosteroid³

Topicort[®] belongs to the class of "hypoallergenic corticosteroid"³ due to its reduced frequency of cross reactivity to other corticosteroids and has the further benefit of being propylene glycol and preservative free. *Topicort*[®] treats a broad range of corticosteroid responsive dermatoses.



Topicort[®] (Desoximetasone)

LP Cream 0.05%, Gel 0.05%, and Cream and Ointment 0.25%

Multiple Choices, One Solution

For More Information About
Topicort[®] and/or For Free
Samples, Call: 1-877-537-2655

The most common adverse reactions include burning, itching, irritation, dryness, folliculitis, hypertrichosis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, maceration of the skin, secondary infection, skin atrophy, striae and miliaria. When used in large areas or under occlusive dressing, patients should be evaluated for HPA axis suppression. Before prescribing, please see complete prescribing information.

Topicort[®] is a registered trademark of Taro Pharmaceuticals North America, Inc.

1. Stoughton RB. Percutaneous Absorption of Drugs. *Annu Rev Pharmacol Toxicol.* 1989;29:55-69.

2. Gilman AG, Hardman JG, Limbird LE. *Goodman & Gilman's The Pharmacological Basis of Therapeutics.* 10th ed. McGraw-Hill, 2001, pg. 1799.

3. Fisher's Contact Dermatitis, Chapter 16; pgs 203-207.

TaroPharma™

©2005 Taro Pharmaceuticals U.S.A., Inc.

See Full Prescribing Information

TaroPharma and Topicort are trademarks of Taro Pharmaceuticals U.S.A. and/or its affiliates.

VERBATIM

'It's a strange situation that we have laws regulating what you can put on the skin, but if you inject something in the skin it's OK.'

Dr. Maurice Adatto, on international efforts to regulate tattooing, p. 29