



AARS **HOT TOPICS** MEMBER NEWSLETTER

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Industry News

EADV touts specific acne quality-of-life tools: EADV experts recommend six quality-of-life measures including the DLQI and Skindex-29 for acne treatment and research. By John Jesitus. Dermatology Times. October 11, 2017 <http://dermatologytimes.modernmedicine.com/dermatology-times/news/eadv-touts-specific-acne-quality-life-tools>

Responding to the need for consistent quality of life (QoL) measurement in acne treatment and research, the European Academy of Dermatology and Venereology (EADV) has recommended six new treatment guidelines in three categories. Led by Pavel Chernyshov, M.D., of Bogomolets National Medical University in the Ukraine, the EADV recommends three dermatology-specific tools, two acne-specific tools and one generic instrument for assessing health-related QoL (HRQoL) in acne. The guidelines appear in the August issue of the Journal of the European Academy of Dermatology and Venereology. The guidelines also call for adopting a quality-of-life measure as an integral part of acne management. In response, and in keeping with several national acne guidelines, members of EADV Task Forces on QoL and Patient Oriented Outcomes and on Acne, Rosacea and Hydratentitis Suppurativa reviewed and evaluated the QoL instruments that have been used in acne in recent decades to produce the following recommendations found within the full article.

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New Medical Research

A feasibility study for a triple-blind randomized controlled trial investigating the effects of oral isotretinoin on mood and quality of life in patients with acne vulgaris. Rea S, Tucker S, Frittelli V, Gunnarsson R. Clin Exp Dermatol. 2017 Oct 13. doi: 10.1111/ced.13284. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/29030873>

Isotretinoin is used in the treatment of severe acne vulgaris (AV), but has controversially been associated with depression and suicide. Large prospective studies have failed to translate this clinically. We undertook a feasibility study to investigate the parameters of a triple-blind, randomized controlled trial (RCT) assessing the effect of oral isotretinoin on quality of life (QoL) and mood in patients with AV. Patients meeting the inclusion criteria were randomized for 2 weeks to isotretinoin or doxycycline. Participants completed verified depression and QoL screening questionnaires at baseline and week 2. In total, 194 patients with AV were screened, with 48 meeting the inclusion criteria and 13 of these being willing to participate. The follow-up rate was 92% and questionnaire response rate was 96%. To our knowledge, this is the first study to demonstrate a successful design for a triple-blind RCT investigating the effects of isotretinoin on mood in patients with AV.

Use of supplementary patient education material increases treatment adherence and satisfaction among acne patients receiving adapalene 0.1%/benzoyl peroxide 2.5% gel in primary care clinics: a multicenter, randomized, controlled clinical study. Myhill T, Coulson W, Nixon P, et al. *Dermatol Ther (Heidelb)*. 2017 Oct 12. doi: 10.1007/s13555-017-0203-4. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/29027127>

INTRODUCTION: Poor adherence to acne treatment may lead to unnecessary treatments, increased healthcare costs, and reduced quality of life (QoL). This multicenter study evaluated the effect of supplementary patient education material (SEM) (a short video, information card, and additional information available online) on treatment adherence and satisfaction among acne patients treated with the fixed-dose combination adapalene 0.1%/benzoyl peroxide 2.5% gel (A/BPO) in primary care clinics versus (1) standard-of-care patient education (SOCPE) (package insert and oral instruction) and (2) SOCPE plus more frequent clinic visits. **METHODS:** Subjects with acne were randomized to receive once-daily A/BPO for 12 weeks plus (1) SEM in addition to SOCPE; (2) SOCPE only with two additional visits; or (3) SOCPE only. Other assessments included a subject appreciation questionnaire, a physician questionnaire, and safety. **RESULTS:** Ninety-seven subjects were enrolled. At baseline, most (87.6%) had mild to moderate acne. Better adherence was observed in the A/BPO + SEM group compared with A/BPO + more visits or A/BPO alone [mean 63.1%, 48.2% ($p = 0.0206$), and 56.5%, respectively]. The A/BPO + SEM group had more subjects with greater than 75% adherence (45%, 30.4%, and 25%, respectively). According to the subject appreciation questionnaire, the SEM was more helpful to adhere to treatment (56.7%) versus more visits (32.3%) and A/BPO alone (15.2%), better use the product (70%, 61.3%, and 54.5%, respectively), and better manage skin irritation (53.3%, 48.4%, and 36.4%, respectively). All physicians were satisfied with the SEM and 90% would consider using it in their practice. Safety assessment showed fewer treatment-related adverse events in the A/BPO + SEM group. **CONCLUSION:** Use of the SEM may increase adherence of acne patients treated with once-daily A/BPO gel in primary care, consequently improving treatment and QoL in the long term. **FUNDING:** Nestle Skin Health-Galderma R&D. **TRIAL REGISTRATION:** ClinicalTrials.gov Identifier: NCT02307266.

