

Acne can't be prevented or cured, but it can be treated effectively

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Acne just won't go away. The skin condition characterized by unsightly blemishes remains one of the most common disorders there is, with an estimated 80 percent of all people having outbreaks at some point in their lives. Acne doesn't discriminate by gender or race, and while it's most common in adolescents and young adults it can appear at later ages, especially in women. There's no way to prevent acne, there's no cure, and today's over-the-counter remedies contain the same basic ingredients as those on drugstore shelves decades ago.

And [acne](#) won't just go away: Not treating it can actually make things worse.

But acne can be treated effectively. Recent advances in both medications and approaches to care have significantly reduced the impact it once had on both skin and self-esteem.

"Things are so much better today because there are so many more options for treating acne," said Sarah Taylor, M.D., a [dermatologist](#) at Wake Forest Baptist Medical Center. "While OTC products are pretty much the same as they have been for years – just different concentrations of benzoyl peroxide and salicylic acid in various forms such as cleansers, gels and creams – the prescription world has really changed in the past 10 years or so. We're much better equipped to deal with all different types of acne."

Acne occurs when the skin's pores become clogged. Each pore opens to

a hair follicle containing a gland that produces oil called sebum, which helps keep skin soft. These follicle-gland units are largest and most numerous on the face, upper back and chest. When the glands produce too much oil the pores can become blocked and dirt, bacteria and dead skin cells can build up in them, forming the whiteheads, blackheads, pimples and other lesions commonly referred to as zits.

What triggers this process isn't clear. Hormonal changes are associated with the excess production of oil – thus partially accounting for acne flare-ups in teens and pregnant women – and heredity can be a factor, but research has shown that acne is not caused by dirty skin or by eating chocolate, pizza or greasy foods.

While non-prescription acne medications aren't necessarily all that new or improved, or that different from each other, they can be effective on mild acne.

"Over-the-counter products can work in many cases," said William Huang, M.D., another Wake Forest Baptist dermatologist. "But no matter what the TV ads may say, they take time, usually six to eight weeks. You're not going to have that overnight, here today-gone tomorrow phenomenon. That can be frustrating, especially for teenagers. Acne can cause them a lot of stress and affect their emotional well-being so they want something that works right away, but we don't have anything like that."

Dermatologists generally don't treat many patients with mild acne, because those problems can be cleared up by the proper use of consumer products or measures prescribed by a pediatrician or family doctor. Instead, Taylor said, "We tend to see people whose acne is out of control and has not been helped by OTC products or prescriptions from their regular doctor."

The National Institutes of Health recommends contacting a dermatologist if non-prescription measures don't help after a couple of months; the acne is bad (with, for example, a lot of redness around pimples, or the appearance of cysts), getting worse or spreading; or scars develop as the lesions clear up.

Skin specialists have both the expertise and the ability to prescribe stronger medications required to deal with more severe cases. Among the most widely successful strategies they employ is prescribing different topical medications – which are frequently "coupled" in a single lotion, gel or other delivery substance – in combination with oral antibiotics to address multiple causes and effects of acne.

"Just like with any condition, there isn't a magic bullet," Huang cautioned. "The treatment depends on the severity of the acne, the type of acne, where it's located and the patient's individual preference and motivation for treatment. But these multi-layered approaches that are tailored to the individual patient do work well."

Dermatologists also have advanced ways to treat scarring, including chemical peels, microdermabrasion and laser technologies. And they're generally more cognizant of the psychological damage that acne can inflict.

"Whether it's because of personal experience or familiarity with studies that have been done on the subject, I'd say dermatologists as a whole are much more sensitive to the psycho-social aspects of acne than in the past," Huang said. "For me personally, it's something I can relate to."

"Some teenagers are very confident and self-assured even if their face looks terrible, so they're easy to deal with," Taylor said. "But then there are kids who become very depressed and withdrawn and may isolate themselves. With them I try to be hopeful and optimistic, upbeat and

positive, to tell them that I know it's hard having this condition and to show some sympathy. Or empathy, really, because I had acne, too, when I was a teen."

But no matter how understanding dermatologists are, they – like other clinicians – face the problem of getting patients to follow their instructions.

"Compliance is definitely highest right before and right after doctor visits," Huang said. "But it falls off over time, and that can really hinder the effectiveness of any treatment."

To combat this, dermatologists are turning to new devices. Research studies, some conducted at Wake Forest Baptist, have found that tools such as Web-based surveys, email reminders and encouraging text messages can help increase teenage patients' proper use of acne medications.

"Consistency is the whole key to treating acne," Taylor said. "So anything that can promote that has to be a plus."

Provided by Wake Forest University Baptist Medical Center

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