

# ACNE VULGARIS V2.0

## Comments from the Expert Advisory Group

### Key factors in history

- Family history of acne
- Review regular medications that could exacerbate acne (such as oral steroids/anabolic steroids, progesterone-only contraception, certain anticonvulsants)
- Whey protein supplements can exacerbate acne
- Environmental factors can also exacerbate acne i.e. mask wearing, prolonged exposure to a high humidity environment or using hair pomades
- Consider polycystic ovary syndrome if menstrual irregularities also present

### Exam

- Open and closed comedones
- Inflammatory lesions (papules and pustules)
- Cysts/scarring (will need referral to specialist at first presentation if these are present)
- It is important to document types of lesions, the distribution & grade of acne at baseline (mild, moderate or severe) to help guide initial treatment and judge response to treatment.

**Note: skin conditions can appear different on black or brown skin.**

### Mild inflammatory acne



### Mild comedonal acne



### Papulo-pustular acne



## **ACNE VULGARIS V2.0**

### **Nodulo-cystic acne**

Note: Referral to a suitably trained doctor is necessary for consideration of isotretinoin



### **Moderate to severe acne with scarring**

Note: Referral to a suitably trained doctor is necessary for consideration of isotretinoin



### **Mixed comedonal and inflammatory acne**



All images above sourced: <https://dermnetnz.org/topics/acne>

### **General Advice for Acne**

- Encourage patient to take photos to monitor progress
- Topical treatments may irritate skin at the start of treatment
- Response to treatment may not be achieved for 8 weeks

### **Treatment**

For people receiving treatment for acne who wish to use hormonal contraception, consider using the combined oral contraceptive pill if suitable in preference to the progesterone-only pill as the progesterone only pill can be acneogenic.

### **Treatment tables outlined on the next pages**

HSE Antimicrobial Resistance and Infection Control Programme

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## ACNE VULGARIS V2.0

<b>MILD ACNE (Page 1 of 2)</b>			
<b>Drug</b>	<b>Dose</b>	<b>Duration</b>	<b>Notes</b>
<b>1st choice option</b>			
Benzoyl Peroxide  5% w/w gel ( <i>Acnecide®</i> )	Apply twice weekly to affected area to start and slowly increase frequency as tolerated.  Once tolerated it can be applied every 24 hours.	Can take up to 2 months to take effect.  If effective consider ongoing treatment.	This product may bleach hair and colour fabrics  Risk of photosensitivity
<b>Predominantly comedones</b>			
Adapalene 0.1% w/w cream or gel ( <i>Differin®</i> )	Apply twice weekly to affected area to start and slowly increase frequency as tolerated.  Once tolerated it can be applied every 24 hours.	Review after 3 months.  If effective consider ongoing treatment.	Contraindicated in pregnancy  Apply after washing to dry skin  Risk of photosensitivity
Adapalene can be used in combination with Benzoyl Peroxide (see table above) or as a combination product (table below)			
Adapalene 0.1%/ Benzoyl Peroxide 2.5% gel ( <i>Epiduo®</i> )	Apply twice weekly to affected area to start and slowly increase frequency as tolerated.  Once tolerated it can be applied every 24 hours.	Review after 3 months.  If effective consider ongoing treatment.	Contraindicated in pregnancy  Apply after washing to dry skin  Risk of photosensitivity  This product may bleach hair and colour fabrics
<b>Inflammatory lesions (pustules)</b>			
Clindamycin/ Benzoyl peroxide 10 mg/g + 50 mg/g Gel ( <i>Duac®</i> )	Apply twice weekly to affected area to start and slowly increase frequency as tolerated.  Once tolerated it can be applied every 24 hours.	Review and limit use to 3 months if possible (max. 6 months).	This product may bleach hair and colour fabrics  Topical antibiotics should only be used in combination with a non-antibiotic topical agent (e.g. benzoyl peroxide or retinoid) to reduce the risk of antimicrobial resistance  Do not combine topical and oral antibiotics as this increases the risk of antimicrobial resistance