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Silicone gel enhances the efficacy of Er:YAG laser treatment for atrophic acne scars: a randomized, split-face, evaluator-blinded, placebo-controlled, comparative trial. Khamthara J, Kumtornrut C, Pongpairroj K, Asawanonda P. *J Cosmet Laser Ther*. 2017 Oct 11. doi: 10.1080/14764172.2017.1376095. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/29020479>

BACKGROUND: The effect of topical silicone gel has been studied to prevent scars from burn, post operative wound and to treat hypertrophic scars. No previous studies have been done to evaluate the efficacy of topical silicone gel on atrophic acne scars. **MATERIAL AND METHODS:** Nineteen patients were treated with 3 sessions of ablative Er:YAG laser with 1-month intervals. Following each laser treatment, the randomly-assigned silicone gel or placebo were applied in split-face manner. Objective assessments, which included roughness, smoothness, hydration, transepidermal water loss were measured at baseline and prior to each treatment. Subjective assessments by dermatologists and subjects were done at baseline and 1 month after last laser treatment. **RESULTS:** The laser treatments were well tolerated and resulted in clinical improvements. Topical silicone gel treatment resulted in significantly less roughness at weeks 4 and 12 compared with placebo ($P < 0.05$). **CONCLUSION:** Adding topical silicone gel to ablative Er:YAG laser treatment may provide additional benefits in improving acne scars.

The preadolescent acne microbiome: A prospective, randomized, pilot study investigating characterization and effects of acne therapy. Coughlin CC, Swink SM, Horwinski J, et al. *Pediatr Dermatol.* 2017 Oct 11. doi: 10.1111/pde.13261. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/29024079>

BACKGROUND/OBJECTIVES: Acne, a common pediatric disease, tends to be more comedonal in preadolescents, whereas older individuals are more likely to have inflammatory lesions in addition to comedones. Thus the microbiome of preadolescents may be different. In this pilot study we aimed to characterize the preadolescent acne microbiome, compare the microbiome in preadolescents with and without acne, and investigate changes in the microbiome after topical treatment with benzoyl peroxide or a retinoid in a small cohort of preadolescents. **METHODS:** Participants were 7-10 years of age with (intervention group) or without (control group) acne and were recruited during routine outpatient dermatology visits. Baseline questionnaires, physical examination, and pore strip application were performed for all participants. Intervention group participants were randomized to receive topical therapy with benzoyl peroxide 5% gel or cream or tretinoin 0.025% cream. Participants with acne were followed up 8-10 weeks later and pore strip application was repeated. **RESULTS:** Preadolescents with acne were colonized with a greater diversity of cutaneous bacteria than controls and the most commonly identified bacterium was *Streptococcus*. The number of bacterial species and phylogenetic diversity decreased after treatment with benzoyl peroxide and tretinoin. **CONCLUSION:** The predominant bacteria in microbiome studies of adult acne is *Propionibacterium*, whereas in this pediatric population we saw a lot of *Streptococcus* bacteria. After treatment, the microbiomes of intervention group participants more closely resembled those of control group participants.

