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Newsletter: **July 2021**



Acne: Causes and Treatments

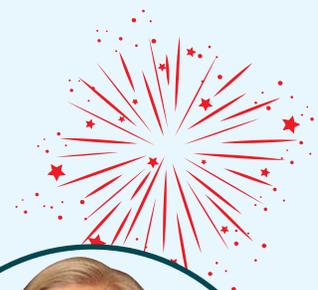
Acne Vulgaris, more commonly referred to as “acne,” is one of the most common dermatologic skin conditions worldwide. In fact, it is estimated that 40-50 million individuals in the United States suffer from acne each year. Approximately 85% of teenagers and young adults between 12 and 24 years of age are affected, and the disorder may persist well into adulthood. Because of the prevalence of acne and its significant social and psychologic impact, it is important to understand the disorder and treatment options available.

What is Acne?

Acne is more than clogged pores and pimples. It is actually an assertive inflammatory skin disorder involving the the hair follicle and its associated oil-producing sebaceous glands, together known as the pilosebaceous unit. Acne is most common in areas of the body with the highest concentration of these units, which includes the face, chest and back. Development of acne is due to a combination of:

- an accumulation of dead skin cells and oil (sebum) that “plug up” the hair follicles
- an excessive production of sebum
- an inflammatory reaction against bacteria present within the follicles
- hormonal influences

Acne is classified as either inflammatory or non-inflammatory. Inflammatory acne is characterized by papules and nodules (red bumps), pustules (pus bumps), and cysts (large pimples trapped under the skin, and often painful), while non-inflammatory acne is characterized by open comedones (blackheads) and closed comedones (whiteheads).



Jennifer Fisher
MMSC, PA-C



What Causes Acne?

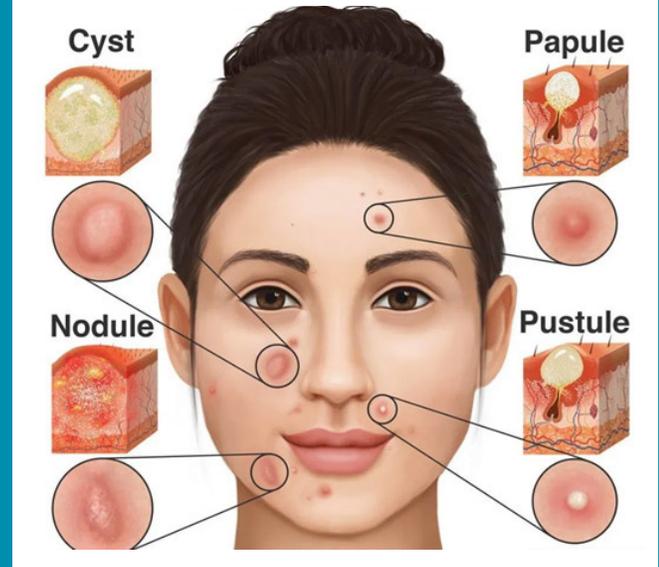
The causes of acne is complicated and multifactorial. Although acne is influenced by environmental variables and skin care, it also results from a combination of genetics, hormonal influences, and our own immunologic responses. Hormonal fluctuations have a lot to do with acne, and explain why acne most commonly begins around puberty. Some patients allege that their acne is worsened by certain foods, and although not a consistent finding amongst all patients, there is some evidence that links acne breakouts with milk intake (especially skim milk) and protein supplements, such as whey protein. Certain medicines may also produce acne, including anabolic and therapeutic steroids, and lithium. Acne may also be the result of certain occupational exposures, cosmetic products, mechanical friction and heat exposure. Lastly, patients with certain endocrine disorders, such as Polycystic Ovarian Syndrome (PCOS), may be at an increased risk.

How Do You Treat Acne?

Early treatment can be important to prevent long-term scarring. Treatment regimens are tailored to the specific types of acne pimples present, along with individual patient factors. Options for treatment are broad, but most cases are managed through topical and/or oral medications, either alone or in combination, along with a good skin care regimen that will be discussed by your dermatologic provider. More advanced therapies include chemical peels, laser and light based therapies, and medical facials. **It is important to seek evaluation with a board-certified Dermatologist or PA/NP specializing in Dermatology for a proper evaluation and discussion of treatment options that are best for you.**

Types of Acne

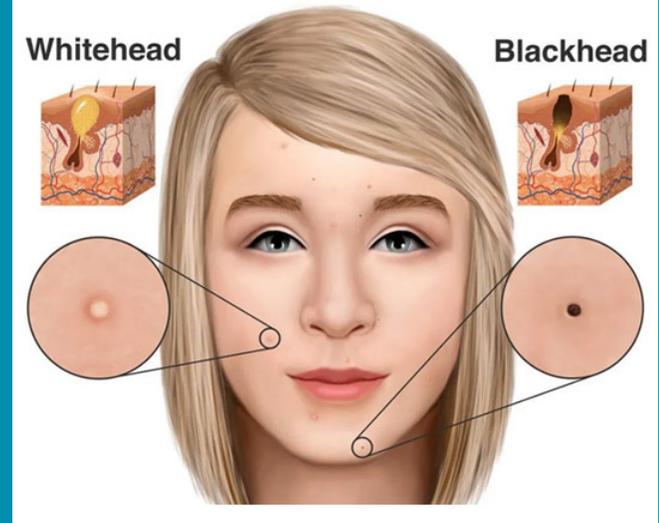
Inflammatory Acne



The four main types of inflammatory acne lesions include:

- Papule
- Pustule
- Nodule
- Cyst

Non-inflammatory (comedonal) Acne



This includes:

- Whiteheads
- Blackheads

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Acne Treatments

Topical Treatments—typically first-line treatment for mild to moderate inflammatory and non-inflammatory acne. Common agents include retinoid gels/ creams (i.e. tretinoin, adapalene, tazarotene) alone or in combination with benzoyl peroxide or salicylic acid cleansers. These products are available both over-the-counter and as prescription-strength medications.

Antibiotics—both topical and oral antibiotics (i.e. clindamycin, erythromycin) have a long history in the use and treatment of mild to moderate and severe inflammatory acne. Antibiotic products are only available as prescription medications.

Hormonal Therapy—combined Oral Contraceptive Pills are an established second-line treatment option for female acne patients, with three agents currently FDA-approved for this indication. Spironolactone, an androgen-receptor blocker, is another option for adult female patients with hormonally-driven acne. Patients should seek evaluation with a licensed medical professional prior to initiating therapy.

Oral Isotretinoin (Accutane)—this medication is reserved for patients with severe, nodulocystic acne that has failed conservative treatment. It is well known to dramatically and positively alter the course of the disease in most patients. However, this therapy is not without risks and must be monitored closely. Using this medicine requires that the patient and their provider to register through the iPLEDGETM federally monitored program, which mandates close monitoring through monthly office visits. Monthly pregnancy tests are also required for female patients.

Procedural Options—procedures such as manual comedo extractions and intralesional corticosteroid injections are reserved for persistent acne lesions to aid in therapeutic responsiveness. These procedures should be performed by a licensed medical professional specializing in Dermatology.



Interested in discussing treatment options for your acne?

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References: Bologna JL, Schaffer JV, Cerroni L, Callen JP. Dermatology. Edinburgh: Elsevier; 2018.

MIDDLETOWN OFFICE	102 Valley Road, Middletown, RI 02842
CUMBERLAND OFFICE	2138 Mendon Road, Suite 201, Cumberland, RI 02864
WARREN OFFICE	851 Main Street, Warren, RI 02885
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