## **ACNE VULGARIS V2.0**

<b>Table continued on next page</b>			
<b>MILD ACNE (Page 2 of 2)</b>			
<b>Combination of inflammatory lesions and comedones</b>			
<b>1<sup>st</sup> choice option</b>			
Adapalene 0.1%/ Benzoyl Peroxide 2.5% gel (Epiduo®)	Apply twice weekly to affected area to start and slowly increase frequency as tolerated. Once tolerated it can be applied every 24 hours.	Review after 3 months.  If effective consider ongoing treatment.	Contraindicated in pregnancy  Apply after washing to dry skin.  Risk of photosensitivity  This product may bleach hair and colour fabrics
<b>2nd choice option: if above causes severe irritation or hyperpigmentation</b>			
Azelaic acid 15% gel (Skinoren®)	Apply every 12 hours	Review after 3 months  If effective consider ongoing treatment	
<b>Alternative 2<sup>nd</sup> choice option</b>			
Clindamycin 10% w/w / Tretinoin 0.25% w/w gel (Treclin ®)	Apply once daily at bedtime	Do not continue for longer than 3 months without careful evaluation.	Topical antibiotics should only be used in combination with a non-antibiotic topical agent (e.g.benzoyl peroxide or retinoid) to reduce the risk of antimicrobial resistance  Do not combine topical and oral antibiotics as this increases the risk of antimicrobial resistance

**Treatment of moderate acne not responding to topical treatment is outlined on the next page.**

## ACNE VULGARIS V2.0

### MODERATE ACNE NOT RESPONDING TO TOPICAL TREATMENT

(Seek Specialist Advice in Pregnancy)

- Oral antibiotic should be reviewed if no response seen after 12 weeks of therapy
- Treatment should be limited to 3-6 months per course
- Failure after two appropriate courses should warrant consideration of treatment with isotretinoin

#### Please note:

- Repeat treatment, if necessary, should be with a previously effective antibiotic.

**Minocycline is not routinely used for management of acne vulgaris but if transcribing from secondary care** advise patient of and monitor for abnormal LFT's, irreversible cutaneous pigmentation and reversible drug induced lupus.

Drug	Dose	Duration	Notes
<b>1<sup>st</sup> choice option</b>			
Lymecycline	408 mg every 24 hours	Review lymecycline and limit use to 3 months if possible (max. 6 months)	Contraindicated for children <8 years old Contraindicated in pregnancy Advise to take with a glass of water
<b>PLUS</b> Topical agent from table above (i.e. Epiduo® or Differin® or Acnecide® or Skinoren®)  (Duac® and Treclin ® not recommended)*	As above	Topical agent to be continued during and after for maintenance	Risk of photosensitivity  Absorption of lymecycline is impaired by antacids, iron/ calcium/ magnesium/ zinc-containing products and should be separated by at least 2 hours
<b>2nd choice options</b>			
Doxycycline	100 mg every 24 hours	Review doxycycline and limit use to 3 months if possible (max. 6 months)	Contraindicated in pregnancy Advise to take with a glass of water and sit upright for 30 minutes after taking
<b>PLUS</b> Topical agent from table above (i.e. Epiduo® or Differin® or Acnecide® or Skinoren®)  (Duac® and Treclin ® not recommended)*	As above	Topical agent to be continued during and after for maintenance	Absorption of doxycycline significantly impaired by antacids, iron/ calcium/ magnesium/ zinc-containing products and should be separated by at least 3 hours  Not suitable for children under 8 years old  Risk of photosensitivity

\*Oral and topical antibiotics should not be used in combination as there is an increased risk of antibiotic resistance.

## **ACNE VULGARIS V2.0**

**Treatment of severe acne is outlined on the next page.**

### **SEVERE ACNE**

Treatment as per moderate acne but refer for to a suitably trained doctor for consideration of isotretinoin treatment in the following instances:

- Presence of nodulocystic acne
- Failure of two different oral antibiotic courses (two 3-6 month courses) with appropriate topical agent.
- Presence of scarring

### **Patient Information**

- Advise not to scrub skin or use astringents as these may rupture comedones and promote inflammatory lesions.
- Avoid scratching or picking spots
- Keep hair away from the face
- Topical treatments may cause dryness or irritation, particularly at the start of treatment. Reduce frequency of application and build up gradually until tolerated. Use at night after washing the face with a gentle skin cleanser. Apply a thin film to the whole affected area, not just individual spots. Moisturise skin with a light, oil free moisturiser as required.
- Avoid whey protein as it may exacerbate acne.
- Apply a high SPF, even on cloudy days. Avoid direct sunlight and sources of artificial lights, e.g. sunbeds.

[HSE A-Z Acne](#)