Pharmacokinetic comparison of once-daily topical minocycline foam 4% vs oral minocycline for moderate-to-severe acne. Jones TM, Ellman H, deVries T. *J Drugs Dermatol.* 2017 Oct 1;16(10):1022-1028. <https://www.ncbi.nlm.nih.gov/pubmed/29036256>

OBJECTIVE: To characterize minocycline pharmacokinetics and relative bioavailability following multiple-dose topical administration of minocycline hydrochloride (HCl) foam 4% (FMX101 4%) as compared with single-dose oral administration of minocycline HCl extended-release tablets (Solodyn®) in subjects with moderate-to-severe acne. **METHODS:** A Phase 1, single-center, nonrandomized, open-label, active-controlled, 2-period, 2-treatment crossover clinical study. The study included 30 healthy adults (mean age, 22.6 years; 90% white, and 60% females) who had moderate-to-severe acne. Subjects were assigned to first receive a single oral dose of a minocycline HCl extended-release tablet (approximately 1 mg/kg). At 10 days after the oral minocycline dose, topical minocycline foam 4% was applied, once daily for 21 days. Serial blood samples were obtained before and after administration of oral minocycline and each topical application of minocycline foam 4% on days 1, 12, and 21. **RESULTS:** Following oral administration of minocycline (approximately 1 mg/kg), plasma minocycline concentration increased until 3 hours, followed by a log-linear decrease over the remainder of the 96-hour sampling period. Following topical application of a 4-g maximal-use dose of minocycline foam 4% for 21 days, plasma minocycline concentration was very low, with geometric mean C_{max} values ranging from 1.1 ng/mL to 1.5 ng/mL. Steady state was achieved by day 6. Overall, minocycline exposure with topical minocycline foam 4% was 730 to 765 times lower than that with oral minocycline. There was no evidence of minocycline accumulation over the 21 days of topical application of minocycline foam 4%. Topical minocycline foam 4% appeared to be safe and well tolerated, with no serious treatment-emergent adverse events (TEAEs), treatment-related TEAEs, or TEAEs that led to treatment discontinuation. **CONCLUSION:** Once-daily topical application of minocycline foam 4% did not lead to significant systemic exposure to minocycline. It appears to be a well-tolerated treatment option for individuals with moderate-to-severe acne.

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Studies on staphylococcus aureus isolated from pimples. Adetutu AA, Oritsewehinmi B, Ikhiwili OM, et al. Pak J Biol Sci. 2017;20(7):350-354. doi: 10.3923/pjbs.2017.350.354. <https://www.ncbi.nlm.nih.gov/pubmed/29023067>

BACKGROUND AND OBJECTIVE: Pimples (acne) are small skin lesions or inflammations of the skin. The most common factor causing acne is the hormonal changes that occur during adolescent and teenage years. Antibiotics are becoming less effective in the treatment of pimples due to increasing concerns of antibiotic resistance. This study was therefore carried out to characterize the isolates from the pimples of Covenant University Students and to determine their antibiotics sensitivity pattern. **MATERIALS AND METHODS:** A total of 20 swab samples were obtained from male and female students with obvious signs of pimples in Covenant University, Ota, Ogun State, Nigeria. The samples obtained were cultured on Mannitol Salt Agar and incubated at 37°C. Pure isolates obtained were subjected to Gram staining and other biochemical tests for identification. The isolates were further subjected to antibiotics sensitivity tests using antibiotic discs. **RESULTS:** Macroscopic examination indicated that the organisms were convex, smooth and shiny. Microscopic examination revealed that the isolates were positive after employing the Gram Staining technique and they appeared as grape-like clusters. Biochemical tests revealed that the isolates were Coagulase positive, Catalase positive, Urease positive, Citrate positive, Methyl-Red positive, Voges-Proskauer negative and negative upon starch hydrolysis. The sugar fermentation tests revealed that the isolates fermented Glucose, Maltose, Galactose, Sucrose and Lactose, respectively. The antibiotic susceptibility test showed that isolates were resistant to Cotrimazole, Cloxacillin, Erythromycin, Gentamycin, Augmentin, Streptomycin, Tetracycline and Chloramphenicol. **CONCLUSION:** The results therefore indicated that the isolates were *Staphylococcus aureus* and other staphylococci species. Indiscriminate use of antibiotics should be avoided to prevent the development of resistant strains of the Staphylococci genera and other pathogenic organisms.

