

Acne

Patients should only be referred to secondary care for the following indications, as these patients are likely to need treatment with oral isotretinoin which requires specialist prescription.

1. Have a very severe variant such as fulminating acne with systemic symptoms (acne fulminans) - urgent referral.
2. Have severe acne or painful, deep nodules or cysts (nodulocystic acne) – soon referral
3. Have severe social or psychological problems, including a morbid fear of deformity (dysmorphophobia) – soon referral
4. Are at risk of, or are developing, scarring despite primary care therapies – routine referral
5. Moderate acne which has failed to respond to treatment which should include at least 2 courses of oral antibiotics for at least 3 months each, with appropriate topical treatment. The success or failure of treatment is best assessed by subjective assessment by the patient – routine referral
6. Are suspected of having an underlying endocrinological cause for the acne (such as polycystic ovary syndrome) that needs assessment – routine referral

See NICE referral advice <http://www.nice.org.uk/nicemedia/pdf/Referraladvice.pdf>

Patients must be told to continue their primary care treatment until seen in secondary care. Retinoids are teratogenic in pregnancy so female patients of child bearing age should be started on appropriate contraception. Baseline investigations which include FBC, LFTs and fasting lipids (both cholesterol & triglycerides) should be undertaken prior to referral.

Treatment

Mild Acne

Topical treatments include benzoyl peroxide (for pustules) and topical retinoids (for comedones) either alone or in combination.

These can cause skin irritation & dryness. Patients should be appropriately counselled. Warn them that it can take up to 8 weeks to see a response. They may need to gradually increase the duration and frequency of application. Creams are less drying than gels.

Use 5% benzoyl peroxide, most patients do not tolerate higher concentrations. Work up duration of application. Patients can start applying for a few hours a day & work up time of application.

Of the retinoids adapalene cream is the least irritant.

Moderate Acne

Add an oral antibiotic to the topical treatment. Advise patients to continue topical treatment. All too often these are stopped. Topical preparations especially benzoyl peroxide help reduce the development of antibiotic resistance.

Warn patients that it may take up to 8 weeks to see a response. Reassess patients then and consider an antibiotic change if needed. Successful treatment should be continued for 6 months. Topical treatment should continue but the antibiotic stopped. It can be restarted if the acne flares up again.

Suitable antibiotics include; 1. Oxytetracycline 500mg bd 2. Lymecycline 408mg daily

3. Doxycycline 100mg daily though this can cause a photosensitive reaction

4. Erythromycin 500mg bd (appropriate in pregnancy).

Severe Acne

Continue primary care treatment & refer. Attached is a proforma which South Tees would like referrers to use if referring to them. This was designed to make referrals more efficient, to maximise treatment in primary care and have necessary investigations completed prior to referral.

REFERRAL TO SECONDARY CARE FOR TREATMENT OF ACNE WITH ISOTRETINOIN

Patient Name:	GP / Referrer:
Date of Birth:	GP Practice & Practice Code:
NHS Number:	

Referral Criteria

- The vast majority of acne patients should be managed in primary care (See Guidelines for Skin Treatment)
- Only acne patients for consideration of oral isotretinoin should be referred to secondary care**
- Referrals to secondary care must meet one of the following criteria - tick as appropriate and complete details

☐ Moderate / mild acne which does not respond to at least 2 primary care treatments (topical plus oral antibiotics for at least 3 months each).

Treatment 1 (drug, dosage, dates):

Treatment 2 (drug, dosage, dates):

☐ Patients requiring long term treatment (eg patients in their 20s)

☐ Development of scarring (textural changes in the skin, not just redness)

☐ Severe acne (including nodules, cysts and significant scarring)

Pre-referral Primary Care Investigations & Management

The following should be performed in primary care before referral (tick to confirm completed) & attach results:

Screening bloods:

☐ Fasting triglyceride and cholesterol

☐ LFTs ☐ U&Es

☐

☐ All fertile female patients should be stabilised on reliable contraception before referral (in addition to using barrier methods) if no contra-indications and assuming patient's willingness to comply.

If not, please indicate contra-indication?.....

Other Relevant History / Medication

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Signed:

Designation:

Date:

NB. Incomplete referrals or not meeting one of the above criteria will be returned to the referrer.