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Efficacy and tolerability of liposomal polyvinylpyrrolidone-iodine hydrogel for the localized treatment of chronic infective, inflammatory, dermatoses: an uncontrolled pilot study. Augustin M, Goepel L, Jacobi A, et al. Clin Cosmet Investig Dermatol. 2017 Sep 22;10:373-384. doi: 10.2147/CCID.S141887. eCollection 2017. <https://www.dovepress.com/efficacy-and-tolerability-of-liposomal-polyvinylpyrrolidone-iodine-hyd-peer-reviewed-fulltext-article-CCID>

Infection is common in many chronic, inflammatory skin conditions but is often difficult to treat, in part due to growing bacterial resistance to antibiotics. Liposomal polyvinyl-pyrrolidone (PVP)-iodine hydrogel has a unique mode of action, combining the antiseptic and anti-inflammatory actions of PVP-iodine with the drug delivery and moisturizing properties of liposomes. We investigated the utility of liposomal PVP-iodine to treat infective dermatoses. In this prospective, single-arm (uncontrolled), open-label Phase II pilot study, patients with acne vulgaris (n=30), atopic dermatitis (n=20), impetigo contagiosa (n=10), and rosacea (n=10) received PVP-iodine (3%) hydrogel for ≤4 weeks. Global Clinical Severity score improved for all dermatoses (range: 0.5 for acne vulgaris [p<0.001] to 1.0 for impetigo contagiosa [p=0.011]). Improvements in pain, quality of life, (Freiburg Life Quality Assessment), and Eczema Area and Severity Index scores were also seen. Treatment was well tolerated; most frequent adverse events were burning (14%) or itching (9%) sensations. Thus, liposomal PVP-iodine hydrogel has potential utility as an effective treatment for inflammatory skin conditions associated with bacterial colonization.

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Clinical Reviews

Acne, sexual orientation, and mental health among young adults in the United States: A population-based, cross-sectional study. Gao Y, Wei EK, Arron ST, et al. *J Am Acad Dermatol.* 2017 Nov;77(5):971-973. doi: 10.1016/j.jaad.2017.06.004. <https://www.ncbi.nlm.nih.gov/pubmed/29029907>

Acne causes physical disfigurement and is associated with an increased risk for depression and suicidal ideation.¹ Compared with heterosexuals, sexual minorities report higher rates of depression, suicidal ideation, and body image issues.^{2, 3} Consequentially, sexual minorities with acne may be a group at high risk for development of mental health problems. This study assesses the impact of sexual orientation on the relationship between acne and mental health. This cross-sectional study utilized publicly available data from Wave III of the National Longitudinal Study on Adolescent to Adult Health and included 4094 heterosexual and 564 sexual minority U.S. adults aged 18 to 28 years. Acne was defined as use of a prescription acne medication in the last year. Among all study participants (by acne status) and in analyses stratified by acne status (by sexual orientation), we calculated the unadjusted prevalence rates and unadjusted and multivariate-adjusted prevalence odds ratios for all primary outcomes, including any history of depression and recent clinical depression, suicidal ideation, antidepressant use, and psychological counseling. This study was exempt from institutional review board review. Statistical analyses were performed using Stata software (version 13.1, StataCorp, College Station, TX).

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Demographic and healthcare service utilization by 4,417 patients with hidradenitis suppurativa. Shalom G, Babaev M, Freud T, et al. *J Am Acad Dermatol.* 2017 Oct 5. pii: S0190-9622(17)32469-6. doi: 10.1016/j.jaad.2017.10.001. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28989106>

BACKGROUND: Data on the healthcare utilization of hidradenitis suppurativa (HS) patients in primary care settings are scarce. **OBJECTIVE:** To investigate the healthcare service utilization of patients with HS. **PATIENTS AND METHODS:** In a cross-sectional study, HS patients were compared with two age- and gender-matched control groups-general population enrollees of Clalit Health Services and a group of patients with psoriasis. Healthcare services data included inpatient and outpatient community clinic visits and pharmacy claims for topical and systemic treatments. Multivariate analysis of the data for HS patients and controls was performed. **RESULTS:** The study included 4,417 HS patients, 22,085 general population enrollees, and 4,417 patients with psoriasis. Based on multivariate analyses, HS patients had more annual dermatology clinic visits compared with the general population enrollees (OR 6.49, 95% CI 7.06-5.97) and psoriasis patients (OR 1.32, 95% CI 1.44-1.21); more annual surgical clinic visits (OR 3.78, 95% CI 3.28-4.36; OR 1.65, 95% CI 1.42-1.91, respectively); and more hospitalizations (OR 2.21, 95% CI 1.89-2.56; OR 1.51, 95% CI 1.28-1.78, respectively). **LIMITATIONS:** Underestimation of HS frequency was possible. **CONCLUSIONS:** The burden on healthcare systems of patients with HS is greater than that of psoriasis and the general population.

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Dietary supplements, isotretinoin, and liver toxicity in adolescents: A retrospective case series. DeKlotz CMC, Roby KD, Friedlander SF. *Pediatrics*. 2017 Oct;140(4). pii: e20152940. doi: 10.1542/peds.2015-2940. Epub 2017 Sep 1. <https://www.ncbi.nlm.nih.gov/pubmed/28864554>

Isotretinoin is the most effective acne therapy available, but has the potential for a number of adverse side effects, including transaminitis. The iPLEDGE isotretinoin program recommends avoiding some herbals and supplements due to potential side effects. However, little is known about the effects of protein supplements on the liver, particularly in patients taking isotretinoin. We designed a retrospective chart review to evaluate the symptoms, diagnosis, treatment, and outcome of patients on or preparing to take isotretinoin therapy who were concurrently ingesting protein or herbal supplementation and who developed transaminitis. In 100% (8/8) of cases, dietary supplementation was determined to be at least a possible cause of elevated liver transaminases. In 75% (6/8) of cases, dietary supplement appears to be the most likely cause at some point in their evaluation. Most of our patients' elevations in aspartate aminotransferase and/or alanine aminotransferase were likely caused by supplementation with protein, creatine, or herbal extracts, rather than prescribed isotretinoin or tetracycline antibiotics for acne. Hence, dietary supplementation may cause liver function abnormalities. As supplement usage appears common in teenagers, clinicians should consider counseling their patients to avoid these products, particularly when prescribing known hepatotoxic drugs.

Use of polymethylmethacrylate (PMMA) microspheres collagen to treat atrophic acne scars. Ng QX, Koh SSH, Shin Det al. *Med Hypotheses*. 2017 Oct;108:115-116. doi: 10.1016/j.mehy.2017.08.016. Epub 2017 Aug 16. <https://www.ncbi.nlm.nih.gov/pubmed/29055383>

Acne scarring is a common and persistent sequela affecting many individuals worldwide, with significant physical and long-lasting psychological effects. Currently, the treatment options available for acne scars are mostly invasive and have several side effects. This paper explores the possibility of using polymethylmethacrylate (PMMA) collagen microspheres, a relatively underexplored technique hitherto, to treat common atrophic scars. PMMA-collagen is more popularly used in injectable wrinkle fillers. Preliminary research has shown that PMMA-collagen has a beneficial effect on atrophic scars while having the added advantage of being safe, tolerable and minimally invasive as well.

Incidence of hidradenitis suppurativa among tobacco smokers: a population based retrospective analysis in the United States. Garg A, Papagermanos V, Midura M, Strunk A. *Br J Dermatol*. 2017 Sep 27. doi: 10.1111/bjd.15939. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28960235>

BACKGROUND: The relationship between tobacco use and hidradenitis suppurativa (HS) is controversial. **OBJECTIVE:** To determine incidence of HS among tobacco smokers. **METHODS:** Retrospective cohort analysis identifying incident HS cases among adult tobacco smokers and non-smokers sampled from a demographically heterogeneous population-based sample of over 50 million unique patients across all census regions. **RESULTS:** We identified 3,924,310 tobacco smokers, among whom were 7,860 patients newly diagnosed with HS. Tobacco smokers diagnosed with HS were most commonly aged 18-39 years (3795/7,860; 48.3%), women (5,640/7,860; 71.8%), Caucasian (5,200/7,860; 66.2%), and those with BMI \geq 30 (5,690/7,860; 72.4%). Overall incidence of HS was 0.20% (7,860/3,924,310) among tobacco smokers and 0.11% (8,430/8,027,790) among non-smokers ($p < 0.0001$). Incidence was greatest among tobacco smokers who were aged 30-39 years (0.35%), women (0.28%),

African Americans (0.46%), and those with BMI \geq 30 (0.33%). Overall adjusted odds of developing HS was 1.90 [95% CI 1.84-1.96] among tobacco smokers, compared to non-smokers ($p < 0.0001$). HS incidence among tobacco smokers remained increased within each demographic subgroup. **CONCLUSIONS:** Incidence of HS appears to be doubled among tobacco smokers. These findings may support evidence-based counseling efforts on cessation of smoking for populations at risk for HS.

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Increased suicide risk in patients with hidradenitis suppurativa. Thorlacis L, Cohen AD, Gislason GH, et al. *J Invest Dermatol.* 2017 Sep 20. pii: S0022-202X(17)32955-X. doi: 10.1016/j.jid.2017.09.008. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28942360>

Patients with skin disorders are considered at a higher risk of depression and anxiety than the background population. Patients with hidradenitis suppurativa (HS) may be particularly affected. We explored the association between HS and depression, anxiety, and completed suicides in the Danish national registries expanding to include data on suicidal behavior, using both a cross-sectional and a cohort study design. Both designs included 7,732 patients with HS and a background population of 4,354,137. The cohort study revealed that HS-patients had an increased risk of completed suicide after adjustment for confounding factors (11/7,732 vs. 2,904/4,354,137) (Hazard Ratio (HR) 2.42 (1.07-5.45); $P = 0.0334$) and an increased risk of antidepressant drug use (HR 1.30 (1.17-1.45); $P < 0.0001$). In contrast to previous studies the cross-sectional baseline data revealed non-significant association with depression (Odds Ratio (OR) 1.13 (0.87-1.47); $P = 0.36$) and hospitalization due to depression (OR 1.32 (0.94-1.85); $P = 0.1083$). To the best of our knowledge, this is the first study to report on the increased risk of completed suicide among HS patients. The increased risk of completed suicide is not solely explained by lifestyle and demographic differences and the results highlight the profound impact HS has on the lives of patients with this often devastating disease.

Patient Counseling/Communication

New treatments up the ante against acne. By: Heidi Splete. *Dermatology News.* Publish date: October 6, 2017. http://www.mdedge.com/edermatologynews/article/148910/acne/new-treatments-ante-against-acne?channel=171&utm_source=News_DERM_eNL_102017_F&utm_medium=email&utm_content=Special%20Edition:%20Acne%20Round-Up

FROM THE COASTAL DERMATOLOGY SYMPOSIUM: Acne remains “an equal opportunity annoyance,” according to Hilary E. Baldwin, MD, of Rutgers Robert Wood Johnson Medical School, Newark, NJ. However, acne medications also work equally well across age, gender, and skin type groups, and new systemic and topical options are emerging, said Dr. Baldwin, who serves as medical director of The Acne Treatment and Research Center in Morristown, NJ. Several products that entered the market in 2016 have demonstrated success, she said in a presentation on acne at the annual Coastal Dermatology Symposium. She cited data on dapsone 7.5% gel (Aczone) applied daily, which showed significant improvements in moderate facial acne and lesion counts compared with vehicle. A noteworthy new potential acne treatment combines 200 mg doxycycline with topical adapalene 0.3%/benzoyl peroxide 2.5%, Dr. Baldwin said. In a small but promising 12-week open-label study of patients aged 12 years and older with severe facial acne considered candidates for isotretinoin, inflammatory,

noninflammatory, and overall total lesion counts reduced significantly from baseline, she said. Other acne treatments in the pipeline include a nitric oxide gel, a topical sebum inhibitor, and minocycline gel and foam formulations.

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Cultural competence for the 21st century dermatologist practicing in the United States. McKesey J, Berger TG, Lim HW, McMichael AJ, et al. J Am Acad Dermatol. 2017 Sep 27. pii: S0190-9622(17)32205-3. doi: 10.1016/j.jaad.2017.07.057. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/28964536>

Significant health disparities exist among under-represented minorities in the United States, which can partially be accounted for by the quality of patient-physician interaction. A distinguishing factor of this interaction is the ability of the provider to demonstrate cultural competence, or address the social, cultural, and community influences on healthcare behaviors and incorporate these elements into patient care. However, this practice has yet to be universally implemented in our healthcare system. These factors become even more important as the racial, ethnic and cultural distribution of the United States population changes. Multiple studies have suggested that cultural competence of the health care provider and staff leads to improved patient adherence, satisfaction, and ultimately, health outcome. Cultural competence in the workplace also leads to efficient and cost-effective healthcare and better community integration into healthcare systems. The purpose of this review is to help dermatologists understand the benefits of culturally competent care for their patients and themselves and identify methods and resources to achieve this goal.

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